Agency's LOGO

# DuPage CoC Initial Intake Assessment

Head of Household / All Adult HH Members

HMIS Client ID# | Project Name

*Fill in after HMIS Project Entry*

**Entry Date** (Project Start) | **Date of Engagement** (ES/SO) | **Housing Move-in Date** (PH, PSH, RRH)

*Month / Day / Year* | *Month / Day / Year* | *Month / Day / Year*

| **HEAD OF HOUSEHOLD** (A client's full and accurate name should be used, but the recording of a legal name is not required, unless specified by a funder.) | | | | **Client doesn't know** | **Client prefers not to answer** |
|---|---|---|---|---|---|
| First Name | | Middle Name | | ☐ | ☐ |
| Last Name | | Suffix (e.g. Jr, Sr, III) | | ☐ | ☐ |
| | | Alias | | | |
| SSN | | | Approx. or Partial SSN Reported ☐ | ☐ | ☐ |
| Veteran Status | ☐ Yes ☐ No *Veteran Status is on the Client Profile Tab and may need to be updated if the client is already in the HMIS.* | | | ☐ | ☐ |
| Relationship (to HoH) | ☐ **SELF (Head of Household)** ☐ HoH's Child ☐ HoH's Spouse/Partner ☐ HoH's Other Relation ☐ Other: Non-Relation | | ***Use a separate Initial Intake Assessment or HH Member Supplemental page for each additional HH member.*** | | |
| Date of Birth | | | Approx. or Partial DOB Reported ☐ | ☐ | ☐ |
| Gender *The client may share more than one response and all should be recorded. If the client "doesn't know" or "prefers not to answer," record that response.* | *A client's gender may not match the sex they were assigned at birth.* | ☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Transgender ☐ Culturally Specific Identity (e.g. Two Spirit) ☐ Non-Binary ☐ Questioning ☐ Different Identity, specify: | | ☐ | ☐ |
| How does the client identify their sexual orientation? | ☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Questioning/Unsure ☐ Other, specify: | | | ☐ | ☐ |
| Race and Ethnicity *The client may share more than one response and all should be recorded. If the client "doesn't know" or "prefers not to answer," only record that response.* | ☐ American Indian, Alaska Native or Indigenous ☐ Asian or Asian American ☐ Black, African American or African ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White | | | ☐ | ☐ |
| Additional Race and Ethnicity Detail *The question allows the client to share additional specificity about how they identify or express their ethnicity, race, or nationality, using terms that may not be addressed by the standard responses above (e.g. Potawatomi Tribe, Hmong, Haitian, Arab-American).* | | | | | |
| Translation Assistance Needed | ☐ Yes ☐ No | | | ☐ | ☐ |
| Preferred Language | ☐ English ☐ Spanish ☐ Polish ☐ Other preferred language, specify: | | | ☐ | ☐ |

| | |
|---|---|
| **VICTIM OF DOMESTIC VIOLENCE (DV)**<br>*DV includes "domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual's or family's current housing situation." (HEARTH Act)* | ☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer<br>(If Yes) how long ago was the last incident?<br>☐ Within the past 3 months ☐ 3-6 months ago ☐ 6-12 months ago<br>☐ More than a year ago ☐ Client doesn't know ☐ Client prefers not to answer<br>(If Yes) are you currently fleeing? (This includes currently attempting to flee.)<br>☐ Yes ☐ No ☐ Client does not know ☐ Client prefers not to answer |
| General Health Status<br>(RHY and VASH projects only) | ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Client doesn't know ☐ Client prefers not to answer |

**DISABILITY ASSESSMENT**

Does the client have a disabling condition expected to be of long duration and impedes ability to live independently?

