Project Start Assessment - ESThis form should be used by Emergency Shelter Projects for every client. (children pages 1-2; all adults pages 1-8; heads of household pages 1-9)

Answer For All Household Members

Date Of Project Start												H	MIS C	lient	ld -	For HMIS	User	s only					
		/			/																		
Mor	nth	ı	Day		<u> </u>	Yea	ar	I	_						<u> </u>		ı						
Nan	ne - (I	First,	Middl	e, Las	st, Suf	fix)								N	ame [Data C	Qual	ity					
First	Name	D													Full	name	repo	rted					
1 1130	IValli														Par	tial, str	eet r	name or	code	name			
Mido	lle Na	me												☐ Don't know									
															Prefer not to answer								
Last	Name	е													Dat	a Not (Colle	cted					
Suffix (e.g., Jr, Sr, III)																							
800	Social Security Number										Dot	- O	ality S	totus									
300	iai S	cuii	ty Nu	IIIDE			Full			Appr	0 2 0			Don't k			Pr	efer not		Data r	not		
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						•		•				•											
Vete	eran	Statu	S																				
	☐ Yes					No							Don't k	now		no	efer et to eswer		Data i collec				
Date	e Of I	Birth	(e.g. 1	0/23/	1978)							Data	a Qua	ality S	tatus								
							Full Repor			Appr Parti		or eported		Don't k	now			efer not answer		Data r			
Gen	der -	Selec	ct one	or mo	re ger	nder ide	ntities																
	Won	nan (G	Sirl, if c	child)								Question	ning										
	Man	(Boy,	if child	d)								Different											
	Culti	rolly (Cnasif	ام اماما	atitu (a	.g. Two	Cnirit)					(Please :		(y)									
		sgend	•	ic idei	nuty (e	.g. Two	-Spirit)					Prefer no		nswer									
		Binar										Data not											
			,																				
Rac	e and	d Eth	nicity	ı - Sel	lect on	e or mo	re race	and et	hni	c cate	aorie	es											
						ive, or I						White											
			sian A			,						Don't kn	OW										
	Blac	k, Afri	can Ar	merica	an, or A	African						Prefer no	ot to a	nswer									
			Latina									Data not	collec	cted									
	Midd	lle Ea	stern c	r Nor	th Afric	can					Add	litional Ra	ace										
	Nativ	∕e Hav	waiian	or Pa	cific Is	lander					and	Ethnicity	Detai	il:									
Rela	ation	ship	to He	ad of	f Hou	sehold																	
	Self	(head	of hou	useho	ld)							Head of household's other relation member (other relation to head of household)											
	Head	of ho	ouseho	old's c	hild							(other re	lation	to hea	d of ho	ouseho	old)						
	Head	ead of household's spouse or partner							Other: no	on-rela	ation m	embe	r										

Disability Status - Do you	ı have a disabling condition?									
☐ Yes	□ No	☐ Don't know	☐ Prefer not to answer		Data not c	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										
Chronic Health Condition										
HIV/AIDS										
Developmental										
Alcohol Use Disorder										
Substance Use Disorder										
Mental Health Disorder										
Health Insurance – Are ye	ou currently covered by health in	nsurance?								
□ Yes	□ No	☐ Don't know	☐ Prefer not to answer		Data not co	ollected				
Answer 'Yes' for any source Answer 'No' for sources that	ch health insurance source. that is currently received. have been terminated, even if they If the client identifies Yes for any in			t Date	e will be th	e				
Health Insurance Type					Yes	No				
Medicaid										
Medicare										
State Children's Health Insur	ance Program (or North Carolina H	lealth Choice)								
Veteran's Health Administrat	ion (VHA)									
Employer-Provided Health In	surance									
Health insurance obtained th	rough COBRA									
Private Pay Health Insurance)									
State Health Insurance for Ad	dults									
Indian Health Services Progr	am									
Other If Yes, specify source:										
NC County Of Service In which NC county are you	u receiving this project's service	s?								
What is the Zip Code of	your last permanent address	?								

Answer These Questions For Head Of Household And Other Adults

						NC Bala			•	_		ne of project entry?	
