3.2 Project Start Assessment – RRH, OPH,This form should be used by Rapid Re-Housing & Other Permanent 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

	- For HMIS Users only								
Month Day Year									
NAME - (First, Middle, Last, Suffix) NAME DATA QUA	LITY								
First Name									
	name or code name								
Middle Name Client doesn't let Client refused	` '								
□ Data Not Colle	, ,								
Last Name	(=::0)								
Suffix (e.g., Jr, Sr, III)									
SOCIAL SECURITY NUMBER Data Quality Status									
	ent Data not								
	used collected								
VETERAN STATUS									
	ient Data not								
	fused collected								
DATE OF BIRTH Data Quality Status									
(e.g. 10/23/1978)	ata Quanty Status								
	ent								
CENDED Colort or more good or identities	•								
GENDER - Select or more gender identities ☐ Female ☐ Questioning									
☐ Male ☐ Client doesn't know									
A gender other than singularly female or male (e.g. non-	Olica tacture d								
binary, genderfluid, agender, culturally specific gender)									
□ Transgender □ Data not collected	☐ Data not collected								
PRIMARY RACE - Select one or more race categories									
□ American Indian, Alaska Native, or Indigenous □ White									
□ Asian or Asian American □ Client doesn't know									
Ziacit, rimatir, amount	0.000.0000								
□ Native Hawaiian or Pacific Islander □ Data not collected									
ETHNICITY									
□ Non-Hispanic / Non-Latin(a)(o)(x) □ Client doesn't know	☐ Client doesn't know								
□ Non-Hispanic / Non-Latin(a)(o)(x) □ Client doesn't know	☐ Client refused								
☐ Hispanic / Latin(a)(o)(x) ☐ Client refused									
Treatment Laurita, treatment Lau									
☐ Hispanic / Latin(a)(o)(x) ☐ Client refused									
☐ Hispanic / Latin(a)(o)(x) ☐ Client refused ☐ Data not collected RELATIONSHIP TO HEAD OF HOUSEHOLD ☐ Self /head of household) ☐ Head of household's other relation me	mber								
☐ Hispanic / Latin(a)(o)(x) ☐ Client refused ☐ Data not collected RELATIONSHIP TO HEAD OF HOUSEHOLD Head of household's other relation me	mber								

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		Disabi	lity Dete	rminatio	on	and i	ed to be of lo indefinite du ially impairs live indeper		Start Date (MM/DD/YYYY)	
Physical			☐ Yes	□ No	□ CDK	☐ CR	☐ DNC	☐ Yes ☐ I	N₁ □ CDK	□ CR □	DNC	
Chronic Health Con			☐ Yes	□ No	□ CDK	☐ CR	☐ DNC	☐ Yes ☐ I	N₁ □ CDK	□ CR □	DNC	
HIV/AIDS			☐ Yes	□ No	□ CDK	☐ CR	☐ DNC	☐ Yes ☐ I	N∈ □ CDK	□ CR □	DNC	
Developmental			☐ Yes	□ No	□ CDK	☐ CR	☐ DNC	☐ Yes ☐ I	N₁ □ CDK	□ CR □	DNC	
Alcohol Use Disorder			☐ Yes	□ No	□ CDK	☐ CR	☐ DNC	☐ Yes ☐ I	N₁ □ CDK	□ CR □	DNC	
Substance Use Disorder			☐ Yes	□ No	□ CDK	□ CR	☐ DNC	□ Yes □ I	N(□ CDK	□ CR □	DNC	
Both Alcohol & Drug Use Disorders			☐ Yes	□ No	□ CDK	□ CR	□ DNC	□ Yes □ I	N(□ CDK	□ CR □	DNC	
Mental Health Disorder			☐ Yes	□No	□ CDK	□ CR	□ DNC	□ Yes □ I	N₁ □ CDK	□ CR □	DNC	
HEALTH INSURAN	ICE - I	s the c	lient cu	irrently	/ covere	d by hea	alth insur	ance?				
□ Yes		□ 1	٧o				Client do	esn't know	☐ Clien	nt refused		Data not collected
Answer 'Yes' or 'No' Answer 'Yes' for any s Answer 'No' for source If the client selects 'Yes'	source es that	that is have b	currently een terr	y receiv	/ed. d, even if				st.			
Health Insurance Ty	ре								Yes	No	(Start Date MM/DD/YYYY)
Medicaid											`	,
Medicare												
State Children's Healt	h Insu	rance F	rogram	(or No	rth Caroli	na Heal	th Choice)				
Veteran's Administrat	ion (VA	() Medi	cal Serv	ices								
Employer-Provided H	ealth Ir	suranc	ce									
Health insurance obta	ined th	rough	COBRA									
Private Pay Health Ins	surance	Э										
State Health Insurance	e for A	dults										
Indian Health Service	s Progi	ram										
Other If Yes, specify s	source:											
NC COUNTY OF SE In which NC county i			eceivin	g your	project'	s servic	ces?					
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:							

