

Interim Assessment – SO

This form should be used by Street Outreach projects for all clients. (adults pages 1-4; heads of household pages 1-6)

ANSWER FOR ALL HOUSEHOLD MEMBERS

| DATE OF INTERIM | | | | | | | | |
|-----------------|--|-----|--|--|------|--|--|--|
| | | / | | | / | | | |
| Month | | Day | | | Year | | | |

| TYPE OF INTERIM | |
|---------------------------------|--|
| <input type="checkbox"/> Update | <input type="checkbox"/> Annual Assessment |

| CLIENT NAME |
|-------------|
| |

| HMIS CLIENT ID - For HMIS Users only | | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|
| | | | | | | | | |

| Disability Status - Do you have a disabling condition? | | | | |
|--|-----------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Data not collected |

Answer 'Yes' or 'No' for each disability type (in white).
 Only select YES if the disability type is expected to be long-continued and indefinite and substantially impairs your ability to live independently.
 For Office HMIS Users Only: If the client identifies Yes for any disability type, mark *Disability Determination* and *Long-Continued or Indefinite Duration* questions as Yes. The disability type's Start Date will be the Project Start Date.

| Disability Type | Yes | No |
|--------------------------|--------------------------|--------------------------|
| Physical | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronic Health Condition | <input type="checkbox"/> | <input type="checkbox"/> |
| HIV/AIDS | <input type="checkbox"/> | <input type="checkbox"/> |
| Developmental | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol Use Disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Substance Use Disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health Disorder | <input type="checkbox"/> | <input type="checkbox"/> |

| Health Insurance – Are you currently covered by health insurance? | | | | |
|---|-----------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Data not collected |

Answer 'Yes' or 'No' for each health insurance source.
 Answer 'Yes' for any source that is currently received.
 Answer 'No' for sources that have been terminated, even if they were received in the past.
 For Office HMIS Users Only: If the client identifies Yes for any insurance type, the health insurance type's Start Date will be the Project Start Date.

| Health Insurance Type | Yes | No |
|---|--------------------------|--------------------------|
| Medicaid | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicare | <input type="checkbox"/> | <input type="checkbox"/> |
| State Children's Health Insurance Program (or North Carolina Health Choice) | <input type="checkbox"/> | <input type="checkbox"/> |
| Veteran's Health Administration (VHA) | <input type="checkbox"/> | <input type="checkbox"/> |
| Employer-Provided Health Insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Health insurance obtained through COBRA | <input type="checkbox"/> | <input type="checkbox"/> |
| Private Pay Health Insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| State Health Insurance for Adults | <input type="checkbox"/> | <input type="checkbox"/> |
| Indian Health Services Program | <input type="checkbox"/> | <input type="checkbox"/> |
| Other If Yes, specify source: | <input type="checkbox"/> | <input type="checkbox"/> |

NC County Of Service
In which NC county are you receiving this project's services?

ONLY ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

| Income and Sources - Do you currently have any income from any source? | | | | |
|--|-----------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Data not collected |

To complete the table below, you must answer 'Yes' or 'No' for each monthly income source.
 Answer 'Yes' only if the income source is recurrent and received as of today (i.e. not terminated). Children's income (except earned income) can be included under the Head of Household's information.
 Answer 'No' for sources that have been terminated, even if they were received in the past.
If the response for any source is 'Yes', complete the amount in the shaded section below.
 For Office HMIS Users Only: If the client identifies Yes for any income source, the source's Start Date will be the Project Start Date.

| Source of Income | Yes | No | If yes, monthly amount from source (round to nearest dollar) |
|--|--------------------------|--------------------------|--|
| Earned income (i.e., employment income) | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Unemployment Insurance | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Supplemental Security Income (SSI) | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Social Security Disability Income (SSDI) | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| VA Service-Connected Disability Compensation | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| VA Non-Service-Connected Disability Pension | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Private disability insurance | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Worker's Compensation | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| General Assistance (GA) | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Retirement Income from Social Security | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Pension or retirement income from a former job | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Child support | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Alimony or other spousal support | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Other source: | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Total monthly income from all sources | | | \$ |

| Non-Cash Benefits - Do you have any non-cash benefits from any source? | | | | |
|--|-----------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Data not collected |

To complete the table below, you must answer 'Yes' or 'No' for each non-cash benefit.
 Answer 'Yes' only if the non-cash benefit is recurrent and received as of today (i.e. not terminated).
 Answer 'No' for non-cash benefit that have been terminated, even if they were received in the past.
If the response for any non-cash benefit is 'Yes', complete the shaded section.
 For Office HMIS Users Only: If the client identifies Yes for any non-cash benefit, the benefit's Start Date will be the Project Start Date.

