# **Project Start Assessment – VA HCHV**

This form should be used by VA funded Healthcare for Homeless Veterans (HCHV) projects for every client. (children pages 1-2; all adults pages 1-7; veterans page 1-8; heads of household pages 1-10)

#### **Answer For All Household Members**

Date	e Of	of Project Start												H	MIS Clie	ent I	<b>D</b> - F	or HMIS	Use	rs only	7
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□ Native Hawaiian or Pacific Islander								Ethnicity													
Rela	ation	ship	to He	ad o	f Hou	seholo															
			of ho												other re			nber			
☐ Head of household's child									(other re	elation to	o hea	d of hous	seho	ld)							
	Hea	ead of household's child ead of household's spouse or partner										Other: n	on-relat	tion m	nember						

Disability Status - Do you	u have a disabling condition?											
☐ Yes	□ No	☐ Don't know	☐ Prefer not to answer	□ Data not o	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 y  ☐ Yes	ou currently covered by health in	nsurance?	□ Prefer not to	□ Data not c	ollected							
_ 100		= Bont know	answer	= Data Hot o	onootoa							
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 will be th	ne							
Health Insurance Type				Yes	No							
Medicaid												
Medicare												
State Children's Health Insur	ance Program (or North Carolina F	lealth Choice)										
Veteran's Health Administrat	ion (VHA)											
Employer-Provided Health In	surance											
Health insurance obtained th	rough COBRA											
Private Pay Health Insurance	9											
State Health Insurance for A	dults											
Indian Health Services Progr	am											
Other If Yes, specify source:												
NC County Of Service In which NC county are yo	u receiving this project's service	s?										
What is the Zip Code of	your last permanent address	?										

### **ONLY ANSWER THESE QUESTIONS For Head Of Household And Other Adults**

												me of project entry?	
☐ NC 502-Du	rham	City 8	& County	I □ N	∪ 503-l	NC Bal	ance c	t State	e   🗆	NC 513	3-Chap	oel Hill/Orange County     Other:	
Homeless F	listo	ry											
Type Of Prior	r Livi	ng Sit	tuation - V	Vhere v	were y	ou livir	ng imr	nediat	ely pri	or to t	his pro	oject entry?	
Homeless		Plac	e not mea	nt for h	abitatic	n (e.g.	, vehic	le, aba	andone	d build	ing, bu	s station/airport or anywhere outside)	
		Eme	rgency sh	elter, in	cluding	g hotel	or mot	el paic	for wi	h eme	rgency	shelter voucher, or Host Home shelter	
		Fost	er care ho	me or f	oster c	are gro	up ho	me					
		Hosp	oital or oth	er resid	dential i	non-ps	ychiatr	ic med	dical fa	cility			
Institutional		Jail,	prison, or	juvenile	e deten	ition fac	cility						
		Long	g-term care	facility	or nui	rsing ho	ome						
		Psyc	chiatric hos	pital o	r other	psychia	atric fa	cility					
		Subs	stance abu	se trea	tment	facility	or dete	ox cen	ter				
		Tran	sitional ho	using f	or hom	eless p	erson	s (inclu	uding h	omeles	ss yout	h)	
		Resi	dential pro	ject or	halfwa	y house	e with	no hor	neless	criteria	l		
Temporary		Hote	el or motel	paid fo	r witho	ut emei	rgency	shelte	er vouc	her			
, , , ,		Host	Home (no	n-crisi	s)								
		Stay	ing or livin	g in a f	riend's	room,	apartn	nent, o	r house	<del>)</del>			
		Stay	ing or livin	g in a f	amily n	nember	's roo	m, apa	rtment	or hou	use		
			tal by clien										
		Rent	tal by clien				housi	ng sub	sidy (F	lease \$			
			GPD TIF		-	-						sing Stability Voucher	
			VASH h	_		-						ily Unification Program Voucher (FUP)	
			RRH or	-		-						er Youth to Independence Initiative (FYI)	
Permanent		Ш	Housing	Choice	e Voucl	her (HC	CV)			Ш		nanent Supportive Housing (PSH)	d
			Public h	ousing	unit							er permanent housing dedicated for former eless persons	ıy
			Rental b housing	y client	, with c	other or	ngoing					·	
			Hodsing	3ub3iu	y 								
			ed by clier										
			ed by clier	nt, with	ongoin	ig hous	ing su	bsidy					
Other	$\square$		't know										
Other	$\square$		er not to a										
		Data	not collec	tea									
Length Of St	ay In	Prior	Living Sit	uation	- How	long v	were y	ou sta	aying i	n that	place?		
☐ 1 night c	r les	S								r or lon	ger		
□ 2 to 6 ni	-								Don't				
			t less than								answe	er	
			ut less tha ut less thai		•			$\perp$	Data	not col	ectea		
so days	01 111	orc, be	at 1000 trial	1 1 yea									
Approximat this time?	e Da	te Th	is Episo	de of I	Home	lessne	ess S	arted	– Wh	en did	d you	start staying on the street, or in ES	
							,		Τ		Τ	7	
							/						
			Month		<u></u>	Day	1	ı	Y	ear		_	

