

1. Intake Summary
Engagement Date ____/____/____
MM DD YYYY
Enrollment Date ____/____/____
MM DD YYYY
Referral Source/Site _____ **Client ID** (Computer Generated) _____

2. Contact Information
First Name _____ **MI** _____ **Last Name** _____ **Suffix** _____

Current Address/Shelter _____

Available Transportation/Car _____ **Message Phone Number** _____

Emergency Contact Person _____ **Phone** _____

Address _____

3. Basic Client Profile (Universal Data Elements)

SS#	_____-_____-_____ <small>MM DD YYYY</small>	Date of Birth	_____/_____/_____ <small>MM DD YYYY</small>
SS Quality	<input type="checkbox"/> Full SSN <input type="checkbox"/> Don't Know or Don't Have <input type="checkbox"/> Partial SSN <input type="checkbox"/> Refused	DOB Type	<input type="checkbox"/> Full DOB <input type="checkbox"/> Don't Know <input type="checkbox"/> Approx or Partial DOB <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Transgendered Male to Female <input type="checkbox"/> Transgendered Female to Male		
Ethnicity	<input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Veteran Status	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Residence Prior to Program Entry	<input type="checkbox"/> Emergency shelter <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Permanent housing for formerly homeless <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility/detox <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Staying in family member's apartment/house <input type="checkbox"/> Staying in friend's room/apartment/house <input type="checkbox"/> Hotel or motel paid without emergency voucher <input type="checkbox"/> Foster care home or group home	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Other <input type="checkbox"/> Safe Haven <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with other (non-VASH) subsidy <input type="checkbox"/> Owned by client, with housing subsidy <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Length of Stay in Previous Residence	<input type="checkbox"/> One week or less <input type="checkbox"/> More than one week, less than one month <input type="checkbox"/> One to three months <input type="checkbox"/> More than three months, less than one year	<input type="checkbox"/> One year or longer <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Housing Status	<input type="checkbox"/> Literally homeless <input type="checkbox"/> Imminently losing their housing <input type="checkbox"/> Unstably housed & at-risk of losing housing	<input type="checkbox"/> Stably housed <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	

