

Step 1: Client Demographics

Please complete this page for every household member, and note that all fields with an "*" are required.

First Name:* _____ **Last Name:*** _____

Middle Name: _____ **Suffix:** _____ **HoH:*** _____

Name Data Quality:*

Full Name Reported
 Partial, or Street Name
 Client Doesn't Know
 Client Refused
 Data Not Collected

Social Security Number:* _____

Full SSN Reported
 Approximate or Partial SSN
 Client Doesn't Know
 Client Refused
 Data Not Collected

Birthdate:* _____

Full DOB Reported
 Approximate or Partial DOB
 Client Doesn't Know
 Client Refused
 Data Not Collected

Ethnicity:*

Hispanic/Latino
 Non-Hispanic/Latino
 Client Doesn't Know
 Client Refused
 Data Not Collected

Race:* (Select all that apply)

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Client Doesn't Know
 Client Refused
 Data Not Collected

Gender:*

Male
 Female
 Transgender Female to Male
 Transgender Male to Female
 Client Doesn't Identify Male, Female, or Transgender
 Client Doesn't Know
 Client Refused
 Data Not Collected

If Female, Pregnancy Status:*

Yes Due Date: _____
 No
 Client Doesn't Know
 Client Refused
 Data Not Collected

Veteran Status:*

Yes
 No
 Client Doesn't Know
 Client Refused
 Data Not Collected

Relationship to Head of Household:*

Self Foster Child
 Son Grandchild
 Daughter Other Family Member
 Dependent Child Other Non-Family Member
 Spouse

Best Contact Phone Number Type:*

Client's Personal Phone Number Agency Number
 Family/Friend Phone Number No Contact Phone Number Available

Best Contact Phone Number: _____

Step 2: CE Basic Enrollment

Project Start Date: _____ Case Manager: _____

Step 3: Entry Assessments

Disabling Condition:*

Yes
 No
 Client Doesn't Know
 Client Refused
 Data Not Collected

Client Location (The CoC the client is being served in):*

Athens/Clarke County (GA-503) Fulton County (GA-502)
 Atlanta (GA-500) Ballance of State (GA-501)
 August (GA-504) Marietta/Cobb (GA-506)
 Columbus/Russell County (GA-505) Savannah/Chatham County (GA-507)
 DeKalb County (GA-508)

Step 4: Client Location

Please complete this page for every adult, or Head of Household.

Living Situation - Identify the residence just prior to (i.e., the night before) enrollment (ONLY SELECT ONE):

HOMELESS SITUATION	Length of stay in this living situation?*	Proceed to Step 5 at bottom of page
<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing		
INSTITUTIONAL SITUATION	Length of stay in this living situation?*	Is this less than 90 days?* <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, Prison or Juvenile Detention Center <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility <input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center		
TRANSITIONAL AND PERMANENT HOUSING SITUATION	Length of stay in this living situation?*	On the night before did you stay on the streets, ES, or SH?* <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Hotel or motel paid for without emergency shelter <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent Housing (other than RRH) for Formerly Homeless Persons <input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy (Including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional Housing for Homeless Persons <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		
		Is this less than 7 days?* <input type="checkbox"/> No <input type="checkbox"/> Yes
		Proceed to Step 5 at bottom of page
		Intake is finished

Step 5: History of Homelessness

Approximate date homelessness started (The beginning of *this* continuous period of homelessness): * _____

Total # of *times* the client has been on the streets, in ES, or SH in the path three years including today: * _____

Total # of *months* homeless on the street, in ES, or SH in the past three years: * _____