

Entry Date: _____ Provider/Project Name: _____ Provider # _____

CLIENT Name (first, middle, last, suffix):	Name Data Quality
	<input type="checkbox"/> Full Name <input type="checkbox"/> Partial, Street or Code Name <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Social Security Number (SSN)	SSN Data Quality
	<input type="checkbox"/> Full SSN <input type="checkbox"/> Partial SSN <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
U.S. Military Veteran →	
Only mark yes if: Served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or was called into active duty by National Guard or as a Reservist.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	

Household Type				
<input type="checkbox"/> Single Individual	<input type="checkbox"/> Female Single Parent	<input type="checkbox"/> Non-custodial Caregiver(s)		
<input type="checkbox"/> Couple with no Children	<input type="checkbox"/> Male Single Parent	<input type="checkbox"/> Grandparent(s) and Child		
	<input type="checkbox"/> Two Parent Family	<input type="checkbox"/> Foster Parent(s)	<input type="checkbox"/> Other	
Relationship to Head of Household (HoH)				
<input type="checkbox"/> Self (head of household) <i>Primary Applicant</i>	HoH's spouse/partner	HoH's Child	HoH's Other Relative	HoH's Non-Relation
<input type="checkbox"/> Wife <input type="checkbox"/> Husband	<input type="checkbox"/> Daughter <input type="checkbox"/> Son	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Other relative	<input type="checkbox"/> Non-relative
<input type="checkbox"/> Significant Other	<input type="checkbox"/> Step-child	<input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild	<input type="checkbox"/> Unrelated Care-giver	

Date of Birth (DOB)	Age	Gender	Client:
<input type="checkbox"/> Full DOB	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Female	<input type="checkbox"/> Doesn't Know
<input type="checkbox"/> Approx or partial DOB	<input type="checkbox"/> Refused	<input type="checkbox"/> Male	<input type="checkbox"/> Refused
		<input type="checkbox"/> Trans F to M	
		<input type="checkbox"/> Trans M to F	
		<input type="checkbox"/> Doesn't identify as M, F or Transgender	

Race ✓ one or more and <u>circle</u> primary	Ethnicity
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/ Latino
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Doesn't Know
<input type="checkbox"/> Native American/Indian	<input type="checkbox"/> Refused
<input type="checkbox"/> White	<input type="checkbox"/> Refused
<input type="checkbox"/> Doesn't Know	
<input type="checkbox"/> Refused	

Client's Current Residence	Client Location is always
<input type="checkbox"/> Eugene <input type="checkbox"/> Springfield <input type="checkbox"/> Rural LC (non-Metro) <input type="checkbox"/> Other OR County <input type="checkbox"/> Outside OR	OR-500 Eug/Spfgld/Lane Co. CoC

LIVING SITUATION Residence Prior to the Project Entry Date (generally: Where did you stay last night?)	
Homeless Situations	
<input type="checkbox"/> Place not meant for habitation (street, car, camp, etc)	<input type="checkbox"/> Interim Housing (Situation where a CH person has been referred to PH project, but is not yet in the unit and is staying elsewhere)
<input type="checkbox"/> Emergency Shelter, including motel vouchers and Egan	
Institutional Situations	
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Hospital (non-psychiatric)	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Hotel or motel paid for by client <u>without</u> a voucher
	<input type="checkbox"/> Substance abuse treatment facility or detox center
Transitional / Permanent Situations	
<input type="checkbox"/> Hotel or motel paid for by client <u>without</u> voucher	<input type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Rental by client, with VASH housing subsidy (must be Vet)
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Rental by client, with GPD TIP subsidy
<input type="checkbox"/> Permanent housing for formerly homeless (ie: Emerald, Camas, 1 st Pl., Housing+, LIFT, Shankle, SPC, Vet LIFT)	<input type="checkbox"/> Rental by client, with other on-going housing subsidy (i.e.: Section 8, SSVF, Rapid Rehousing, or other Rent Assist Projects)
<input type="checkbox"/> Residential project/halfway house w/ no homeless criteria	<input type="checkbox"/> Transitional housing for homeless persons (Connections, VA-GPD)
<input type="checkbox"/> Staying or living in a family member's room, Apt. or house	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Staying or living in a friend's room, apt. or house	<input type="checkbox"/> Client Refused

Length of Stay in above Situation	
<u>Less than 90 Days</u>	<u>90 Days or more</u>
<input type="checkbox"/> One night or less	<input type="checkbox"/> 90 days or more, but less than one year
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One year or longer
<input type="checkbox"/> More than a week, less than a month	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Refused