☐ NC 502-Du	mam	City & C	ounty	□ INC	503-1	NC Bala	ance o	State		NC 513	s-Chape	el Hill/Orange County	
Homeless H	isto	ry											
Type Of Prior	Livi	ng Situa	tion - W	here w	ere y	ou livin	ıg imn	nediat	ely pri	or to th	nis pro	ject entry?	
Homeless		Place n	ot meant	for ha	bitatio	n (e.g.,	vehicl	e, aba	ındone	d buildi	ing, bus	s station/airport or anywhere outside	======= e)
nomeless		Emerge	ency shel	ter, ind	cluding	hotel o	or mote	el paid	for wit	h emer	gency	shelter voucher, or Host Home shel	ter
			care hom										
		Hospita	l or other	reside	ential r	non-psy	chiatri	c med	lical fac	ility			
			son, or ju										
Institutional			erm care										
								cility					
	 □ Psychiatric hospital or other psychiatric facility □ Substance abuse treatment facility or detox center 												
	☐ Transitional housing for homeless persons (including homeless youth)												
	Residential project or halfway house with no homeless criteria												
_	Hotel or motel paid for without emergency shelter yougher												
Temporary			ome (non				<u> </u>						
			or living			room. a	apartm	ent. o	r house)			
			or living								ıse		
			by client,										
			by client,						sidy (P	lease S	Specify))	
			PD TIP					J	, (ing Stability Voucher	
		□ VASH housing subsidy									Famil	y Unification Program Voucher (FU	P)
		□ F	RRH or ed	quivale	ent sub	sidy					Foste	er Youth to Independence Initiative (FYI)
Permanent			lousing C	Choice	Vouch	ner (HC	V)				Perm	anent Supportive Housing (PSH)	
Tormanoni			Public hou	using u	ınit							r permanent housing dedicated for feless persons	ormerly
		F	Rental by	client,	with o	ther on	going						
		Rental by client, with other ongoing housing subsidy											
		Owned	by client	, no or	ngoing	housin	g subs	idy					
		Owned	by client	, with o	ongoin	g housi	ing sul	osidy					
		Don't k	now										
Other		Prefer i	not to ans	swer									
		Data no	ot collecte	ed									
Length Of Sta	v In	Drior Liv	vina Situ	ation	- How	long w	voro v	ou eta	vina i	that i	alaca?		
☐ 1 night o			villy Situ	alion	- now	long w	vere y	Du Sta		or lon			
☐ 2 to 6 nig	ghts								Don't		<u> </u>		
☐ 1 week o	r mo	re, but le	ss than 1	mont	h				Prefe	not to	answe	r	
☐ 1 month									Data ı	not coll	ected		
☐ 90 days	or m	ore, but l	ess than	1 year									
Approximate this time?	e Da	te This	Episod	e of H	lomel	essne	ss St	arted	– Wh	en dic	l you s	start staying on the street, or i	n ES
				_			_]	
				/									
	<u> </u>	1	Month		D	ay	<u>I</u>		Y	ear	I	1	

Regardless of where you in an emergency shelter i				you be	en no	meless on tr	ne streets, or
☐ One time (Select this if th				ness in	the past	3 years)	☐ Don't know
☐ Two times							□ Prefer not to
							answer
☐ Three times							☐ Data not collected
☐ Four or more times							
How Many Months, in total	al, have you exp	erienced	homelessness o	n the	street,	or in an eme	ergency shelter
in the past 3 years?							T_
1 month or less (Select this if the	-	•			the pas	t 3 years)	☐ Don't know
Between 2 and 12 Months	→ Er	nter the tot	al number of mont	hs:			☐ Prefer not to answer
More than 12 months							☐ Data not collected
Word than 12 months							= Data not conceted
Income and Sources - Do	you currently have	ve any inco	ome from any sour	ce?			
□ Yes	□ No		☐ Don't know		□ Pre	efer not to	☐ Data not collected
			swer				
To complete the table below							noomo (ovezant
Answer 'Yes' only if the incom income) can be included unde				e. not te	rminate	a). Children's i	ncome (except earned
Answer 'No' for sources that h	ave been terminate	ed, even if	they were received i				
If the response for any sour							
For Office HMIS Users Only: I	the client identifie	es Yes for a	ny income source, t	he sour	ce's Sta	irt Date will be	the Project Start Date.