Н	HOMELESS HISTORY – Select 1 type of living situation. Follow the arrows & red instructions to complete other sections										
	Section 1: TYPE OF PRIOR LIV	ING 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	Foster care home or foster care group home	Residential project or halfway house with no homeless criteria								
	building, bus station/airport or anywhere outside)	 Hospital or other residential non- psychiatric medical facility 	☐ Hotel or motel paid for <i>without</i> emergency shelter voucher								
-	Emergency shelter, including hotel or motel paid for with emergency	☐ Jail, prison, or juvenile detention facility	Transitional housing for homeless persons (including homeless youth)								
	shelter voucher, or RHY-funded Host Home shelter	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								
		1	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								
	•		†								
			ow long did the client stay in that place?								
	any responses in the shaded boxes b 1 night or less	elow are checked, you must go to SECTION 1 night or less	ON 3, all others should go to Income and Sources 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 Data not collected	☐ Client refused☐ Data not collected☐	☐ Client refused ☐ Data not collected								
	Data not conceted										

							streets	, or in	emerge									
If any responses in the shaded boxes below are chec						cked, yo	ou mus			ON 4	, all c	other	s sho			om	e and S	Sources
			-			Go to Section 4]					Yes No	[Go	to S	ection 4	4]			
Go t	o Section 4					esn't kı	now			☐ Client doesn't know								
			-		lient re	fused					Clier	nt ref	used					
	_				ata not	collect	ed				Data	not	collec	cted	_			
	<u> </u>						\								<u> </u>			
Section 4- Answer the three questions below to complete this section																		
APPROXIMATE DATE THIS HOMELESSNESS STARTED?																		
			1	1														
	Month			Day			Yea	r	<u>_</u>									
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Regardless of streets, or in											lile (,II C I	it De	en no	illeles	33	on the	,
☐ One time (Select this it	this is	the 1s	time t	he clie	nt has b	een ho	mele	ss in the	past	3 ye	ars)				C	Client do	esn't
☐ Two times								`								C	Client re	fused
☐ Three time	s							`								С	ata not	collected
☐ Four or mo	ore times																	
HOW MANY No past 3 years?		in tota	ıl, has	the c	client	been h	nomele	ess o	n the st	tree	t, or	in a	n en	nergei	ncy s	he	lter in	the
☐ 1 month or	less (Selec	t this if	this is	the 1st	time th	ne clien	t has be	een h	omeless	in th	e pas	st 3 y	/ears)			C	Client do	esn't
☐ Between 2	and 12 Mor	nths		► E	nter th	ne total	numbe	er of i	months:							C	Client re	fused
☐ More than	12 months													С	ata not	collected		
															•			<u>'</u>
INCOME AND SOURCES - Does the client currently have any income from any source? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected										anv	SOLI	rce?						
	SOURCE			client	t curre	ntly ha								used	Ιп	Da	ata not (collected
□ Yes			No				□ Clie	ent do	esn't kno	DW				used		Da	ata not o	collected
	e table bel	ow, you	No u mus	t answ	ver 'Ye	es' or 'N	□ Clie	ent do	esn't kno	SOUI	ce.	Clie	nt ref	used		Da	ata not o	collected
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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 (nound to nearest dollar) Start Date (MM/DD/YYYY)									
	al Nutrition Assis				\$	out delicity	(MINI/OD/1111)		
Special Sup	plemental Nutriti ants, and Childre				\$				
TANF Child	Care services (d	or use local name)			\$				
TANF transp	ortation service	s (or use local name)			\$				
Other TANF	-Funded Service	es (or use local name)			\$				
Other sour					\$				
DOMESTIC	C VIOLENCE -	Is client a domestic vi	olence	victim	n/survivor?				
□ Yes		□ No		[☐ Client doesn't know	☐ Client refused	☐ Data not collected		
₩ VEO WIL									
	en did the exper the past three m			Тг	☐ Client doesn't know				
		o (excluding six months	exactly	v) [☐ Client refused				
		r ago (excluding one yea			□ Data not collected				
☐ One ye	ear ago or more								
<u> </u>									
If YES, Is th	e client current	tly fleeing?							
□ Yes		□ No		[☐ Client doesn't know	☐ Client refused	☐ Data not collected		
NC NATUR	RAL DISASTE	R/STORM – Are you e	xperie	ncing	homelessness due to	a recent natural dis	aster/storm?		
□ Yes		□ No	•	Ĭ	☐ Client doesn't know	☐ Client refused	☐ Data not collected		
<u> </u>		_ 110					— Bata flot collected		
		s and partners availablermation to coordinate			help get you resourc	es and assistance?			
☐ Yes		□ No		[☐ Client doesn't know	☐ Client refused	☐ Data not collected		
V									
		ter/storm caused you to Hurricane Matthew	o evac		nd seek other shelter Hurricane Dorian	? Other:			
					_				
What NC Co		living in immediately p	rior to	the na	atural				
TYPE OF PRIOR LIVING SITUATION - Where was the client living immediately prior to the natural disaster/storm?									
Homeless	□ outside)	meant for habitation (e.g							
	☐ Emergend shelter	y shelter, including hotel	or mo	tel paid	I tor <i>with</i> emergency sh	nelter voucher, or RH	r-tunded Host Home		
	☐ Foster car	e home or foster care gr	oup ho	me					
	☐ Hospital o	r other residential non-pa	sychiat	ric med	dical facility				
Inetitutional	☐ Jail, prisor	n, or juvenile detention fa	cility						
Institutional	•	care facility or nursing h							
		c hospital or other psych		acility					
	-	e abuse treatment facility			ter				