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

| Disability Type | (If Yes) Start Date | Will the Condition be long term? | Disability Determination | | If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | |
|---|---|---|---|---|---|---|
| **Alcohol Use Disorder**<br>☐ Yes ☐ No<br>☐ Client doesn't know<br>☐ Client prefers not to answer | _____/_____/_____ | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client prefers not to answer | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client prefers not to answer |
| | Notes: | | | | | |
| **Chronic Health Condition**<br>☐ Yes ☐ No<br>☐ Client doesn't know<br>☐ Client prefers not to answer | _____/_____/_____ | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client prefers not to answer | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client prefers not to answer |
| | Notes: | | | | | |
| **Developmental Disability**<br>☐ Yes ☐ No<br>☐ Client doesn't know<br>☐ Client prefers not to answer | _____/_____/_____ | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client prefers not to answer | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client prefers not to answer |
| | Notes: | | | | | |
| **Drug Use Disorder**<br>☐ Yes ☐ No<br>☐ Client doesn't know<br>☐ Client prefers not to answer | _____/_____/_____ | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client prefers not to answer | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client prefers not to answer |
| | Notes: | | | | | |
| **HIV/AIDS**<br>☐ Yes ☐ No<br>☐ Client doesn't know<br>☐ Client prefers not to answer | _____/_____/_____ | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client prefers not to answer | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client prefers not to answer |
| | Notes: | | | | | |
| **Mental Health Disorder**<br>☐ Yes ☐ No<br>☐ Client doesn't know<br>☐ Client prefers not to answer | _____/_____/_____ | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client prefers not to answer | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client prefers not to answer |
| | Notes: | | | | | |
| **Physical Disability**<br>☐ Yes ☐ No<br>☐ Client doesn't know<br>☐ Client prefers not to answer | _____/_____/_____ | ☐ Yes<br>☐ No | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client prefers not to answer | ☐ Yes<br>☐ No | ☐ Client doesn't know<br>☐ Client prefers not to answer |
| | Notes: | | | | | |

## Chronic Homelessness (CH) Assessment

**PRIOR LIVING SITUATION:** *Where was the client sleeping last night? Or, in other words, what was the client's living situation just prior to entering this project? For non-residential programs (like HP), this is their current situation.*
**Choose from Literally Homeless Situation OR Institutional Setting OR Temporary/PH Situation. Once chosen, stay in that column.**

### 1A. Homeless Situation

☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
☐ Emergency Shelter (including hotel or motel paid for with emergency shelter voucher, or Host Home shelter)
☐ Safe Haven
☐ Client doesn't know
☐ Client prefers not to answer

↓ *Next Answer 2A: Length of Stay.* ↓

### 1B. 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
☐ Client doesn't know
☐ Client prefers not to answer

↓ *Next Answer 2B: Length of Stay.* ↓

### 1C. Temporary Situation

☐ Transitional Housing for homeless persons (including homeless youth)
☐ Residential/halfway house, NO homeless criteria
☐ Hotel or motel paid for without ES voucher
☐ Host Home (non-crisis)
☐ Staying or living in a friend's room, apt, or house
☐ Staying or living in a family member's room, apt, or house
☐ Client doesn't know
☐ Client prefers not to answer

**-OR-**

### 1C. Permanent Housing Situation

☐ Rental by client, NO ongoing housing subsidy
☐ Rental by client, with ongoing subsidy

**IDENTIFY SUBSIDY TYPE:**
☐ GPD TIP housing subsidy
☐ VASH housing subsidy
☐ RRH or equivalent subsidy
☐ HCV voucher (tenant or project based) (not dedicated)
☐ Public housing unit
☐ Rental by client, with other ongoing housing subsidy
☐ Housing Stability Voucher
☐ Family Unification Program Voucher (FUP)
☐ Foster Youth to Independence Initiative (FYI)
☐ Permanent Supportive Housing
☐ Other permanent housing dedicated for formerly homeless persons

☐ Owned by client, with ongoing housing subsidy
☐ Owned by client, NO ongoing housing subsidy
☐ Client doesn't know
☐ Client prefers not to answer