0				V			nonthly amount from
Source of Income				Yes	No		round to nearest dollar)
Earned income (i.e., employm Unemployment Insurance	ent income)					\$	
Supplemental Security Income	2 (991)					\$	
Social Security Disability Income	. ,					\$	
VA Service-Connected Disabil	, ,					\$	
VA Non-Service-Connected D						\$	
Private disability insurance	isability i erision					\$	
Worker's Compensation						\$	
Temporary Assistance for Nee	ady Families (TANI	E)				\$	
General Assistance (GA)	ay raililles (TAIVI)				\$	
Retirement Income from Social	al Security					\$	
Pension or retirement income						\$	
Child support						\$	
Alimony or other spousal supp	oort					\$	
Other source:						\$	
	monthly income	from all so	ources			\$	
Total	y moonio					. *	
Non-Cash Benefits - Do yo	ou have any non-	cash benef	fits from any source	e?			
□ Yes	□ No		□ Don't know			Prefer not to	☐ Data not collected
						answer	
To complete the table below						tod)	
Answer 'Yes' only if the non-ca Answer 'No' for non-cash bene							
If the response for any non-)		

Source of N	on-Cash Benefi	it		Yes	No	If yes	s, mon (rou	thly a	amou neare	ınt fro	m sou ar)	urce
Supplementa	al Nutrition Assis	tance Program (SNAP)				\$						
Special Supp Children (WI		on Program for Women, Infants,	and			\$						
TANF Child	Care services (o	r use local name)				\$						
TANF transp	ortation services	s (or use local name)				\$						
Other TANF-	Funded Service	s (or use local name)				\$						
Other source	e:					\$						
Domestic \	/iolence - Are	you a survivor of domestic vid	olence?									
□ Yes		□ No	□ Don't kn	ow		Prefei answe) [□ Da	ata not	collec	cted
Ψ			•		•			•				
	n did the experi											
	the past three m		□ Don't kn									
		 o (excluding six months exactly) ago (excluding one year exactly) 										
	ar ago or more	age (exercianing one year exactly										
V												
	you currently fle				1 -							
□ Yes		□ No	☐ Don't kn	OW	L	∟ Prefeı answ∈	not to) [⊔ Da	ata not	collec	cted
					ı		-	l				
Current Living Situation									ı	1		
		a vou?				7		7				
When was the	his contact with	-			12			/				
When was the Type Of Cu	his contact with	Situation - Where were you liv				ons are	listed	/ belo	DW.			
When was the Type Of Cu	his contact with urrent Living Sonse is an Institu	Situation - Where were you liv utional, Temporary, or Perman	ent situation, fo	llow-u	p questi					oort or	anywl	here
When was the Type Of Cu	urrent Living S nse is an Institu Place not outside) Emergence	Situation - Where were you live tional, Temporary, or Perman meant for habitation (e.g., a veh	ent situation, fo	llow-uj ed build	p quest i ding, bus	s/train/su	ıbway	statio	n/airp			
When was the Type Of Culf the response	his contact with urrent Living S nse is an Institu Place not outside) Emergence shelter	Bituation - Where were you livational, Temporary, or Perman meant for habitation (e.g., a veholy shelter, including hotel or mot	ent situation, for a situation, for a situation, for a situation, for a situation for a situation for a situation for a situation for a situation, situati	llow-uj ed build	p quest i ding, bus	s/train/su	ıbway	statio	n/airp			
When was the Type Of Culf the response	his contact with Irrent Living Some is an Institution Place not outside) Emergence shelter Foster car	Bituation - Where were you live attional, Temporary, or Perman meant for habitation (e.g., a vehold system) shelter, including hotel or mot the home or foster care group hore.	ent situation, for nicle, an abandon el paid for with el me	ed build mergen	p quest i ding, bus	s/train/su	ıbway	statio	n/airp			
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When was the Type Of Culf the response	his contact with urrent Living Sense is an Institute Place not outside) Emergence shelter Foster care Hospital o	Situation - Where were you livational, Temporary, or Perman meant for habitation (e.g., a vehicly shelter, including hotel or moter home or foster care group hore other residential non-psychiatry, or juvenile detention facility	ent situation, for nicle, an abandon el paid for with el me	ed build mergen	p quest i ding, bus	s/train/su	ıbway	statio	n/airp			