LENGTH of TIME HOMELESS (Only complete if Prior Residence Situation is <u>Homeless</u> or <u>Institution - Less than 90 Days</u>)	
Approximate date homelessness started:	mm/dd/yyyy
Number of times you have been on the streets or in an emergency shelter in past 3 years including today.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Total number of months homeless on the street or in an emergency shelter in the past 3 years.	<input type="checkbox"/> 1 (This time is the 1 st month) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 mos <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Is Client Homeless
<input type="checkbox"/> Yes <input type="checkbox"/> No YES if in Emergency Shelter; Usually YES if in Street Outreach

If Parent receives income on Child's behalf, then enter the income in Parent's record

Source(s) of Income (Answer for HoH and Adults)	Yes	No	Not Collected	Monthly Income
Alimony or Other Spousal Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Child Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Earned Income (wages and self employment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
General Assistance (rarely used)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Other (explain):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Pension/Retirement From a Former Job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Private Disability Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Retirement Income from Social Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Social Security Disability Insurance (SSDI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Social Security Income (SSI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
TANF (Only put on the Primary Applicant's record)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Unemployment Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
VA Non-Service Connected Disability Pension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
VA Service Connected Disability Pension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Worker's Compensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
TOTAL Monthly Income- (just this person's)				\$

If there is any Monthly Income, Mark "Income from Any Source" as YES

Source(s) of Non-Cash Benefits (Answer for HoH and Adults)	Yes	No	Not Collected	Monthly Benefit (optional)
Supplemental Nutrition Assistance Program (Food Stamps)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Special Supplemental Nutrition Program for WIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
TANF Child Care Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
TANF Transportation Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Other TANF-Funded Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Section 8, Public Housing or other on-going rental assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Temporary rental assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Other Non-Cash Benefit Source explain:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$

If there are any Non-Cash Benefits Income, Mark "Non-Cash Benefit from Any Source" as YES

Source(s) of Health Insurance (Answer for All HH members)	Yes	No	Not Collected
MEDICAID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MEDICARE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Medical Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer- Provided Health Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Insurance through COBRA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Pay Health Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indian Health Services Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If there are any Health Insurance, Mark "Covered by Health Insurance" as YES

Disabilities (All HH members)	Long Term Condition	Yes	No	Doesn't Know	Refused	Not Collected
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/>				
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/>				
Both Alcohol & Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/>				
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/>				
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/>				
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/>				
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/>				
Chronic Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/>				

If there are any Long Term Disabilities, Mark "Does the client have a disabling condition" as YES

<input type="checkbox"/> DOMESTIC VIOLENCE survivor? (HoH and Adults) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused	<input type="checkbox"/> # Months ago?	<input type="checkbox"/> Currently fleeing Domestic Violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused
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This info is the same for every member of the household

<input type="checkbox"/> HH Monthly INCOME \$	<input type="checkbox"/> % of Area Median Family Income (AMI) <input type="checkbox"/> 0-30% <input type="checkbox"/> 30-50% <input type="checkbox"/> 50-80% <input type="checkbox"/> Over 80% <small>Use Lane County Eugene Springfield AMI table</small>	<input type="checkbox"/> Federal Poverty Level of Family Income (FPL) <input type="checkbox"/> Up to 50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150% <input type="checkbox"/> 151% and over <input type="checkbox"/> Level unknown
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Highest EDUCATION Attained Only required for adults 24 yrs and older

LC Client Contact Information (please enter in ClientPoint Client Profile) ANSWER FOR HEAD of HOUSEHOLD

Permanent Mailing Address: _____ **Email:** _____

Residential Address (If different from mailing): _____

Contact Number: Cell: _____ Voice: _____ Other: _____

INTAKE WORKER SIGNATURE CERTIFIES THAT THE INTAKE WORKER HAS VERBALLY INFORMED THE CLIENT THAT THIS DATA WILL BE SHARED WITH PARTICIPATING PROVIDERS IN THE LANE COUNTY HOMELESS AND CLIENT MANAGEMENT INFORMATION SYSTEM (HMIS/CMIS)- SERVICEPOINT – and has DOCUMENTED VERBAL OR WRITTEN CONSENT FROM THE CLIENT		APPLICANT SIGNATURE CERTIFIES THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE AND THAT YOU UNDERSTAND THAT YOUR INFORMATION MAY BE SHARED WITH PARTICIPATING LANE COUNTY PROVIDERS IN SERVICEPOINT(HMIS/CMIS)	
<input type="checkbox"/> Intake Worker Printed Name	<input type="checkbox"/> Intake Worker Signature	<input type="checkbox"/> Applicant Signature	<input type="checkbox"/> Date