↓ *Next Answer 2C: Length of Stay.* ↓

### 2A: LENGTH OF STAY: *How long was the client in a Homeless Situation?*

☐ One night or less
☐ Two 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

↓ *Next Answer 3: Chronic Questions* ↓

### 2B: LENGTH OF STAY: *How long was the client in an Institutional Situation?*

☐ One night or less[P]
☐ Two to six nights[P]
☐ One week or more, but less than one month[P]
☐ One month or more, but less than 90 days[P]
(90 days or less)
☐ 90 days or more, but less than one year
☐ One year or longer
☐ Client doesn't know
☐ Client prefers not to answer

[P]*If the client reported 90 days or less, then answer the question below. If the client reports more than 90 days, the client is NOT considered to be experiencing CH at this point in time, skip the rest of this page.*

**On the night before the Institutional Situation, did the client stay on the streets, in ES or SH?**
☐ Yes (*proceed below to 3: Chronic Questions)*
☐ No (*the client is NOT considered to be experiencing CH at this point in time, skip the rest of this page)*

### 2C: LENGTH OF STAY: *How long was the client in a Housing Situation?*

☐ One night or less[P]
☐ Two to six nights[P]
(6 nights or less)
☐ 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 Client is entering ES, SH, or SO**, then answer the question below OR…*
[P]*If the client reported 6 nights or less, then answer the question below.*
*If the client reports 7 days or more **AND is NOT entering ES, SH, or SO**, then the client is NOT considered to be experiencing CH at this point in time, skip the rest of this page.*

**On the night before the TH/PH Housing Situation, did the client stay on the streets, in ES or SH?**
☐ Yes (*proceed below to 3: Chronic Questions)*
☐ No (*the client is NOT considered to be experiencing CH at this point in time, skip the rest of this page)*

| **3: CHRONIC HOMELESSNESS (CH) QUESTIONS:** *(depending on your answer in the above questions).* | |
|---|---|
| 3.1: When did the client first become homeless? *Have the client look back to when they first became homeless (not this episode, but the very first time) and enter that approximate date.* | M/D/Y |
| 3.2: Approximate Date this current episode of homelessness began? *Have the client look back to the date of the last time the client had a place to sleep for more than 7 days that was not on the streets, in ES, or SH.* | M/D/Y |
| 3.3: Regardless of where they stayed last night -- Number of times (episodes) the client has been homeless on the streets, in ES, or SH in the past three years including today. *If this is the first time the client has been homeless in the past 3 years then the response is One Time.*<br>• *A NEW EPISODE SHOULD BE COUNTED AFTER EACH TIME THE CLIENT HAD HOUSING FOR 7 DAYS OR LONGER (AT A FRIEND'S OR FAMILY MEMBER'S OR OTHER NON-HOMELESS SITUATION) OR WAS IN AN INSTITUTIONAL SETTING FOR 90 DAYS OR MORE.* | ☐ One Time<br>☐ Two Times<br>☐ Three Times<br>☐ Four or more times<br>☐ Client doesn't know<br>☐ Client prefers not to answer |
| 3.4: Total number of months on the street, in ES or SH in the past 3 years: *the number of cumulative but not necessarily consecutive months spent homeless.* | Number of Months |

**ENROLLMENT COC**

*Client Location should always by IL-514 DuPage except for SSVF when a client is in a non-DuPage project*

- ☐ IL-502 Waukegan/North Chicago/Lake Cty
- ☐ IL-506 Joliet/Kendall/Grundy/Will County
- ☐ IL-509 De Kalb
- ☐ IL-511 SubCook
- ☐ IL-512 Bloomington/Central Illinois/Kankakee
- ☐ **IL-514 DuPage**
- ☐ IL-517 Aurora/Elgin/Kane
- ☐ IL-518 Northwest/LaSalle

*Enter City the client most closely associates with—this might be the city of their last permanent address, or it might be the city where the client currently spends the most time.*

