

Project Homeless Connect 2019

Person completing form with client: _____

Physical Location of Interview: _____

Household Type:	<input type="checkbox"/> Household containing only adults (18 & over)	<input type="checkbox"/> Household containing only youth (under 18)
	<input type="checkbox"/> Household containing both adults & children	

If you are working with a household that contains more than one adult, separate full intake forms should be completed for each adult.

Answer this section for all people in the household who are attending the event (use additional paper for larger families):

For any answers below in which a client doesn't know or refuses to disclose information, please indicate DK (Doesn't Know) or CR (Client Refused).							
Client Name	SS#	Veteran?	Date of Birth	Race <small>(see below)</small>	Ethnicity <small>(see below)</small>	Gender <small>(see below)</small>	Relationship to Head of Household
		<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___				<i>Self (HoH)</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___				
		<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___				
		<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___				
		<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___				
		<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___				

Race Options: <small>*Indicate Primary (1) & Secondary (2)</small>	Ethnicity Options:	Gender Options:
<ul style="list-style-type: none"> ▪ American Indian / Alaska Native (AI/AN) ▪ Asian (A) ▪ Black / African American (B/AA) ▪ Native Hawaiian / Other Pacific Islander (NH/PI) ▪ White (W) ▪ Client doesn't know (DK) ▪ Client refused (CR) 	<ul style="list-style-type: none"> ▪ Non-Hispanic / Non-Latino (N) ▪ Hispanic / Latino (H/L) ▪ Client doesn't know (DK) ▪ Client refused (CR) 	<ul style="list-style-type: none"> ▪ Female (F) ▪ Male (M) ▪ Trans Female - Male to Female (MTF) ▪ Trans Male - Female to Male (FTM) ▪ Gender Non-Conforming (GNC) ▪ Client doesn't know (DK) ▪ Client refused (CR)

The below information must be completed for each adult on separate intake forms.

Covered by Health Insurance? <small>Insurance Types: Medicaid, Medicare, State Children's Health Insurance Program, VA Medical Services, State Health Insurance for Adults, Private Pay Health Insurance, Indian Health Services, etc.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Any Disabling Conditions? <small>(Select any that apply)</small>	<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Developmental	<input type="checkbox"/> Physical
<input type="checkbox"/> N/A	<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> HIV / AIDS	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Client refused

Have you received any income in the Last 30 Days? If so from where:	<input type="checkbox"/> Alimony or other spousal support	<input type="checkbox"/> Retirement income from social security
	<input type="checkbox"/> TANF	<input type="checkbox"/> Unemployment insurance
	<input type="checkbox"/> Child support	<input type="checkbox"/> VA service connected disability compensation
	<input type="checkbox"/> Earned income	<input type="checkbox"/> VA non-service connected disability pension
	<input type="checkbox"/> General assistance	<input type="checkbox"/> Worker's compensation
	<input type="checkbox"/> Pension or retirement	<input type="checkbox"/> Other
	<input type="checkbox"/> Private disability insurance	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> SSDI (Social Security Disability Income)	<input type="checkbox"/> Client refused
	<input type="checkbox"/> SSI (Supplemental Security Income)	<input type="checkbox"/> N/A

Victim of Domestic Violence? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If yes</u>, are you currently fleeing? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Project Homeless Connect 2019

Primary Alaska Regional Corporation	<input type="checkbox"/> Ahtna Corp.	<input type="checkbox"/> Calista Corp.	<input type="checkbox"/> Koniag Incorp.
	<input type="checkbox"/> Aleut Corp.	<input type="checkbox"/> Chugach Alaska Corp.	<input type="checkbox"/> NANA Regional Corp.
	<input type="checkbox"/> Arctic Slope Regional Corp.	<input type="checkbox"/> Cook Inlet Regional Corp.	<input type="checkbox"/> Sealaska
	<input type="checkbox"/> Bering Straits Native Corp.	<input type="checkbox"/> Doyon Limited Corp.	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> N/A	<input type="checkbox"/> Bristol Bay Native Corp.	<input type="checkbox"/> Goldbelt

Received Eviction Notice This Month? Yes No

Number of Past PHC Events Attended:	<input type="checkbox"/> 0 (Today First Event)	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14
	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 9	<input type="checkbox"/> 11	<input type="checkbox"/> 13	<input type="checkbox"/> 15

“Where did you sleep last night?” (Select *only one living situation*, then complete the corresponding boxes below it.)

<input type="checkbox"/> Homeless Situation	<input type="checkbox"/> Institutional Situation	<input type="checkbox"/> Transitional or Permanent Housing Situation
<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter (ES), including hotel or motel paid for with ES voucher	<input type="checkbox"/> Foster care home / group home <input type="checkbox"/> Hospital / residential medical facility <input type="checkbox"/> Jail/prison/juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital / psychiatric facility <input type="checkbox"/> Substance abuse treatment facility/detox center	<input type="checkbox"/> Hotel paid for without voucher <input type="checkbox"/> Owned by client, no ongoing subsidy <input type="checkbox"/> Owned by client, ongoing subsidy <input type="checkbox"/> Perm. housing for homeless persons- no RRH <input type="checkbox"/> Rental by client, no subsidy <input type="checkbox"/> Rental by client, VASH subsidy <input type="checkbox"/> Rental by client, GPD TIP subsidy <input type="checkbox"/> Rental by client / other subsidy including RRH <input type="checkbox"/> Residential project, no homeless criteria <input type="checkbox"/> Staying or living with family <input type="checkbox"/> Staying or living with friends <input type="checkbox"/> Transitional housing for homeless persons
<i>How long have you been in this current Homeless Situation?</i>	<i>How long have you been in this Institutional Situation?</i>	<i>How long have you been in this Transitional or Permanent Housing Situation?</i>
<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week +, but less than a month <input type="checkbox"/> One month +, but less than 90 days <input type="checkbox"/> 90 + days, but less than one year <input type="checkbox"/> One year or longer	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week +, but less than a month <input type="checkbox"/> One month +, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week +, but less than a month <input type="checkbox"/> One month +, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer

The **Approximate Date** that the client's current episode of homelessness started is the first date the client started living on the streets or in Emergency Shelter after staying in **1)** an Institutional Situation for 90+ nights, or **2)** a Transitional or Permanent Housing Situation for 7+ nights.
If today is their first night in shelter after a break in homelessness, enter today's date.

Approximate Date Homeless Situation started: ____/____/____	<i>If the stay was less than 90 days, on the night before entering the Institutional Situation, were you on the streets or in ES?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If the stay was less than 7 nights, on the night before entering the Transitional or Permanent Housing Situation, were you on the streets or in ES?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Approximate Date Homelessness started: ____/____/____	Approximate Date Homelessness started: ____/____/____

<i>Regardless of where you stayed last night, how many times have you been on the streets or in emergency shelter in the last 3 years?</i> <input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four + times	<i>How many months have you been on the streets or in emergency shelter in the last 3 years?</i> <input type="checkbox"/> 1 - 12 months: _____ <input type="checkbox"/> More than 12 months
--	---

Were you ever in the foster care system? Yes No Doesn't Know Refused

If yes, how many years were you in foster care? (Write a number or "N/A"): _____