| Source of Non-Cash Benefit | Yes | No | If yes, monthly amount from source (round to nearest dollar) |
|---|--------------------------|--------------------------|--|
| Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| TANF Child Care services (or use local name) | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| TANF transportation services (or use local name) | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Other TANF-Funded Services (or use local name) | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Other source: | <input type="checkbox"/> | <input type="checkbox"/> | \$ |

| Domestic Violence - Are you a survivor of domestic violence? | | | | |
|--|-----------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Data not collected |



| If Yes, when did the experience occur? | |
|--|---|
| <input type="checkbox"/> Within the past three months | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Three to six months ago (excluding six months exactly) | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Six months to one year ago (excluding one year exactly) | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> One year ago or more | |



| If Yes, are you currently fleeing? | | | | |
|------------------------------------|-----------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Data not collected |

| Current Living Situation | | | | | | | | | |
|---------------------------------|--|--|---|--|--|---|--|--|--|
| When was this contact with you? | | | | | | | | | |
| | | | / | | | / | | | |

| Type Of Current Living Situation - Where were you living during this contact? | |
|--|--|
| If the response is an Institutional, Temporary, or Permanent situation, follow-up questions are listed below. | |
| Homeless | <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) |
| | <input type="checkbox"/> Emergency shelter, including hotel or motel paid for <i>with</i> emergency shelter voucher, or RHY-funded Host Home shelter |
| Institutional | <input type="checkbox"/> Foster care home or foster care group home |
| | <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility |
| | <input type="checkbox"/> Jail, prison, or juvenile detention facility |
| | <input type="checkbox"/> Long-term care facility or nursing home |
| | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| Temporary | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |
| | <input type="checkbox"/> Hotel or motel paid for <i>without</i> emergency shelter voucher |
| | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) |
| | <input type="checkbox"/> Host Home (non-crisis) |
| | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| Permanent | <input type="checkbox"/> Staying or living in a family member's room, apartment or house |
| | <input type="checkbox"/> Rental by client, no ongoing housing subsidy |
| | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy (Please Specify) |
| | <input type="checkbox"/> GPD TIP housing subsidy |
| | <input type="checkbox"/> VASH housing subsidy |
| | <input type="checkbox"/> RRH or equivalent subsidy |
| | <input type="checkbox"/> Housing Choice Voucher (HCV) |
| | <input type="checkbox"/> Public housing unit |
| | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| | <input type="checkbox"/> Owned by client, no ongoing housing subsidy |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy | |
| Other | <input type="checkbox"/> Other (specify): |
| | <input type="checkbox"/> Don't know |
| | <input type="checkbox"/> Prefer not to answer |
| | <input type="checkbox"/> Data not collected |

| | | |
|------------------------------|--|------------------------------------|
| | <input type="checkbox"/> Region 6 | <input type="checkbox"/> Region 13 |
| | <input type="checkbox"/> Region 7 | |
| Durham | <input type="checkbox"/> Durham CoC | |
| Assessment Type | <input type="checkbox"/> Phone | |
| | <input type="checkbox"/> In Person | |
| | <input type="checkbox"/> Virtual | |
| Assessment Level | <input type="checkbox"/> Crisis Needs Assessment | |
| | <input type="checkbox"/> Housing Needs Assessment | |
| Prioritization Status | <input type="checkbox"/> Placed on Prioritization List | |
| | <input type="checkbox"/> Not Placed on Prioritization List | |

Coordinated Entry Event – For Office HMIS Users Only

| | | | | | | | | | | |
|-----------------------------------|--|--|---|--|--|---|--|--|--|--|
| Start Date / Date Of Event | | | / | | | / | | | | |
|-----------------------------------|--|--|---|--|--|---|--|--|--|--|

Event

| | | |
|--|--|------------------|
| Access Events | <input type="checkbox"/> Referral to Prevention Assistance project | |
| | <input type="checkbox"/> Problem Solving/Diversion/Rapid Resolution intervention or service | → Go to A |
| | <input type="checkbox"/> Referral to scheduled Coordinated Entry Crisis Needs Assessment | |
| | <input type="checkbox"/> Referral to scheduled Coordinated Entry Housing Needs Assessment | → Go to B |
| Referral Events | <input type="checkbox"/> Referral to post-placement/follow-up case management | → Go to C |
| | <input type="checkbox"/> Referral to Street Outreach project or services | |
| | <input type="checkbox"/> Referral to Housing Navigation project or services | |
| | <input type="checkbox"/> Referral to Non-continuum services: Ineligible for continuum services | |
| | <input type="checkbox"/> Referral to Non-continuum services: No availability in continuum services | |
| | <input type="checkbox"/> Referral to Emergency Shelter bed opening | |
| | <input type="checkbox"/> Referral to Transitional Housing bed/unit opening | |
| | <input type="checkbox"/> Referral to Joint TH-RRH project/unit/resource opening | |
| | <input type="checkbox"/> Referral to RRH project resource opening | |
| | <input type="checkbox"/> Referral to PSH project resource opening | |
| | <input type="checkbox"/> Referral to Other PH project/unit/resource opening | |
| | <input type="checkbox"/> Referral to emergency assistance/flex fund/furniture assistance | |
| <input type="checkbox"/> Referral to a Housing Stability Voucher | | |

If 'Event' answer was 'Problem Solving/Diversion/Rapid Re-Housing intervention or service result', please answer A:

| | | |
|--|------------------------------|-----------------------------|
| A. Problem Solving/Diversion/Rapid Resolution intervention or service result – Client housed/re-housed in a safe alternative? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer B:

| | | |
|--|------------------------------|-----------------------------|
| B. Referral to post-placement/follow-up case management result – Enrolled in Aftercare project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If 'Event' answer was Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer C-E:

| | | | | | | | | | | |
|---|--|--|--|--|--|---|--|--|--|--|
| C. Location of Crisis Housing or Permanent Housing Referral (Project name or Project ID) | | | | | | | | | | |
| D. Referral Result (if known) | <input type="checkbox"/> Client accepted | <input type="checkbox"/> Client rejected | <input type="checkbox"/> Provider rejected | | | | | | | |
| E. Date of Result (if known) | | | / | | | / | | | | |