**CLIENT ZIP:** _____

**CLIENT CITY:** _____

**CLIENT'S RESIDENCE**

| | | | | | |
|---|---|---|---|---|---|
| Client's Street Address | | | | Apt # | |
| City, Township | | State | | Zip | |
| Address Data Quality | ☐ Full Address Reported<br>☐ Client Does Not Know | | ☐ Incomplete or estimated address reported<br>☐ Client Refused | | |
| Home Phone # | | Cell Phone # | | Alternate Contact | |
| Email Address | | | | | |
| Start Date | | End Date | | | |
| Address Type | ☐ After Program<br>☐ Before Program-Last Permanent | | ☐ Before Program<br>☐ Program (while in your project) | | |
| Client's Residence Notes | | | | | |

**EMERGENCY CONTACT (OPTIONAL)**

| | | | | | |
|---|---|---|---|---|---|
| Contact's Name | | | | | |
| Contact's Address | | | | Apt # | |
| Contact's City | | Contact's State | | ZIP | |
| Phone # | | Second Phone # | | | |
| Relationship to Client | | | | | |
| Start Date | | End Date | | | |
| Is there a release of information to contact this person? | ☐ Yes ☐ No | | | | |

*Continue to Household Income*

**HOUSEHOLD INCOME**

Does the household have any current income?

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

**If No,** answer the following question and move on to Household Income for AMI Below:

**If Yes:** Please indicate in each source if the household receives the income, and if they do, the household member receiving the income, the monthly amount (to the nearest dollar) of each source, and the income start date.

| | | HH Member | Amount | Start Date | HH Member | Amount | Start Date |
|---|---|---|---|---|---|---|---|
| Earned Income | | | | | | | |
| ☐ Yes ☐ No | If Yes: | | $ | | | $ | |
| | | | $ | | | $ | |
| Unemployment Insurance | | | | | | | |
| ☐ Yes ☐ No | If Yes: | | $ | | | $ | |
| SSI: Supplemental Security Income | | | | | | | |
| ☐ Yes ☐ No | If Yes: | | $ | | | $ | |
| SSDI: Social Security Disability Income | | | | | | | |
| ☐ Yes ☐ No | If Yes: | | $ | | | $ | |
| VA Service Connected Disability Compensation | | | | | | | |
| ☐ Yes ☐ No | If Yes: | | $ | | | $ | |
| Private Disability Insurance | | | | | | | |
| ☐ Yes ☐ No | If Yes: | | $ | | | $ | |
| Worker's Compensation | | | | | | | |
| ☐ Yes ☐ No | If Yes: | | $ | | | $ | |
| TANF: Temporary Assistance for Needy Families | | | | | | | |
| ☐ Yes ☐ No | If Yes: | | $ | | | $ | |
| General Assistance | | | | | | | |
| ☐ Yes ☐ No | If Yes: | | $ | | | $ | |
| Retirement Income from Social Security | | | | | | | |
| ☐ Yes ☐ No | If Yes: | | $ | | | $ | |
| VA Non-Service Connected Disability Pension | | | | | | | |
| ☐ Yes ☐ No | If Yes: | | $ | | | $ | |
| Pension or retirement income from another job | | | | | | | |
| ☐ Yes ☐ No | If Yes: | | $ | | | $ | |
| Child Support | | | | | | | |
| ☐ Yes ☐ No | If Yes: | | $ | | | $ | |
| Alimony or Other Spousal Support | | | | | | | |
| ☐ Yes ☐ No | If Yes: | | $ | | | $ | |
| Other Source (specify): | | | | | | | |
| ☐ Yes ☐ No | If Yes: | | $ | | | $ | |