Regardles	ss of where you	stayed last night,	How Mar	ny Times have	you k	peen ho	omeless on th	ne streets, or	
		n the past 3 years						ŕ	
☐ One tir	me (Select this if th	is is the 1 <sup>st</sup> time you h	nave exper	ienced homeless	sness i	n the pa	st 3 years)	☐ Don't know	
☐ Two tir	mes							☐ Prefer not to	
	tion							answer	
☐ Three								☐ Data not collected	
☐ Four o	r more times								
How Mon	. Months in tota	al have you exper	ionaad b	omoloconoco	on the	otroot	or in an am	organov shaltar	
in the pas		al, have you exper	iencea n	omeiessness	on the	Street	, or in an eine	ergency shelter	
	-	his is the 1 <sup>st</sup> time you	have exne	rienced homeles	sness	in the na	st 3 years)	□ Don't know	
	and 12 Months			number of mon		iii tiio pe	iot o youro,	□ Prefer not to	
								answer	
More than 1	2 months							☐ Data not collected	
Income ar	nd Sources - Do	you currently have a	any incom	e from any sou	rco2				
□ Yes	14 Oou 063 - DO	□ No		Don't know	1001		refer not to	☐ Data not collected	
⊔ Yes		□ NO		□ Don t know			reier not to nswer	□ Data not collected	
To comple	te the table below	, you must answer '	Yes' or 'N	o' for each mon	thly in			•	
								ncome (except earned	
income) car	n be included unde	r the Head of Househ	old's inforr	mation.			,	, ,	
		ave been terminated,							
		ce is 'Yes', complete						41 D!	
For Office F	HIMIS Users Only: I	t the client identifies y	es for any	income source,	tne sol	urce's Si	art Date Will be	the Project Start Date.	
Course of I	l				V	N.		nonthly amount from	
Source of I		ant incoma)			Yes	No 🗆		round to nearest dollar)	
	ome (i.e., employmnent Insurance	ent income)					\$		
	tal Security Income	(001)					\$		
	rity Disability Income						\$		
	-Connected Disabil						\$		
	rvice-Connected D	•					\$		
	ability insurance	isability Ferision					\$		
	ompensation						\$		
		edy Families (TANF)					\$		
	sistance (GA)	bay i aiiiiies (i Aivi )					\$		
	Income from Socia	al Security					\$		
	retirement income	•					\$		
Child suppo		nom a former job					\$		
	other spousal supp	oort					\$		
Other source							\$		
	Total	monthly income fro	m all sou	rces	1		\$		
							Ψ		
Non-Cash	Benefits - Do yo	ou have any non-cas	sh benefits	from any sour	ce?				
□ Yes		□ No		□ Don't know			Prefer not to	☐ Data not collected	
							answer		
		<b>r, you must answer</b> '' ash benefit is recurrer			ated)				
		asn benefit is recurrer efit that have been ter							
		cash benefit is 'Yes'							
				If yes monthly amount fi			blu amazınt fr		
	Non-Cash Benefit				Yes No If yes, monthly amount from (round to nearest dollar)				