	☐ Residential project or halfway house with no homeless criteria											
	☐ Hotel or motel paid for <i>without</i> emergency shelter voucher											
	☐ Transitional housing for homeless persons (i	ncluding homeless youth)										
	☐ Host Home (non-crisis)											
	☐ Staying or living in a friend's room, apartmen	t or house										
	□ Staying or living in a family member's room, apartment or house											
	□ Rental by client, with GPD TIP housing subsidy											
Temporary and	□ Rental by client, with VASH housing subsidy											
Permanent	☐ Permanent housing (other than RRH) for for	·										
	□ 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											
	Owned by client, no ongoing housing subsidents.	•										
	 Owned by client, with ongoing housing subsite 											
		uy										
	Other (specify):											
Other	☐ Client doesn't know											
-	☐ Client refused											
	☐ Data not collected											
	F STAY – Before he natural disaster/storm, how		situation?									
	t or less	☐ 1 year or longer										
□ 2 to 6		☐ Client doesn't know										
	c or more, but less than 1 month	☐ Client refused										
	th or more, but less than 90 days	☐ Data not collected										
☐ 90 day	rs or more, but less than 1 year											
APPROXIMA	ATE DATE OF EVACUATION - On what date did	vou leave vour prior living situation	1?									
			7 									
	'											
	Month Day	Year										
	w if the place you were living was destroyed by	the natural disaster/storm, seriousl	ly damaged but not destroyed,									
or not serio	ously damaged?											
☐ Destroye	ed		☐ Client doesn't know									
☐ Seriously	/ damaged		☐ Client refused									
☐ Not serio	ously damaged		☐ Data not collected									
	you were living was destroyed or damaged in a	iny way, do you have insurance to c										
	surance to cover most of my losses		☐ Client doesn't know									
	surance to cover some of my losses		☐ Client refused									
☐ I have no	insurance		☐ Data not collected									
Have very m	wistered with FFMA for accistones?											
	egistered with FEMA for assistance?	Client describbing Control	waterand Data is to the color									
□ Yes	□ No	☐ Client doesn't know ☐ Client	refused									
If the place	you were living was destroyed or damaged in a	inv way do you have insurance to co	over losses?									
	surance to cover most of my losses	ing may, do you have mourance to the	☐ Client doesn't know									
	surance to cover most of my losses		☐ Client refused									
_	☐ Data not collected											

ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLDS ONLY

COORDINATED ENTRY EVENT															
START DATE / DATE OF EVENT						/			/						
EVENT															
		Referral to Prevention Assistance project					,								
Access Events		Problem Solving/Diversion/Rapid Resolution		Go to A											
		Referral to scheduled Coordinated Entry Crisis													
		Referral to scheduled Coordinated Entry House			G	o to B									
		Referral to post-placement/follow-up case man	ageme	nt											
		Referral to Street Outreach project or services	-												
		Referral to Emergency Shelter bed opening													
Referral		Referral to Transitional Housing bed/unit openi	ng												
Events		Referral to Joint TH-RRH project/unit/resource	openin	g											
										Go to C					
		Referral to Other PH project/unit/resource open													
		Referral to emergency assistance/flex fund/fur													
		Referral to Emergency Housing Voucher (EHV													
		Referral to a Housing Stability Voucher													
If 'Event'	anewo	er was 'Problem Solving/Diversion/Rapid Re-	Housin	a intorvo	ntion	or con	ico ros	ult' ni	0350	anewoi	tho				
following	j quest	ion:	ilousiii	g interve	1111011	OI SCIN	7100 103	uit , pi	case	answei	tile				
		m Solving/Diversion/Rapid Resolution ntion or service result – Client housed/re-	□ Y	'aa				No							
-		t in a safe alternative?		'es				INO							
If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer the following															
question B.		Il to post-placement/follow-up case	<u> </u>				<u> </u>								
ı	manag	ement result – Enrolled in Aftercare	□ Yes □ No												
If 'Event'		er was Referral to an ES, TH, Joint TH-RRH, R	RH, PS	SH, or Oth	ner Ph	l openi	ing, ple	ase an	swer	the fol	lowing	J			
question C. I		on of Crisis Housing or Permanent Housing													
		Il (project name)													
D. I	Referra	Il Result (if applicable)		Client accepted			Client ejected			Provide rejecte					
E. I	Date of	Result (if applicable)			/			/							