*For Each **Individual** Household Member with income, record their individual total income from all sources below*

| Household Member | Total Monthly Income |
|---|---|
| | |
| | |
| | |

| Household Member | Total Monthly Income |
|---|---|
| | |
| | |
| | |

**TOTAL MONTHLY HOUSEHOLD INCOME** $_____ **NUMBER OF HOUSEHOLD MEMBERS** _____

**FY2024 AREA MEDIAN INCOME (AMI)**

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| 15% AMI | $984 | $1,123 | $1,263 | $1,402 | $1,515 | $1,627 | $1,740 | $1,852 |
| 30% AMI | $1,967 | $2,246 | $2,525 | $2,804 | $3,029 | $3,254 | $3,479 | $3,704 |
| 50% AMI | $3,271 | $3,738 | $4,204 | $4,671 | $5,046 | $5,421 | $5,796 | $6,167 |
| 80% AMI | $5,233 | $5,983 | $6,729 | $7,475 | $8,075 | $8,675 | $9,271 | $9,871 |
| 100% AMI | $6,542 | $7,476 | $8,408 | $9,342 | $10,092 | $10,842 | $11,592 | $12,334 |

**TOTAL MONTHLY HOUSEHOLD INCOME AS PERCENTAGE OF AMI:**

☐ 30% OR LESS ☐ 31%-50% ☐ 51%-80% ☐ 81% OR GREATER

**NON-CASH BENEFITS**

Does the household currently receive any Non-Cash Benefits?

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

Please indicate which of the following non-cash benefits you have received over the last 30 days.
*(You may use "All" if all household members receive the benefit)*

| | | Start Date | Amount (optional) |
|---|---|---|---|
| Supplemental Nutrition Assistance Program (Food Stamps) | | | |
| ☐ Yes ☐ No | If Yes, Household Members: | | |
| Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | | | |
| ☐ Yes ☐ No | If Yes, Household Members: | | |
| TANF childcare services | | | |
| ☐ Yes ☐ No | If Yes, Household Members: | | |
| TANF transportation services | | | |
| ☐ Yes ☐ No | If Yes, Household Members: | | |
| Other TANF-Funded Services | | | |
| ☐ Yes ☐ No | If Yes, Household Members: | | |
| Other Source (specify): | | | |
| ☐ Yes ☐ No | If Yes, Household Members: | | |

**COVERED BY HEALTH INSURANCE**

Do household members currently have health insurance?

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

*Continue to the Health Insurance Sub-Assessment*

**Complete the following** *(You may use "All" if all household members receive the benefit)* *Start Date*

| | | |
|---|---|---|
| Medicaid | | |
| ☐ Yes ☐ No | If Yes, Household Members: | |
| Medicare | | |
| ☐ Yes ☐ No | If Yes, Household Members: | |
| Illinois All Kids (State Children's Health Insurance Program) | | |
| ☐ Yes ☐ No | If Yes, Household Members: | |
| Veteran's Health Administration (VHA) | | |
| ☐ Yes ☐ No | If Yes, Household Members: | |
| Employer Provided Health Insurance | | |
| ☐ Yes ☐ No | If Yes, Household Members: | |
| Health Insurance obtained through COBRA | | |
| ☐ Yes ☐ No | If Yes, Household Members: | |
| Private Pay Health Insurance | | |
| ☐ Yes ☐ No | If Yes, Household Members: | |
| State Health Insurance for Adults | | |
| ☐ Yes ☐ No | If Yes, Household Members: | |
| Indian Health Services Program | | |
| ☐ Yes ☐ No | If Yes, Household Members: | |
| Other | | |
| ☐ Yes ☐ No | If Yes, Household Members: | |
| If "Yes" to Other, Specify Source: | | |

*end of health insurance questions*

***All Applicants Must Sign Below***

*By signing below, I attest that the information I have provided for eligibility and intake is a true and accurate account of the current situation, income and household.*