Supplementa	al Nu	trition Assistance Program (SNAP)				\$						
Special Supp Children (WI		ental Nutrition Program for Women, Infants, and	t			\$						
,		services (or use local name)				\$						
TANF transp	ortat	ion services (or use local name)				\$						
Other TANF-	Func	ded Services (or use local name)				\$						
Other source	e:					\$						
Domestic \	/iole	ence - Are you a survivor of domestic violer	nca?									
□ Yes	riole	□ No	□ Don't kn	.014/	T r	□ Prefe	er not to			Data no	t colle	notod
□ 1es		□ 1 <b>10</b>	□ DOITEKII	OW	'	_ rieit		U		Jala IIC	it Colle	ecieu
<b>↓</b>		·						•				
		I the experience occur?										
		ast three months months ago (excluding six months exactly)	□ Don't kn □ Prefer n		nowor							
		to one year ago (excluding six months exactly)	□ Prefer fi									
		go or more	2 414 116		<u> </u>							
<b>V</b>												
	ou c	currently fleeing?	D24 lan		1 г	¬ D(		_		<b></b>	4 11 -	4 1
□ Yes		□ No	□ Don't kn	OW		⊢ Prefe ansv	er not to ver	0	⊔ [	Data no	t colle	ected
		1			·	<u> </u>		ı				
Current I is	din a	Cituation				_	1	_				
Current Liv When was t		ontact with you?				/		/				
		nt Living Situation - Where were you living s an Institutional, Temporary, or Permanent				ions ar	e liste	d be	ow.			
		Place not meant for habitation (e.g., a vehicle								rport o	r anvv	where
Homeless		outside)								•		
Homeless		Emergency shelter, including hotel or motel p shelter	aid for <i>with</i> e	merge	ency shelt	er vouc	her, or	RH۱	'-fund	ded Ho	st Ho	me
		Foster care home or foster care group home										
		Hospital or other residential non-psychiatric n	nedical facility	/								
Institutional		Jail, prison, or juvenile detention facility										
		Long-term care facility or nursing home										
		Psychiatric hospital or other psychiatric facility	y									
		Substance abuse treatment facility or detox of	enter									
		Transitional housing for homeless persons (ir		eless v	outh)							
		Residential project or halfway house with no l			,							
Temporary		Hotel or motel paid for without emergency sha										
Temporary		Host Home (non-crisis)	JILOT VOGOTION									
		Staying or living in a friend's room, apartment	or house									
				201100								
		Staying or living in a family member's room, a	pariment of f	iouse								
		Rental by client, no ongoing housing subsidy			•• `							
		<ul> <li>□ Rental by client, with other ongoing housing subsidy (Please Specify)</li> <li>□ GPD TIP housing subsidy</li> <li>□ Housing Stability Voucher</li> </ul>										
		□ VASH housing subsidy		] F	amily Un	ification	Progra	am ∖	ouch	er (FU	P)	
Permanent		□ RRH or equivalent subsidy			oster Yo		_			-		
		☐ Housing Choice Voucher (HCV)			Permaner		-			-	,	
			_	Other permanent housing dedicated for formerly								
		☐ Public housing unit	Г					ıg de	dicate	ed for f	ormer	rly
		□ Public housing unit □ Rental by client, with other ongoing			Other peri nomeless			ıg de	dicate	ed for f	ormer	rly

	□ Owned by	client, no ongoir	ng housing subsidy	1			
	-	·	ing housing subsid				
	☐ Other (spe			-			
	□ Don't know						
Other		to answer					
	□ Data not o						
Living Site	uation verified						
	rifying agency and p						
			ent Current Livi				
□ Yes	g	□ No	<u> </u>	□ Don't kr		☐ Prefer not to	□ Data not collected
<u> </u>						answer	
If Yes to. "	you are going to	have to leave th	neir current living	situation w	ithin 14 days	·?"	
	Has a subseque						
ŀ	☐ Yes	□ No	□ Don't know		□ Prefer n	ot to answer	Data not collected
Ī				t networks t		er permanent hous	
Answer	☐ Yes	□ No	□ Don't know			ot to answer	Data not collected
all	Have you had a	lease or owners	ship interest in a	permanent l		in the last 60 days	s?
	☐ Yes	□ No	☐ Don't know			ot to answer	Data not collected
	Have you move	d 2 or more time	es in the last 60 d	ays?			
	□ Yes	□ No	☐ Don't know		☐ Prefer n	ot to answer	Data not collected
CURRENT	LIVING SITUATION	ON - Location d	etails				
NC Natura	al Disaster/Stor	m– Are you exp	periencing homel	essness due	e to a recent	natural disaster/st	orm?
□ Yes		□ No		□ Don't kr		☐ Prefer not to	☐ Data not collected
J.						answer	
<b>Ψ</b>							
						that can help you.	
your pern	nission to use th	is information t □ No	o coordinate with	them to hel		sources and assis	tance?
						answer	
Ψ							
			ed you to evacuat				
⊔ Hurri	cane Florence	☐ Hurricane Ma	attnew	☐ Hurricane	e Dorian	☐ Other:	
What NC disaster/s		u living in imme	diately prior to th	e natural			
7	Type Of Prior L	iving Situation	ı - Where were vo	ou livina imn	nediately pri	or to the Natural D	isaster/Storm?
Homeless	□ Place n	=======================================				ng, bus/train/subway	
11011161622		•	uding hotel or mote	al naid for wit	th emergency	shelter voucher or	Host Home shelter
<b> </b>	90	,,					
Institution	.   Foster		ter care group hor		<i>Tr</i> emergency	Sheller voderier, or	Tiour Tionio diloitoi

	Ш	Jail, priso	on, or j	uvenile	deten	ntion fa	acility							
		Long-ter	m care	facility	or nu	rsing h	nome							
		Psychiat	ric hos	pital or	other	psych	iatric faci	lity						
		Substan												
							•				ess youth)	)		
		Resident									ia			
Temporary		Hotel or		'		ut eme	ergency s	shelte	r voucl	her				
remperary		Host Hor												
		Staying of	`				•							
		Staying of							tment	or ho	use			
		Rental by						•						
		Rental by			•	•	sing subs	idy (P			• .	a		
		☐ GF	א מים איני אוו מלי	housing s	ng sub	sidy						Stability V		/oucher (FUP)
				equivale										ce Initiative (FYI)
				Choice			ICV)					ent Suppor		
Permanent		□ Pu	ıblic ho	ousing u	unit							ermanent h ss persons	ousing de	dicated for formerly
				y client, subsidy		other o	ongoing					יים איים איים		
		Owned b	v clien	nt no or	ngoing	ı hous	ina subsi	dv						
		Owned b												
		Other (sp	•											
Other		Don't kno	DW.											
Other		Prefer no												
		Data not	collect	ted										
Length of Sta	ıy – E	Before the	natur	ral disa	ister/s	torm	how lon				tha muia	r livina citi		
□ 1 night c	r loo				.0.0.70	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, HOW IOI	T	-			i liviliy siti	uation?	
☐ 1 night o		3			1010170	,	TIOW IOI		1 yea	r or lo	onger	i iiviiig sid	uation?	
□ 2 to 6 ni	ghts					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 110W 101		1 yea Don't	r or lo	onger /		uation?	
□ 2 to 6 ni □ 1 week	ghts or mo	re, but les	s than	1 mont	th	,	, now lor		1 yea Don't Prefe	r or lo know r not	onger		uation?	
□ 2 to 6 ni □ 1 week 0 □ 1 month	ghts or mo or m	re, but les	s than	1 mont n 90 da	th ıys		, now lor		1 yea Don't Prefe	r or lo know r not	onger / to answer		uation ?	
□ 2 to 6 ni □ 1 week 0 □ 1 month	ghts or mo or m	re, but les	s than	1 mont n 90 da	th ıys		, now lot		1 yea Don't Prefe	r or lo know r not	onger / to answer		uation ?	
□ 2 to 6 ni □ 1 week 0 □ 1 month	ghts or mo or m	re, but les ore, but le ore, but le	s than ss thar ss thar	1 mont n 90 da n 1 year	th lys r				1 year Don't Prefer Data	r or lo know r not not co	onger / to answer ollected		uation?	
□ 2 to 6 ni □ 1 week 0 □ 1 month □ 90 days	ghts or mo or m	re, but les ore, but le ore, but le	s than ss thar ss thar	1 mont n 90 da n 1 year	th lys r				1 year Don't Prefer Data	r or lo know r not not co	onger / to answer ollected		uation?	
□ 2 to 6 ni □ 1 week 0 □ 1 month □ 90 days	ghts or mo or m	re, but les ore, but le ore, but le	s than ss thar ss thar	1 mont n 90 da n 1 year	th lys r				1 year Don't Prefer Data	r or lo know r not not co	onger / to answer ollected		uation?	
□ 2 to 6 ni □ 1 week 0 □ 1 month □ 90 days	ghts or mo or m	re, but les ore, but le ore, but le	s than ss thar ss thar	1 mont n 90 da n 1 year	th lys r				1 yea Don't Prefer Data	r or lo know r not not co	onger / to answer ollected		uation?	
☐ 2 to 6 ni ☐ 1 week 0 ☐ 1 month ☐ 90 days  Approximate	ghts or mo or mo	re, but les ore, but le ore, but le of Evacu	s than ss than ss than ation -	1 mont n 90 da n 1 year - <b>On w</b>	th ys r hat da	ate dic	d you lea	ve yo	1 year Don't Prefer Data	r or lo	onger to answer collected	tion?		
☐ 2 to 6 ni ☐ 1 week 0 ☐ 1 month ☐ 90 days  Approximate	ghts or mo or m  Date	re, but les ore, but le ore, but le of Evacu  Month	s than ss than ss than ation -	1 mont n 90 da n 1 year - <b>On w</b>	th ys r hat da	ate dic	d you lea	ve yo	1 year Don't Prefer Data	r or lo	onger to answer collected	tion?		ed but not destroyed,
□ 2 to 6 ni □ 1 week di □ 1 month □ 90 days  Approximate  Do you know or not seriou □ Destroyed	ghts or mo or m or m  Date  if th sly d	re, but les ore, but le ore, but le of Evacu  Month e place ye amaged?	s than ss than ss than ation -	1 mont n 90 da n 1 year - <b>On w</b>	th ys r hat da	ate dic	d you lea	ve yo	1 year Don't Prefer Data	r or lo	onger to answer collected	tion?	ly damag	ed but not destroyed,
□ 2 to 6 ni □ 1 week 0 □ 1 month □ 90 days  Approximate  Do you know or not seriou □ Destroyed □ Seriously 0	ghts or mo or m or m  Date  if th sly d	re, but les ore, but le ore, but le of Evacu  Month e place ye amaged?	s than ss than ss than ation -	1 mont n 90 da n 1 year - <b>On w</b>	th ys r hat da	ate dic	d you lea	ve yo	1 year Don't Prefer Data	r or lo	onger to answer collected	tion?	ly damag	on't know refer not to answer
□ 2 to 6 ni □ 1 week di □ 1 month □ 90 days  Approximate  Do you know or not seriou □ Destroyed	ghts or mo or m or m  Date  if th sly d	re, but les ore, but le ore, but le of Evacu  Month e place ye amaged?	s than ss than ss than ation -	1 mont n 90 da n 1 year - <b>On w</b>	th ys r hat da	ate dic	d you lea	ve yo	1 year Don't Prefer Data	r or lo	onger to answer collected	tion?	ly damag	on't know
□ 2 to 6 ni □ 1 week 0 □ 1 month □ 90 days  Approximate  Do you know or not seriou □ Destroyed □ Seriously 0 □ Not seriou	ghts or mo or m or m  Date  if th sly d  dama	re, but les ore, but le ore, but le of Evacu  Month e place ye amaged?	s than ss than ss than ation -	1 mont n 90 da n 1 year - On w	th  ys r  hat da  ay  g was	destr	d you lea	ve yo  Yea	1 year Don't Prefer Data i	r or lo known r not not co	onger to answer collected ing situa	tion? m, serious	ly damag	on't know refer not to answer ata not collected
□ 2 to 6 ni □ 1 week 0 □ 1 month □ 90 days  Approximate  Do you know or not seriou □ Destroyed □ Seriously 0 □ Not seriou  If the place y	ghts or mo or m or m  Date  if th sly d  dama sly da  ou w	re, but les ore, but les ore, but les ore, but les ore but les of Evacu  Month  e place yearnaged?  ged amaged ere living	s than ss than ss than ation -	1 mont n 90 da n 1 year - On w	th ys r hat da ay g was	destr	d you lea	ve yo  Yea	1 year Don't Prefer Data i	r or lo known r not not co	onger to answer collected ing situa	tion? m, serious	ly damag	on't know refer not to answer ata not collected
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□ 2 to 6 ni □ 1 week di □ 1 month □ 90 days  Approximate  Do you know or not seriou □ Destroyed □ Seriously di □ Not seriou  If the place y □ I have insu	ghts or mo or m or m  Date  if th sly d  ou w  uranc	me, but les ore, but les ore, but les ore, but les ore, but les of Evacu  Month  e place yearmaged?  ged  amaged  ere living e to cover	s than ss than ss than ation -	1 monton 1 monton 90 dan 1 year Pon we Dan Pon Pon Pon Pon Pon Pon Pon Pon Pon Po	th ys r hat da ay g was red or	destr	d you lea	ve yo  Yea	1 year Don't Prefer Data i	r or lo known r not not co	onger to answer collected ing situa	tion? m, serious	ly damag	on't know refer not to answer ata not collected  ses? on't know refer not to answer
□ 2 to 6 ni □ 1 week 0 □ 1 month □ 90 days  Approximate  Do you know or not seriou □ Destroyed □ Seriously 0 □ Not seriou  If the place y □ I have insu	ghts or mo or m or m  Date  if th sly d  ou w  uranc	me, but les ore, but les ore, but les ore, but les ore, but les of Evacu  Month  e place yearmaged?  ged  amaged  ere living e to cover	s than ss than ss than ation -	1 monton 1 monton 90 dan 1 year Pon we Dan Pon Pon Pon Pon Pon Pon Pon Pon Pon Po	th ys r hat da ay g was red or	destr	d you lea	ve yo  Yea	1 year Don't Prefer Data i	r or lo known r not not co	onger to answer collected ing situa	tion? m, serious	ly damag	on't know refer not to answer ata not collected  ses? on't know
□ 2 to 6 ni □ 1 week di □ 1 month □ 90 days  Approximate  Do you know or not seriou □ Destroyed □ Seriously di □ Not seriou  If the place y □ I have insu □ I have no i	phts or mo or m or m  Date  if th sly d  ou w  uranc nsura	me, but lessore, b	s than ss than ss than ation -	1 monton 90 dan 1 year Pon we living	ay  red or osses osses	destr	d you lea	ve yo  Yea	1 year Don't Prefer Data i	r or lo known r not not co	onger to answer collected ing situa	tion? m, serious	ly damag	on't know refer not to answer ata not collected  ses? on't know refer not to answer
□ 2 to 6 ni □ 1 week di □ 1 month □ 90 days  Approximate  Do you know or not seriou □ Destroyed □ Seriously di □ Not seriou  If the place y □ I have insu	phts or mo or m or m  Date  if th sly d  ou w  uranc nsura	me, but lessore, b	s than ss than ss than ation -	1 monton 190 dan 1 year Pon wood Pon Wo	ay  red or osses osses	destr	d you lea	ve yo Yea	1 year Don't Prefer Data i	r or lo known r not co	onger to answer bllected ing situa ster/store	tion? m, serious	ly damag	on't know refer not to answer ata not collected  ses? on't know refer not to answer