When was to Type Of Cu If the respons Homeless	his contact with urrent Living S nse is an Institu Place not outside) Emergence shelter Hospital o Jail, prison Long-term	Bituation - Where were you livational, Temporary, or Perman meant for habitation (e.g., a vehicly shelter, including hotel or motor of the residential non-psychiatry, or juvenile detention facility in care facility or nursing home	ent situation, for icle, an abandon el paid for with el me	ed build mergen	p quest i ding, bus	s/train/su	ıbway	statio	n/airp			
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When was to Type Of Cu If the responsi Homeless Institutional	his contact with Irrent Living Sense is an Institut Place not outside) Emergence shelter Hospital of Jail, prison Long-term Substance Transition Residentia Hotel or m Host Hom Staying or Rental by Rental by GPI	Situation - Where were you livitional, Temporary, or Perman meant for habitation (e.g., a vehicly shelter, including hotel or moter than the property of the residential non-psychiatry or other residential non-psychiatry or other residential non-psychiatry or care facility or nursing home or hospital or other psychiatric facts all housing for homeless persons all project or halfway house with motel paid for without emergency be (non-crisis) I living in a friend's room, apartment living in a family member's room client, no ongoing housing substitutional property of the	cility cility cility cincled an abandon cility cility cility cility cility cincluding home no homeless crite shelter voucher ment, or house m, apartment, or cidy cility cility	ed build mergen , elless you eria house	p questi ding, bus icy shelt buth)	er vouch	er, or I	statio	on/airp	ed Hos	st Hom	
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	□ Pu	blic housing unit				ermanent housing de ss persons	edicated for formerly
		ntal by client, wit using subsidy	h other ongoing				
			ing housing subsidy	/			
			oing housing subsid				
	☐ Other (sp		<u> </u>	- 7			
	□ Don't kno						
Other		ot to answer					
	□ Data not						
Living Sit	tuation verified						
	erifying agency and						
			ent Current Livi				
□ Yes	omig to mare to m	□ No		□ Don't know		☐ Prefer not to	☐ Data not collected
						answer	
If Yes to, "	you are going to	have to leave t	their current living	situation within	14 days	?"	
	Has a subsequ	ent residence b	een identified?				
	□ Yes	□ No	☐ Don't know		Prefer n	ot to answer	Data not collected
	Do you or your	family have res	sources or suppor	t networks to ol	otain oth	er permanent housi	ng?
Answer all	□ Yes	□ No	☐ Don't know		Prefer n	ot to answer	Data not collected
	Have you had a			permanent hou	sing unit	in the last 60 days	?
	□ Yes	□ No	☐ Don't know		Prefer n	ot to answer	Data not collected
		i e	nes in the last 60 d	lays?			
	□ Yes	□ No	☐ Don't know		Prefer n	ot to answer	Data not collected
Current Li	ving Situation -	Location details					
NC Natur	al Disaster/Sto	rm– Are you ex	periencing homel	essness due to	a recent	natural disaster/sto	orm?
□ Yes		□ No		☐ Don't know		☐ Prefer not to	☐ Data not collected
						answer	
<u></u>							
Ψ							
						that can help you.	
		his information		them to help g	et you re	sources and assist	ance?
your per					et you re		
your per ☐ Yes	mission to use t	his information ☐ No	to coordinate with	them to help g	et you re	sources and assist	ance?
your period Yes If Yes: W	mission to use t	his information No ster/storm caus	to coordinate with	n them to help g Don't know te and seek other	et you re	sources and assist. Prefer not to answer	ance?
your period Yes If Yes: W	mission to use t	his information ☐ No	to coordinate with	them to help g	et you re	sources and assist	ance?