Client signature: _____ Date: _____

Agency Representative signature: _____ Date: _____

Agency Representative Name (print): _____

# DuPage HP and IDHS ETH Supplemental Assessments

## HOMELESSNESS PREVENTION SUPPLEMENTAL (ALL HP PROJECTS)

| | |
|---|---|
| Food Stamp status at time of intake: | ☐ Currently Enrolled ☐ Enrolled at Intake ☐ Ineligible |
| LIHEAP status at time of intake: | ☐ Currently Enrolled ☐ Enrolled at Intake ☐ Ineligible |
| Reason client is seeking assistance: | ☐ Maintain current housing<br>☐ Move from current residence to other permanent housing<br>☐ Move from shelter to permanent housing |

## IDHS ETH/EF&S SUPPLEMENTAL (IDHS ETH ONLY)

| | |
|---|---|
| Number of other shelters used in prior year: | ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more |
| Food Stamp status at time of intake: | ☐ Currently Enrolled ☐ Enrolled at Intake ☐ Ineligible |
| Emancipated minor or unaccompanied youth? | ☐ Yes ☐ No |
| Ex-offender? | ☐ Yes ☐ No |
| Have you ever been convicted of a felony? | ☐ Yes ☐ No |
| Pregnant Now? | ☐ Yes ☐ No ☐ Client Does Not Know ☐ Client Refused |
| Is juvenile a parent (under age 18)? | ☐ Yes ☐ No |



*Revision effective: 10/01/2023*

**Initial Intake Assessment**
**HH Member Supplemental**

**Head of Household Name:** _____

**HMIS CLIENT ID#**

*Fill in after HMIS Project Entry*

**Entry Date (Project Start)**

*Month / Day / Year*

| **NAME OF HOUSEHOLD MEMBER** (A client's full and accurate name should be used, but the recording of a legal name is not required, unless specified by a funder.) | | | | | **Client doesn't know** | **Client prefers not to answer** |
|---|---|---|---|---|---|---|
| First Name | | Middle Name | | | ☐ | ☐ |
| Last Name | | Suffix (e.g. Jr, Sr, III) | | | ☐ | ☐ |
| | | Alias | | | | |
| SSN | | | | Approx. or Partial SSN Reported ☐ | ☐ | ☐ |
| Veteran Status | ☐ Yes ☐ No | *Veteran Status is on the Client Profile Tab and may need to be updated if the client is already in the HMIS.* | | | ☐ | ☐ |
| Relationship (to HoH) | ☐ HoH's Child<br>☐ HoH's Spouse/Partner | ☐ HoH's Other Relation<br>☐ Other: Non-Relation | | | *NA* | *NA* |
| Date of Birth | | | | Approx. or Partial DOB Reported ☐ | ☐ | ☐ |
| Gender<br>*The client may share more than one response and all should be recorded. Except, if the client "doesn't know" or "prefers not to answer," only record this response.* | *A client's gender may not match the sex they were assigned at birth.* | ☐ Woman (Girl, if child)<br>☐ Non-Binary<br>☐ Different Identity, specify: | ☐ Man (Boy, if child)<br>☐ Culturally Specific Identity (e.g. Two Spirit) | ☐ Transgender<br>☐ Questioning | ☐ | ☐ |
| How does the client identify their sexual orientation? | | ☐ Heterosexual<br>☐ Bisexual | ☐ Gay<br>☐ Questioning/Unsure | ☐ Lesbian<br>☐ Other, specify: | ☐ | ☐ |
| Race and Ethnicity<br>*The client may share more than one response and all should be recorded. Except, if the client "doesn't know" or "prefers not to answer," only record this response.* | | ☐ American Indian, Alaska Native or Indigenous<br>☐ Hispanic/Latina/e/o<br>☐ White | ☐ Asian or Asian American<br>☐ Middle Eastern or North African | ☐ Black, African American or African<br>☐ Native Hawaiian or Pacific Islander | ☐ | ☐ |
| Additional Race and Ethnicity Detail<br>*If provided, record additional specificity about how the client identifies or expresses their ethnicity, race, or nationality, using terms that may not be addressed by the standard responses above (e.g. Potawatami Tribe, Hmong, Haitian, Arab-American).* | | | | | | |