If the place you were living was destroyed or damaged in any way, do you have insurance to cover losses?										
☐ I have insurance to cover most of my losses		Don't know								
☐ I have insurance to cover some of my losses		Prefer not to answer								
☐ I have no insurance		Data not collected								

## **Only Answer The Questions Below For Veterans**

Veteran Information – If the client is a	votoran n	losco ni	ovide details	of sorv	rica halr	214								
Year entered military service	veteran, p	icase pi	Year separated military service											
I I I I			10	ai sepai	1	lary service								
					<i>/</i>	/								
Month Day Yea	ır			Montl	h	Day	Year							
Answer 'Yes' or 'No' for each Military Oper	ation (in w	hite).												
Military Operation			Served in?											
World War II	☐ Yes	□ No	☐ Don't l	know	☐ Prefer	not to answer	☐Data not collected							
Korean War	☐ Yes	□ No	☐ Don't I	know	☐ Prefer	not to answer	☐Data not collected							
Vietnam War	☐ Yes	□ No	☐ Don't I	know	☐ Prefer	not to answer	☐Data not collected							
Persian Gulf War	☐ Yes	□ No	☐ Don't I	know	☐ Prefer	not to answer	☐Data not collected							
Afghanistan	☐ Yes	☐ No	☐ Don't l	know	☐ Prefer	not to answer	☐Data not collected							
Iraq Freedom	☐ Yes	☐ No	☐ Don't I	know	☐ Prefer	not to answer	☐Data not collected							
Iraq Dawn	☐ Yes	☐ No	☐ Don't l	know	☐ Prefer	not to answer	☐Data not collected							
Other Peace-Keeping Operations or Military	☐ Yes	□ No	☐ Don't I	know	☐ Prefer	not to answer	☐Data not collected							
Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)														
Somalia, Boshia, Rosovo)														
Branch Of Military														
□ Army			Space Force	)										
□ Air Force			Don't know											
□ Navy														
□ Marines			Data not col	lected										
□ Coast Guard														
Discharge Status														
☐ Honorable			Uncharacter	ized										
☐ General under honorable conditions			Don't know											
□ Under other than honorable conditions			☐ Prefer not to answer											
□ Bad Conduct			2 414 1161 661											
□ Dishonorable			Not Applicat	ole										
VAMC Station Number														
Three-digit code and location for VA Medic	al Center													

