

Client Name:	Assessment Date: ____ / ____ / ____
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*** When entering assessment data into ServicePoint, be sure to **BACKDATE**, using the date the client entered your program if not entering on the same day. ***

UNIVERSAL INTAKE FORM (EMERGENCY/TRANSITIONAL)

Income received from any source in the past 30 days: Yes No Don't Know Refused

MONTHLY INCOME SUB-ASSESSMENT (BY SOURCE) Note: If no income, select "No financial resources"

	(1)	(2)	(3)	(4)
Income Source <i>(from below)</i>				
Last 30 day income	\$ _____ /mo	\$ _____ /mo	\$ _____ /mo	\$ _____ /mo
Start Date <i>(required)</i>	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
End Date <i>(if applicable)</i>	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

Source of Income:

Cash income source: *(Indicate source by number)*

Alimony or other spousal support (HUD)*	Retirement income from social security (HUD)	State Disability
No Financial Resources (HUD)	A Veteran's disability payment (HUD)	Contributions from other people*
Pension from a former job (HUD)*	TANF (HUD)	Dividends(Investments)
Private Disability Insurance (HUD)*	Unemployment insurance (HUD)	Interest(Bank)*
Veteran's pension (HUD)	Worker's compensation (HUD)*	Annuities
Child support (HUD)*	Pension/Retirement	Railroad Retirement
Earned Income (HUD)	Alimony*	Rental Income
General Assistance (HUD)	Retirement Disability	Other (HUD)* _____
Supplemental Security Income (SSI) (HUD)	Self Employment Wages	SSDI (HUD)

Note to HUD-funded programs: (*) indicates income source that will be reported as "other" on current HUD Annual Progress Report.

Non-cash benefit received in the past 30 days: Yes No Don't Know Refused

Non-Cash Benefits:

Supplemental Nutrition Assistance Program (Food Stamps)(HUD)	TANF Child Care Services (HUD)
MEDICAID (HUD)	TANF transportation services (HUD)
MEDICARE (HUD)	Other TANF funded sources (HUD)
SCHIP (HUD)	Section 8, Public Housing or rental assistance (HUD)
Special Supplemental Nutrition Program for WIC (HUD)	Other (HUD)* _____
Veteran's Administration (VA) Medical Services (HUD)	

COMPLETE FOR ALL ADULTS (18+) AND UNACCOMPANIED YOUTH

Physical Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No		Health condition compared to people of your age:		<input type="checkbox"/> Excellent
Developmental Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
		<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Domestic Violence Victim/Survivor		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
		<input type="checkbox"/> Refused		
Extent of Domestic Violence		<input type="checkbox"/> Within the past 3 mos.	<input type="checkbox"/> 3-6 mos. ago	<input type="checkbox"/> 6-12 mos. ago
		<input type="checkbox"/> More than 1 yr ago	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of hours worked last week	
If Employed, Tenure	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Refused			
If Unemployed, Looking for work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
In School/Working on degree	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Received Vocational Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Degrees Earned Information				
	(1)	(2)	(3)	(4)
Degree Earned				
Start Date (required)				
End Date (if applicable)				
None		Associate's Degree		Bachelor's Degree
Master's Degree		Doctorate Degree		Other Graduate/Professional Degree
Cert. of adv. training/skilled artisan		Don't Know		Refused
Highest level of education attained				
<input type="checkbox"/> No Schooling Completed		<input type="checkbox"/> Nursery School to 4 th grade		<input type="checkbox"/> 5 th or 6 th grade
<input type="checkbox"/> 7 th or 8 th grade		<input type="checkbox"/> 9 th grade		<input type="checkbox"/> 10 th grade
<input type="checkbox"/> 11 th grade		<input type="checkbox"/> 12 th grade (no diploma)		<input type="checkbox"/> High school diploma
<input type="checkbox"/> GED		<input type="checkbox"/> Post Secondary School		<input type="checkbox"/> Don't Know
Required of females of child bearing age				
Pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Projected Birth/Due Date:				
Required of all persons who answered Yes to veteran				
Months served on active duty		Did you serve in a war zone: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused		
Military Service Era				
Start Date:	End Date:	<input type="checkbox"/> Afghanistan		<input type="checkbox"/> Persian Gulf Era
<input type="checkbox"/> Post Vietnam	<input type="checkbox"/> Panama	<input type="checkbox"/> Vietnam Era		<input type="checkbox"/> Between Korea & Vietnam
<input type="checkbox"/> Lebanon	<input type="checkbox"/> Korean War	<input type="checkbox"/> Between WWII & Korean War		<input type="checkbox"/> Grenada
<input type="checkbox"/> WWII	<input type="checkbox"/> Bosnia	<input type="checkbox"/> Don't Know		<input type="checkbox"/> Refused
Discharge Type:				
<input type="checkbox"/> Honorable	<input type="checkbox"/> General	<input type="checkbox"/> Medical		<input type="checkbox"/> Bad Conduct
<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Other	<input type="checkbox"/> Don't Know		<input type="checkbox"/> Refused

For Children Ages 5-17 Only

Presently Attending School: Yes No Don't Know Refused

If yes, school name:

If yes, type of school: College/University Community College Elem. School (K-5) GED

High School (9-12) Job training program Middle School (6-8) Other Adult Education Vocational school

If no, last date enrolled in school:

Enrollment Problem None Residency Requirements Availability of school records Birth Certificates

Legal guardianship requirements Transportation Lack of available preschool programs Immunization requirements

Physical examination records Other Don't Know Refused

Please note the following:

3.9 Services received - use Service Transactions

Disability sub assessment

	(1)	(2)	(3)	(4)
Disability Type(see below)				
Start Date (required)	___/___/___	___/___/___	___/___/___	___/___/___
End Date (if applicable)	___/___/___	___/___/___	___/___/___	___/___/___
Above condition is going to be long term?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Alcohol abuse (HUD)	Traumatic brain injury*
Developmental disability (or mental retardation) (HUD)	Physical/mobility limits (HUD)
Drug abuse (HUD)	Hearing Impaired*
HIV/AIDS (HUD)	Vision Impaired*
Mental illness (HUD)	Domestic Violence*
Physical/medical (HUD)	Other*

Note to HUD-funded programs: (*) indicates disability type that will be reported as "Other" on current HUD Annual Progress Report. Make sure to enter these as "Other" in Servicepoint.

Notes: