Complete one intake for each adult in family.

***Intake Date**: ____/____/____

Warming/Service Center Short Intake

*First Name	Middle	*Last Name	Jr/Sr	Nickname/Alias
*Social Security Number		*Birth Date	Age	*Relationship to Head of Household: Self / Child / Spouse or Partner / Other Non-Relative

Background Information

***Gender:** ❑ Man (Boy if child) ❑ Woman (Girl if child) ❑ Transgender ❑ Questioning ❑ Non-Binary ❑ Culturally Specific Identity (e.g., Two-Spirit) ❑ Different Identity: ____________________ ❑ Client doesn't know ❑ Client prefers not to answer

***Sexual orientation:** ☐ Straight ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Questioning/Unsure ☐ Other: ____________ ☐ Client prefers not to answer

*** What race best describes you? (Check all that apply)**

- ❑ White
- ❑ Asian or Asian American
- ❑ Black, African-American, or African
- ❑ American Indian/Alaskan Native/Indigenous
- ❑ Native Hawaiian or Pacific Islander
- ❑ Middle Eastern or North African
- ❑ Hispanic/Latina/e/o
- ❑ Client Doesn't Know
- ❑ Client prefers not to answer
- ❑ Additional Race and Ethnicity Detail: ____________________

***Do you need translation assistance:** Yes / No If yes, preferred language(s)?____________________

Have you ever served in the US Military? Yes / No

If yes, Branch of the Military? (Circle one) ☐ Army ☐ Navy ☐ Airforce ☐ Marines ☐ Coast Guard ☐ Space Force

Year entered military service: ____________ **Year separated from military service:** ____________

Era (check all that apply):

- ❑ World War II
- ❑ Korean War
- ❑ Vietnam War
- ❑ Persian Gulf War
- ❑ Afghanistan
- ❑ Iraq Freedom
- ❑ Iraq Dawn
- ❑ Other Peace-keeping Operations

Discharge Status:

- ❑ Honorable
- ❑ General under honorable conditions
- ❑ Other than honorable (OTH)
- ❑ Bad Conduct
- ❑ Dishonorable
- ❑ Uncharacterized/Other
- ❑ Client doesn't know
- ❑ Client Prefers not to answer

Prior Living Situation

Literally homeless

- ❑ Place not meant for habitation (vehicle, abandoned bldg, train station/airport, or anywhere outside)
- ❑ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ❑ Safe haven
- ❑ Client doesn't know
- ❑ Client prefers not to answer
- ❑ Worker unable to confirm

***Length of living situation prior to entering this program:**

- ❑ One night or less
- ❑ Two nights to six nights
- ❑ One week or more, but less than one month
- ❑ One month or more, but less than 90 days
- ❑ 90 Days or more, but less than one year
- ❑ One year or longer
- ❑ Client doesn't know
- ❑ Client prefers not to answer

***Approximate date this episode of homelessness started:**

_____ / _____ / __________

Institutional situation

- ❑ Foster care home or foster care group home
- ❑ Hospital or other residential non-psychiatric medical facility
- ❑ Jail, prison, or juvenile detention facility
- ❑ Long-term care facility or nursing home
- ❑ Psychiatric hospital or other psychiatric facility
- ❑ Substance abuse treatment facility or detox center

***Length of living situation prior to entering this program:**

- ❑ One night or less
- ❑ Two nights to six nights
- ❑ One week or more, but less than one month
- ❑ One month or more, but less than 90 days
- ❑ 90 Days or more, but less than one year
- ❑ One year or longer
- ❑ Client doesn't know
- ❑ Client prefers not to answer

***If the length of stay above was less than 90 days, did you enter the institution from the streets, Emergency shelter, or Safe Haven?**

- ❑ Yes
- ❑ No

***If yes, approximate date this episode of homelessness started:**

____ / ____ / ______

Note: If homelessness began prior to institution stay, and the institution stay was less than 90 days the stay also counts as time homeless.,

Transitional & Permanent housing

- ❑ Hotel or motel paid for without emergency shelter voucher
- ❑ Host home (non-crisis)
- ❑ Staying or living in a family member's room, apartment, or house
- ❑ Staying or living in a friend's room, apartment, or house
- ❑ Transitional housing for homeless persons (including homeless youth)
- ❑ Owned by client, no ongoing housing subsidy
- ❑ Owned by client, with ongoing housing subsidy
- ❑ Residential project or halfway house with no homeless criteria
- ❑ Rental by client, without ongoing housing subsidy
- ❑ Rental by client, with ongoing housing subsidy
  - ❑ With GPD TIP housing subsidy
  - ❑ With VASH housing subsidy
  - ❑ With RRH or equivalent subsidy
  - ❑ With Housing Choice Voucher (HCV) (tenant or project based)
  - ❑ In a public housing unit
  - ❑ With other ongoing housing subsidy
  - ❑ Housing Stability Voucher
  - ❑ Family Unification Program Voucher (FUP)
  - ❑ Permanent Supportive Housing

***Length of living situation prior to entering this program:**

- ❑ One night or less
- ❑ Two nights to six nights
- ❑ One week or more, but less than one month
- ❑ One month or more, but less than 90 days
- ❑ 90 Days or more, but less than one year
- ❑ One year or longer
- ❑ Client doesn't know
- ❑ Client prefers not to answer

***If the length of stay above was less than 7 nights, did you enter the above housing situation from the streets, Emergency shelter, or Safe Haven?**

- ❑ Yes
- ❑ No

*** If yes, approximate date this episode of homelessness started:** ____ / ____ / ______

Note: If client stayed in a housed situation for less than 7 days, the stay also counts as time homeless.

Modified 11/1/2023

*** For shelters & street outreach only:** If client is coming from an institution where they stayed more than 90 days or a housed situation where they stayed more than 7 days, then their start date of homelessness would be today's date (Intake Date): **Intake Date:** _____/_____/_____

***Number of times you have been homeless on the streets/shelter in the PAST THREE YEARS including today:** _____

***Total Number of Months Homeless in the PAST THREE YEARS** [Note: Any single day or part of a month spent homeless should be counted as 1 month. Short breaks are acceptable]: _____ **months**

***City where you last had stable housing** _____ ***City Slept In Last Night:** _____

Is this your first time experiencing homelessness (being without housing)? Yes / No

Total length of time client has been homeless or without housing in lifetime _____ Years and _____Months

Were you released as a result of AB109? Yes / No **Domestic Violence Survivor?** Yes / No

Are you currently on probation? Yes / No **If Yes, when last occurred?** _____

Are you currently on Parole? Yes / No **Are you currently fleeing?** Yes / No

Employed? ☐ **Yes, If Yes, what type?** ☐ **Full Time** ☐ **Part Time** ☐ **Seasonal (including Day Labor)**

☐ **No, If No, why not?** ☐ **Looking for work** ☐ **Unable to work** ☐ **Not Looking for Work**

Monthly Income

Income from Any Source? ☐ Yes ☐No If yes, write the monthly amounts below

Earned Income	$	SSDI	$	TANF	$
Unemployment Insurance	$	SSI	$	GA	$
Workers Compensation	$	Retirement Income from Social Security	$	Alimony Spousal Support	$
Private Disability Insurance	$	VA Non-Service Connected Disability	$	Child Support	$
VA Service-Connected Disability	$	Pension or Retirement from a Former Job	$	Other (Specify):	$

Non Cash Benefits

Receiving Non Cash Benefits? ☐ Yes ☐ No If yes, check all that apply

☐SNAP Supplemental Nutrition Assistance Program (Food Stamps) ☐TANF Childcare Services ☐Other TANF- Funded Services

☐WIC Special Supplemental Nutrition Program for Women, Infants, & Children ☐TANF Transportation Services ☐Other (Specify): _____

Health Insurance

Covered by Health Insurance? ☐ Yes ☐ No If yes, check all that apply

☐Medicaid ☐Veteran's Health Administration (VHA) ☐Private Pay Health Insurance ☐Other Health Insurance

☐Medicare ☐Employer-Provided Health Insurance ☐State Health Insurance for Specify Other:

☐State Children's Health Insurance Program ☐COBRA ☐Indian Health Services Program _____

*Disabilities: Please circle Yes or No for EACH of the following

Physical	Yes / No	**Long Term?:** Yes / No	**Mental health disorder**	Yes / No	**Long Term?:** Yes / No
Developmental	Yes / No		**Alcohol use disorder**	Yes / No	**Long Term?:** Yes / No
Chronic health condition	Yes / No	**Long Term?:** Yes / No	**Drug use disorder**	Yes / No	**Long Term?:** Yes / No
HIV/AIDS	Yes / No		**Both Alcohol and Drug use**	Yes / No	**Long Term?:** Yes / No

Note: Chronic health condition – a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples include but are not limited to: heart disease, severe asthma, diabetes, arthritis-related conditions, adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions), severe headache/migraine, cancer, chronic bronchitis, liver condition, stroke, or emphysema.

***Do you have a Disabling Condition? This means: A condition of expected long duration or substantially impairs independence**

❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer

Dependents

Please list information about all dependent children (under 18 years old) entering program

First and last name	Relationship to HOH	Birth date	SSN #	Gender (M/F)	Race	Program entry date (if different from HoH)	Special needs	Health Insurance	Income