3.2 Project Start Assessment – RRH, OPH, PSH

This form should be used by Rapid Re-Housing, Other Permanent Housing & Permanent Supportive Housing Projects for every client. (children pages 1-2; all adults pages 1-6; heads of household pages 1-7)

ANSWER FOR ALL HOUSEHOLD MEMBERS

DATE OF DATA COLLECTION									
		/			/				
Month			Day			Year			

HMIS CLIENT ID - For HMIS Users only							

NAME - (First, Middle, Last, Suffix)	
First Name	
Middle Name	
Last Name	
Suffix (e.g., Jr, Sr, III)	

NAME DATA QUALITY
☐ Full name reported
☐ Partial, street name or code name
☐ Client doesn't know (CDK)
☐ Client refused (CR)
☐ Data Not Collected (DNC)

SOCIAL SECURITY NUMBER	Data Quality Status				
	☐ Full Reported	☐ Approx. or Partial Reported	☐ Client doesn't know	☐ Client refused	☐ Data not collected

VETERAN STATUS				
☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

DATE OF BIRTH (e.g. 10/23/1978)	Data Quality Status				
	☐ Full Reported	☐ Approx. or Partial Reported	☐ Client doesn't know	☐ Client refused	☐ Data not collected

GENDER	
☐ Female	☐ Gender Non-Conforming (not exclusively male or female)
☐ Male	☐ Client doesn't know
☐ Trans Female (MTF or Male to Female)	☐ Client refused
☐ Trans Male (FTM or Female to Male)	☐ Data not collected

PRIMARY RACE - The selection of more than one race is permitted	
☐ American Indian or Alaska Native	☐ White
☐ Asian	☐ Client doesn't know
☐ Black or African American	☐ Client refused
☐ Native Hawaiian or Other Pacific Islander	☐ Data not collected

ETHNICITY	
☐ Non-Hispanic / Non-Latino	☐ Client doesn't know
☐ Hispanic / Latino	☐ Client refused
	☐ Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD	
☐ Self (head of household)	☐ Head of household's other relation member (other relation to head of household)
☐ Head of household's child	☐ Other: non-relation member
☐ Head of household's spouse or partner	

DISABILITY STATUS - Does the client have a disabling condition?				
☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

Answer 'Yes' or 'No' for each disability type (in white).
If the client selects 'Yes' for any disability type, you must also complete the shaded sections below.

Disability Type	Yes	No	Disability Determination	Expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?	Start Date (MM/DD/YYYY)
Physical	☐	☐	☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC	☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC	
Chronic Health Con	☐	☐	☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC	☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC	
HIV/AIDS	☐	☐	☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC	☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC	
Developmental	☐	☐	☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC	☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC	
Alcohol Abuse	☐	☐	☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC	☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC	
Drug Abuse	☐	☐	☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC	☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC	
Both Alcohol and Drug Abuse	☐	☐	☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC	☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC	
Mental Health Prob.	☐	☐	☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC	☐ Yes ☐ No ☐ CDK ☐ CR ☐ DNC	

HEALTH INSURANCE - Is the client currently covered by health insurance?				
☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ 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.
If the client selects 'Yes' for any insurance type, complete the shaded section below.

Health Insurance Type	Yes	No	Start Date (MM/DD/YYYY)
Medicaid	☐	☐	
Medicare	☐	☐	
State Children's Health Insurance Program (or use local name)	☐	☐	
Veteran's Administration (VA) Medical Services	☐	☐	
Employer-Provided Health Insurance	☐	☐	
Health insurance obtained through COBRA	☐	☐	
Private Pay Health Insurance	☐	☐	
State Health Insurance for Adults	☐	☐	
Indian Health Services Program	☐	☐	
Other If Yes, specify source:	☐	☐	

NC COUNTY OF SERVICE **In which NC county is this client receiving your project's services?**	

On the night before this assessment, what was the clients…	
COUNTY OF RESIDENCE	
CITY OF RESIDENCE?	

What is the ZIP CODE of the client's last permanent address?	

ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

CLIENT LOCATION – In which CoC is the Head of Household staying at the time of project entry?			
☐ NC 502-Durham City & County	☐ NC 503-NC Balance of State	☐ NC 513-Chapel Hill/Orange County	☐ Other:

HOMELESS HISTORY – Select 1 type of living situation. Follow the arrows & red instructions to complete other sections

Section 1: TYPE OF PRIOR LIVING SITUATION- Where did the client live immediately prior to this project entry?