your peri ☐ Yes ✓ If Yes: W ☐ Huri	mission to use use to u	his information No Ster/storm caus	to coordinate with	them to help g Don't know te and seek othe Hurricane Do	et you re	sources and assist. Prefer not to answer	ance?
your peri ☐ Yes ✓ If Yes: W ☐ Huri	/hat natural disaricane Florence	his information No Ster/storm caus	to coordinate with	them to help g Don't know te and seek othe Hurricane Do	et you re	sources and assist. Prefer not to answer	ance?
your period Yes If Yes: W Hurn What NC	/hat natural disaricane Florence	his information No Ster/storm caus	to coordinate with	them to help g Don't know te and seek othe Hurricane Do	et you re	sources and assist. Prefer not to answer	ance?
your period Yes If Yes: W Hurn What NC disaster/	/hat natural disaricane Florence County were yostorm?	his information No Ster/storm caus Hurricane No Pu living in imme	to coordinate with	them to help g Don't know te and seek othe Hurricane Do te natural	r shelter	sources and assist. Prefer not to answer	ance? □ Data not collected

	Emergency shelter, including hotel or motel	paid for with emergency shelter vo	ucher, or Host Home shelter							
	☐ Foster care home or foster care group home	e								
	☐ Hospital or other residential non-psychiatric	medical facility								
In addition of	☐ Jail, prison, or juvenile detention facility									
Institutional	☐ Long-term care facility or nursing home									
	☐ Psychiatric hospital or other psychiatric facil	litv								
	☐ Substance abuse treatment facility or detox									
	☐ Transitional housing for homeless persons									
	Residential project or halfway house with no	homeless criteria								
	☐ Hotel or motel paid for <i>without</i> emergency s	helter voucher								
Temporary	☐ Host Home (non-crisis)									
	☐ Staying or living in a friend's room, apartme	nt or house								
	☐ Staying or living in a family member's room,	apartment or house								
	☐ Rental by client, no ongoing housing subsid	у								
	☐ Rental by client, with ongoing housing subs	idy (Please Specify)								
	☐ GPD TIP housing subsidy	☐ Housing Stability	Voucher							
	□ VASH housing subsidy		n Program Voucher (FUP)							
	☐ RRH or equivalent subsidy ☐ Housing Choice Voucher (HCV)		ndependence Initiative (FYI) ortive Housing (PSH)							
Permanent			housing dedicated for formerly							
	Public housing unit Rental by client, with other ongoing	homeless person								
	housing subsidy									
	☐ Owned by client, no ongoing housing subsid	-								
	 Owned by client, with ongoing housing subs 	sidy								
	☐ Other (specify):									
Other	Don't know									
	☐ Prefer not to answer									
	☐ Data not collected									
1 th 01	Defens the national discrete determine have been been	a did live in the main living	throation 0							
□ 1 night of	ay – Before the natural disaster/storm, how lon	<u> </u>	ituation?							
□ 2 to 6 ni		☐ 1 year or longer☐ Don't know								
	or more, but less than 1 month	☐ Prefer not to answer								
	or more, but less than 90 days	☐ Data not collected								
☐ 90 days	or more, but less than 1 year									
Approximate	Date of Evacuation - On what date did you lea	ve your prior living situation?								
	Month Day	Year								
	if the place you were living was destroyed by sly damaged?	the natural disaster/storm, seriou	ısly damaged but not destroyed,							
□ Destroyed	· · ·		☐ Don't know							
□ Seriously			□ Prefer not to answer							
	sly damaged		□ Data not collected							
If the place v	ou were living was destroyed or damaged in ar	ny way, do you have insurance to	cover losses?							
	urance to cover most of my losses		□ Don't know							
	urance to cover some of my losses		☐ Prefer not to answer							
☐ I have no			□ Data not collected							

Have you r	egistere	ed with FEMA for assi	istance?										
