

Project Homeless Connect 2018 - Community Name: _____

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 intake forms should be completed for each adult.

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

Client Name	Last 4 of SSN	Veteran? Y or N	Date of Birth	Race	Ethnicity	Gender	Relationship To Head of Household (HoH)
							Self (HoH)

- **Race (select up to two from):** American Indian / Alaska Native, Asian, Black / African American, Native Hawaiian / Other Pacific Islander, or White
- **Ethnicity (select one from):** Non-Hispanic / Non-Latino or Hispanic / Latino
- **Gender (select one from):** Female, Male, Trans Female (Male to Female), Trans Male (Female to Male), or Gender Non-Conforming

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

Covered by Health Insurance (i.e.: Medicaid, Medicare, State Children's Health Insurance Program, VA Medical Services, State Health Insurance for Adults, Private Pay Health Insurance, Indian Health Services, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Any Disabling Conditions? (Select any that apply)	<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Developmental	<input type="checkbox"/> Physical
	<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> HIV / AIDS	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> N/A	<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 - If yes, are you currently fleeing? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
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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"/> Descendant BIA Card Only
	<input type="checkbox"/> N/A	<input type="checkbox"/> Bristol Bay Native Corp.	<input type="checkbox"/> Goldbelt
		<input type="checkbox"/> Other: _____	

Received Eviction Notice This Month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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

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Tell me about your living situation. Where did you sleep last night?

(ONLY FILL OUT ONE CATEGORY BOX BELOW): For example, if the client was in jail last night check the "jail" box under Category 2, ignoring the boxes for Category 1 and Category 3.

Category 1: Homeless Situation	<input type="checkbox"/> Place not meant for habitation	<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher
If Category 1: Length of Stay at Prior Night Living Situation	<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days
	<input type="checkbox"/> Two to six nights	<input type="checkbox"/> 90 days or more, but less than one year
	<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One year or longer
	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
Approximate Date Homelessness started: ____/____/____		

-- OR --

Category 2: Institutional Situation	<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 facility	<input type="checkbox"/> Long-term care facility or nursing home
	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Substance abuse facility or detox center
	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
If Category 2: Length of Stay at Prior Night Living Situation	<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days
	<input type="checkbox"/> Two to six nights	<input type="checkbox"/> 90 days or more, but less than one year
	<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One year or longer
	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<i>If you chose a shaded option from above:</i> On the night before did you stay on the streets or in ES?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: Approximate Date Homelessness started: ____/____/____		

-- OR --

Category 3: Transitional and Permanent Housing Situation	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<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, no ongoing housing subsidy	<input type="checkbox"/> Rental by client, with VASH 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 (including homeless youth)
	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
If Category 3: Length of Stay at Prior Night Living Situation	<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days
	<input type="checkbox"/> Two to six nights	<input type="checkbox"/> 90 days or more, but less than one year
	<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One year or longer
	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<i>If you chose a shaded option from above:</i> On the night before did you stay on the streets or in ES?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: Approximate Date Homelessness started: ____/____/____		

After completely filling out one category box above, fill out the next two boxes.

Regardless of where they stayed last night—Number of times the client has been on the streets or in Emergency Shelter in the past three years (counting current stay):			
<input type="checkbox"/> One Time	<input type="checkbox"/> Two Times	<input type="checkbox"/> Three Times	<input type="checkbox"/> N/A
<input type="checkbox"/> Four or more times	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	

Total number of months homeless on the street or in Emergency Shelter in the past 3 years:				
<input type="checkbox"/> 1 month (this time is the first month)	<input type="checkbox"/> 2 months	<input type="checkbox"/> 3 months	<input type="checkbox"/> 4 months	
<input type="checkbox"/> 5 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 7 months	<input type="checkbox"/> 8 months	<input type="checkbox"/> 9 months
<input type="checkbox"/> 10 months	<input type="checkbox"/> 11 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> More than 12 months	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> N/A		

Were you ever in the foster care system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Refused
If Yes: How many years were you in foster care?	(Write a number or "N/A") _____			