Homeless	Institutional	Temporary & Permanent Housing
☐ Place not meant for habitation (e.g., vehicle, abandoned building, bus station/airport or anywhere outside)	☐ Foster care home or foster care group home	☐ Residential project or halfway house with no homeless criteria
	☐ Hospital or other residential non- psychiatric medical facility	☐ Hotel or motel paid for *without* emergency shelter voucher
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	☐ Jail, prison, or juvenile detention facility	☐ Transitional housing for homeless persons (including homeless youth)
	☐ Long-term care facility or nursing home	☐ Host Home (non-crisis)
☐ Client doesn't know	☐ Psychiatric hospital or other psychiatric facility	☐ Staying or living in a friend's room, apartment or house
☐ Client refused	☐ Substance abuse treatment facility or detox center	☐ Staying or living in a family member's room, apartment or house
☐ Data not collected	☐ Client doesn't know	☐ Rental by client, with GPD TIP housing subsidy
	☐ Client refused	☐ Rental by client, with VASH housing subsidy
	☐ Data not collected	☐ Permanent housing (other than RRH) for formerly homeless persons
		☐ Rental by client, with RRH or equivalent subsidy
		☐ Rental by client in a public housing unit
		☐ Rental by client, no ongoing housing subsidy
		☐ Rental by client, with other ongoing housing subsidy
		☐ Owned by client, no ongoing housing subsidy
		☐ Owned by client, with ongoing housing subsidy
		☐ Client doesn't know
		☐ Client refused
		☐ Data not collected

Section 2: LENGTH OF STAY IN PRIOR LIVING SITUATION - How long did the client stay in that place?

If any responses in the shaded boxes below are checked, you must go to SECTION 3, all others should go to Income and Sources

☐ 1 night or less	☐ 1 night or less	☐ 1 night or less
☐ 2 to 6 nights	☐ 2 to 6 nights	☐ 2 to 6 nights
☐ 1 week or more, but less than 1 month	☐ 1 week or more, but less than 1 month	☐ 1 week or more, but less than 1 month
☐ 1 month or more, but less than 90 days	☐ 1 month or more, but less than 90 days	☐ 1 month or more, but less than 90 days
☐ 90 days or more, but less than 1 year	☐ 90 days or more, but less than 1 year	☐ 90 days or more, but less than 1 year
☐ 1 year or longer	☐ 1 year or longer	☐ 1 year or longer
☐ Client doesn't know	☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused	☐ Client refused
☐ Data not collected	☐ Data not collected	☐ Data not collected

Section 3: BREAK IN HOMELESSNESS –	On the night before entering the living situation, did the client stay on the streets, or in emergency shelter?	
If any responses in the shaded boxes below are checked, you must go to SECTION 4, all others should go to Income and Sources		
Go to Section 4	☐ Yes **[Go to Section 4]**	☐ Yes **[Go to Section 4]**
	☐ No	☐ No
	☐ Client doesn't know	☐ Client doesn't know
	☐ Client refused	☐ Client refused
	☐ Data not collected	☐ Data not collected

Section 4- Answer the three questions below to complete this section

APPROXIMATE DATE THIS HOMELESSNESS STARTED?

		/			/				
Month			Day			Year			

Regardless of where the client stayed last night, HOW MANY TIMES has the client been homeless on the streets, or in an emergency shelter in the past 3 years including today?

☐ One time (Select this if this is the 1st time the client has been homeless in the past 3 years)	☐ Client doesn't
☐ Two times	☐ Client refused
☐ Three times	☐ Data not collected
☐ Four or more times	

HOW MANY MONTHS, in total, has the client been homeless on the street, or in an emergency shelter in the past 3 years?

☐ 1 month or less (Select this if this is the 1st time the client has been homeless in the past 3 years)	☐ Client doesn't
☐ Between 2 and 12 Months → **Enter the total number of months:**	☐ Client refused
☐ More than 12 months	☐ Data not collected

INCOME AND SOURCES - Does the client currently have any income from any source?

☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

To complete the table below, you must answer 'Yes' or 'No' for each income source.
Answer 'Yes' only if the income source is recurrent and received as of today (i.e. not terminated).
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 shaded sections below.
Enter the start date and monthly amount received. If unsure of the exact amount, enter the client's best estimate.
Children's income (except earned income) can be included under the Head of Household's information.

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

NON-CASH BENEFITS - Does the client have any non-cash benefits from any source?				
☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ 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.

Source of Non-Cash Benefit	Yes	No	If yes, monthly amount from source (round to nearest dollar)	Start Date (MM/DD/YYYY)
Supplemental Nutrition Assistance Program (SNAP)	☐	☐	$	
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐	☐	$	
TANF Child Care services *(or use local name)*	☐	☐	$	
TANF transportation services *(or use local name)*	☐	☐	$	
Other TANF-Funded Services *(or use local name)*	☐	☐	$	
Other source:	☐	☐	$	

DOMESTIC VIOLENCE - Is client a domestic violence victim/survivor?				
☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

If YES, When did the experience occur?	
☐ Within the past three months	☐ Client doesn't know
☐ Three to six months ago (excluding six months exactly)	☐ Client refused
☐ Six months to one year ago (excluding one year exactly)	☐ Data not collected
☐ One year ago or more	

If YES, Is the client currently fleeing?				
☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

NC NATURAL DISASTER/STORM – Are you experiencing homelessness due to a recent natural disaster/storm?				
☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

If YES: There are resources and partners available during natural disasters/storms that can help you. Do we have your permission to use this information to coordinate with them to help get you resources and assistance?				
☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

If YES: What natural disaster/storm caused you to evacuate and seek other shelter?			
☐ Hurricane Florence	☐ Hurricane Matthew	☐ Hurricane Dorian	☐ Other:

What NC County were you living in immediately prior to the natural disaster/storm?	