| **VICTIM OF DOMESTIC VIOLENCE (DV)** | | | | | **Client doesn't know** | **Client prefers not to answer** |
|---|---|---|---|---|---|---|
| *DV includes "domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual's or family's current housing situation." (HEARTH Act)* | ☐ Yes ☐ No | | | | ☐ | ☐ |
| | (If Yes) how long ago was the last incident?<br>☐ Within the past 3 months ☐ 3-6 months ago ☐ 6-12 months ago<br>☐ More than a year ago ☐ Client doesn't know ☐ Client prefers not to answer<br><br>(If Yes) are you currently fleeing? (This includes currently attempting to flee.)<br>☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer | | | | | |

*Continue to Disability Assessment*

Client Name:

**DISABILITY ASSESSMENT**

**Does the client have a disabling condition expected to be of long duration and impedes ability to live independently?** ☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer

| Disability Type | (If Yes) Start Date | Will the Condition be long term? | Disability Determination | If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? |
|---|---|---|---|---|
| **Alcohol Use Disorder**<br>☐ Yes ☐ No<br>☐ Client doesn't know<br>☐ Client prefers not to answer | _____/_____/_____ | ☐ Yes<br>☐ No | ☐ Yes ☐ Doesn't Know<br>☐ No ☐ Refused | ☐ Yes ☐ Client doesn't know<br>☐ No ☐ Client prefers not to answer |
| | Notes: | | | |
| **Chronic Health Condition**<br>☐ Yes ☐ No<br>☐ Client doesn't know<br>☐ Client prefers not to answer | _____/_____/_____ | ☐ Yes<br>☐ No | ☐ Yes ☐ Doesn't Know<br>☐ No ☐ Refused | ☐ Yes ☐ Client doesn't know<br>☐ No ☐ Client prefers not to answer |
| | Notes: | | | |
| **Developmental Disability**<br>☐ Yes ☐ No<br>☐ Client doesn't know<br>☐ Client prefers not to answer | _____/_____/_____ | ☐ Yes<br>☐ No | ☐ Yes ☐ Doesn't Know<br>☐ No ☐ Refused | ☐ Yes ☐ Client doesn't know<br>☐ No ☐ Client prefers not to answer |
| | Notes: | | | |
| **Drug Use Disorder**<br>☐ Yes ☐ No<br>☐ Client doesn't know<br>☐ Client prefers not to answer | _____/_____/_____ | ☐ Yes<br>☐ No | ☐ Yes ☐ Doesn't Know<br>☐ No ☐ Refused | ☐ Yes ☐ Client doesn't know<br>☐ No ☐ Client prefers not to answer |
| | Notes: | | | |
| **HIV/AIDS**<br>☐ Yes ☐ No<br>☐ Client doesn't know<br>☐ Client prefers not to answer | _____/_____/_____ | ☐ Yes<br>☐ No | ☐ Yes ☐ Doesn't Know<br>☐ No ☐ Refused | ☐ Yes ☐ Client doesn't know<br>☐ No ☐ Client prefers not to answer |
| | Notes: | | | |
| **Mental Health Disorder**<br>☐ Yes ☐ No<br>☐ Client doesn't know<br>☐ Client prefers not to answer | _____/_____/_____ | ☐ Yes<br>☐ No | ☐ Yes ☐ Doesn't Know<br>☐ No ☐ Refused | ☐ Yes ☐ Client doesn't know<br>☐ No ☐ Client prefers not to answer |
| | Notes: | | | |
| **Physical Disability**<br>☐ Yes ☐ No<br>☐ Client doesn't know<br>☐ Client prefers not to answer | _____/_____/_____ | ☐ Yes<br>☐ No | ☐ Yes ☐ Doesn't Know<br>☐ No ☐ Refused | ☐ Yes ☐ Client doesn't know<br>☐ No ☐ Client prefers not to answer |
| | Notes: | | | |