## **Answer These Questions For Head Of Households Only**

Translation Assistance Needed - Do you need any language translation assistance?																
□ Yes	☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer ☐ Data not collected															
<u> </u>																
If Yes: Pr	eferred	Langua	ge(s)				1									
☐ Arabic		□ Che	rokee		Chinese (Mandarin or Cantonese)			nch or Cajun	· Haitian		Germa	n		□ Hi	ndi	
☐ Japanes	se	□ Kore	ean		Spanish		□ Tag	alog c	or Filipino		Telugu			□ Vi	etnam	ese
☐ Different Languag	Preferred e (Specif						□ Don	i't kno	W		Prefers not to a				ata not llected	
Coordinat	ed Entr	y Asses	sment - Fo	r Of	fice HMIS Us	ers (	Only									
Date Of A	ssessm	ent								/		/				
Assessme	ent Loca	ition														
	□ CE	F														
	□ Но	using He	lpline													
	□ Но	meLink														
Orange		C Commo	ons													
CoC	□ Jai	il														
	□ Ме	edical Pro	vider													
		ıtreach														
		elter					1									
		gion 1							Region							
		gion 2							Region							
		gion 3							Region							
BoS CoC		gion 4							Region							
		gion 5							Region							
		gion 6 gion 7							Region	13						
Durham		rham Co	C													
Durnam		iiiiaiii CO														
<b>A</b>										none						
Assessme	ent Type	•								Pers	son					
									□ Vi	rtual						
Assessme	ent Leve	el									Needs A					
Prioritizat	ion Stat	us									on Prio					
	. J.i. Otal									ot Pla	aced on	Prioritiz	zatio	n List		
Coordinat	ed Entry	y Event	– For Offic	е НМ	/IIS Users On	nly										

Start Date	e / Da	te Of Event				/			<b>1</b>					
Event														
		Referral to Prevention Assistance project												
Access		Problem Solving/Diversion/Rapid Resolution in	terventi	on or serv	/ice				► G	o to A				
Events		Referral to scheduled Coordinated Entry Crisis	Needs	Assessm	ent									
		Referral to scheduled Coordinated Entry Housi	ng Nee	ds Assess	sment			<del></del>	► G	o to B				
		Referral to post-placement/follow-up case man	agemei	nt										
		Referral to Street Outreach project or services												
		Referral to Housing Navigation project or service	ces											
		Referral to Non-continuum services: Ineligible f	or conti	nuum ser	vices									
		Referral to Non-continuum services: No availab	oility in o	continuum	servi	ces	1							
Referral		Referral to Emergency Shelter bed opening												
Events		Referral to Transitional Housing bed/unit opening	ng											
		Referral to Joint TH-RRH project/unit/resource	openin	9										
		Referral to RRH project resource opening						_	► G	o 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 as	ssistance										
		Referral to a Housing Stability Voucher												
		r was 'Problem Solving/Diversion/Rapid Re-	Housin	g interve	ntion	or serv	ice res	ult', pl	ease	answer	A:			
		n Solving/Diversion/Rapid Resolution ntion or service result – Client housed/re-	ПУ	es				No						
		in a safe alternative?	•											
If 'Event' a	nswe	r was 'Referral to post-placement/follow-up o	case m	anageme	nt res	ult', pl	ease ar	swer	В:					
		I to post-placement/follow-up case ement result – Enrolled in Aftercare	□ Y	es				No						
	oject			<b>C</b> 3				140						
If 'Event' a	nswe	r was Referral to an ES, TH, Joint TH-RRH, R	RH, PS	H, or Oth	er PF	l openi	ng, ple	ase an	swer	C-E:				
		on of Crisis Housing or Permanent Housing I (Project name or Project ID)												
D. Re	eferra	I Result (if known)		Client accepted		11 -	Client ejected			Provide rejecte				
E. Da	ate of	Result (if known)			/			/						