TYPE OF PRIOR LIVING SITUATION - Where was the client living immediately prior to the natural disaster/storm?	
Homeless	☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
	☐ Emergency shelter, including hotel or motel paid for *with* emergency shelter voucher, or RHY-funded Host Home shelter
Institutional	☐ Foster care home or foster care group home
	☐ Hospital or other residential non-psychiatric medical facility
	☐ Jail, prison, or juvenile detention facility
	☐ Long-term care facility or nursing home
	☐ Psychiatric hospital or other psychiatric facility
	☐ Substance abuse treatment facility or detox center

Temporary and Permanent	☐ Residential project or halfway house with no homeless criteria
	☐ Hotel or motel paid for *without* emergency shelter voucher
	☐ Transitional housing for homeless persons (including homeless youth)
	☐ Host Home (non-crisis)
	☐ Staying or living in a friend's room, apartment or house
	☐ Staying or living in a family member's room, apartment or house
	☐ Rental by client, with GPD TIP housing subsidy
	☐ Rental by client, with VASH housing subsidy
	☐ Permanent housing (other than RRH) for formerly homeless persons
	☐ Rental by client, with RRH or equivalent subsidy
	☐ Rental by client, with HCV voucher (tenant or project based)
	☐ Rental by client in a public housing unit
	☐ Rental by client, no ongoing housing subsidy
	☐ Rental by client, with other ongoing housing subsidy
	☐ Owned by client, no ongoing housing subsidy
	☐ Owned by client, with ongoing housing subsidy
Other	☐ Other (specify):
	☐ Client doesn't know
	☐ Client refused
	☐ Data not collected

LENGTH OF STAY – Before he natural disaster/storm, how long did you live in the prior living situation?	
☐ 1 night or less	☐ 1 year or longer
☐ 2 to 6 nights	☐ Client doesn't know
☐ 1 week or more, but less than 1 month	☐ Client refused
☐ 1 month 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 leave your prior living situation?

		/			/				
Month			Day			Year			

Do you know if the place you were living was destroyed by the natural disaster/storm, seriously damaged but not destroyed, or not seriously damaged?	
☐ Destroyed	☐ Client doesn't know
☐ Seriously damaged	☐ Client refused
☐ Not seriously damaged	☐ Data not collected

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	☐ Client doesn't know
☐ I have insurance to cover some of my losses	☐ Client refused
☐ I have no insurance	☐ Data not collected

Have you registered with FEMA for assistance?				
☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

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	☐ Client doesn't know
☐ I have insurance to cover some of my losses	☐ Client refused
☐ I have no insurance	☐ Data not collected

ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLDS ONLY

COORDINATED ENTRY EVENT										
START DATE / DATE OF EVENT			/			/				

EVENT		
Access Events	☐ Referral to Prevention Assistance project	
	☐ Problem Solving/Diversion/Rapid Resolution	→ **Go to A**
	☐ Referral to scheduled Coordinated Entry Crisis Needs Assessment	
	☐ Referral to scheduled Coordinated Entry Housing Needs Assessment	→ **Go to B**
Referral Events	☐ Referral to post-placement/follow-up case management	
	☐ Referral to Street Outreach project or services	
	☐ Referral to Housing Navigation project or services	
	☐ Referral to Non-continuum services: Ineligible for continuum services	
	☐ Referral to Non-continuum services: No availability in continuum services	
	☐ Referral to Emergency Shelter bed opening	→ **Go to C**
	☐ Referral to Transitional Housing bed/unit opening	
	☐ Referral to Joint TH-RRH project/unit/resource opening	
	☐ Referral to RRH project resource opening	
	☐ Referral to PSH project resource opening	
	☐ Referral to Other PH project/unit/resource opening	

If 'Event' answer was 'Problem Solving/Diversion/Rapid Re-Housing intervention or service result', please answer the following question:		
A. Problem Solving/Diversion/Rapid Resolution intervention or service result – Client housed/re-housed in a safe alternative?	☐ Yes	☐ No
If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer the following question:		
B. Referral to post-placement/follow-up case management result – Enrolled in Aftercare project?	☐ Yes	☐ No
If 'Event' answer was Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following questions:		
C. Location of Crisis Housing or Permanent Housing Referral (project name)		
D. Referral Result (if applicable)	☐ Client accepted	☐ Client rejected ☐ Provider rejected
E. Date of Result (if applicable)	/	/