□ Yes	- 3	□ No		☐ Don't	know		□ Pre	fer n	ot to an	swer	Т	Data not coll	ected
		'					I						
If the place	you we	ere living was destroy	ed or damage	ed in any v	way, do yo	u ha	ve insur	ranc	e to co	ver los	ses	?	
		to cover most of my lo	_	•								t know	
		to cover some of my I	osses							□ P	refe	er not to answe	r
☐ I have n	o insura	nce									ata	not collected	
		Questions For Ho											
	n Assi	stance Needed - Do	you need any	ī							Τ_	· · · · · · · · · · · · · · · · · · ·	
□ Yes		□ No			Don't know	/			refer no nswer	ot to		Data not coll	ected
V								u	HOWCI				
If Yes: Pre	eferred	Language(s)											
□ Arabic □ Cherokee			☐ Chinese (Mandari Cantone		☐ Frenc or Ca		Haitian		Germa	an		□ Hindi	
☐ Japanes	se	☐ Korean	☐ Spanish		□ Tagal	log o	r Filipino		Telugu	I	□ Vietnamese		
☐ Different Languag			•		☐ Don't know ☐ Prefe					ers Data not collected			
J	(-1	77											
Coordinate	ed Entr	ry Assessment - Fo	r Staff Only										
Date Of As	ssessm	ent						/		1			
Assessme	nt Loc	ation											
	□ CI	EF											
	□ H	ousing Helpline											
	□ н	omeLink											
Orange	□ IF	C Commons											
CoC	☐ Ja	ail											
	□ М	edical Provider											
	□ o	utreach											
		nelter											
		egion 1				7	Region	8					
		egion 2					Region						
		egion 3					Region						
BoS CoC		egion 4					Region						
200 000		egion 5					Region						
		egion 6					Region	13					
Devel		egion 7											
Durham		urham CoC											
Assessme	nt Typ	a					□ Ph	none					
733C33IIIC	iii iyp				□ In	Pers	son			<u>-</u>			

					□ Virtual								
A		1				Cris	is Needs	Asses	sment				
Assessm	ent L	.evel				Hou	sing Nee	ds Ass	essme	ent			
						Plac	ed on Pr	ioritiza	tion Lis	st			
Prioritiza	tion	Status				Not	Placed o	n Prior	itizatio	n List			
Coordina	ted E	Entry Event – For Staff Only											
Start Date	e / Da	ate Of Event				1			/				
_				•	,		1		•		•		
Event													
		Referral to Prevention Assistance project											
Access		Problem Solving/Diversion/Rapid Resolution in	tervent	tion or se	rvice				► Go	to A			
Events		Referral to scheduled Coordinated Entry Crisis	ment										
		Referral to scheduled Coordinated Entry Housi			► Go	to B							
		Referral to post-placement/follow-up case man											
		Referral to Street Outreach project or services											
		Referral to Housing Navigation project or service	ces										
		Referral to Non-continuum services: Ineligible f	or cont	tinuum s	ervices								
	□ Referral to Non-continuum services: No availability in continuum services												
Referral		Referral to Emergency Shelter bed opening											
Events	□ Referral to Transitional Housing bed/unit opening												
		Referral to Joint TH-RRH project/unit/resource	openin	ng									
		Referral to RRH project resource opening							► Go	to C			
		Referral to PSH project resource opening											
		Referral to Other PH project/unit/resource oper	ning										
		Referral to emergency assistance/flex fund/furr	niture a	ssistanc	е								
		Referral to a Housing Stability Voucher											
If 'Event' a	nswe	er was 'Problem Solving/Diversion/Rapid Re-	Housin	ng interv	ention	or sei	rvice res	ult', pl	ease a	answer	A:		
		Solving/Diversion/Rapid Resolution		,									
		ntion or service result – Client housed/re-housed alternative?	□ Y	es				No					
If 'Event' a	answe	er was 'Referral to post-placement/follow-up	case m	nanagem	ent res	sult', p	olease ar	nswer	B:				
		to post-placement/follow-up case management Enrolled in Aftercare project?		⁄es				No					
		er was Referral to an ES, TH, Joint TH-RRH, R	RH, PS	SH, or O	ther Ph	l oper	ning, ple	ase an	swer	C-E:			
C. Lo													
D. R	eferra	I Result (if known)	1 1	Client accepted	d		Client rejected			Provide rejecte			
E. D	ate of	Result (if known)			1			/					