Please complete one sheet for the Head of Household. It is not required to enter other Household members for this project.

**Project Start Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ **Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S**ervicePoint Client ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name: MI**: **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix**: \_­­\_\_\_\_\_\_\_\_\_\_

**Name Data Quality**:

 Full Name Reported

  Partial, Street Name, or Code Name Reported

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

**Alias:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SSN**: \_\_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN Type:**  Full

 Approximate/Partial

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

**U.S. Military Veteran? (Clients 18 and older)**:

Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Diversion Initial Assessment:**

**Reason for Call:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Caller Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Caller City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Caller County:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Homelessness Status:**

Currently Homeless – sheltered Will be homeless in more than 14 days

Currently Homeless – unsheltered Will be homeless in less than 14 days

**How many members in your household are in need of service?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **How many members are children (under the age of 18)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HUD UDEs:**

**DOB** (mm/dd/yyyy) \_\_ / / **DOB Type:**   Full DOB

 Approximate or Partial DOB

 Client Doesn’t Know  Client Prefers Not to Answer

**Race and Ethnicity (Select up to 5 choices):**

|  |  |
| --- | --- |
| * American Indian, Alaska Native, or Indigenous
* Asian or Asian American
* Black, African American, or African
* Hispanic/ Latina/e/o
* Middle Eastern of North African
 | * Native Hawaiian or Pacific Islander
* White
* Client Doesn’t Know
* Client Prefers Not to Answer
* Data Not Collected
 |

Additional Race and Ethnicity Detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender (Select all that Apply)**:

|  |  |
| --- | --- |
| * Woman (Girl, if child)
* Man (Boy, if child)
* Culturally Specific Identity (e.g., Two- Spirit
* Different Identity
* Non-Binary
 | * Transgender
* Questioning
* Client Doesn’t Know
* Client Prefers Not to Answer
* Data Not Collected
 |

**If Different Identity Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have a disabling condition?**

Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Relationship to Head of Household:**  Self (Head of Household)

 Head of Household’s Child

 Head of Household’s Spouse or Partner

 Head of Household’s other relation member

 Other Non-Relation Member

 Data Not Collected

**Client Location:** ME-500

**Prior Living Situation:**

**-HOMELESS SITUATIONS-**

 Place Not Meant for Habitation

 Emergency Shelter, including hotel/motel paid for w/ ES Voucher or Host Home Shelter

 Safe Haven

**-INSTITUTIONAL SITUATIONS-**

 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

**-TEMPORARY HOUSING SITUATIONS-**

 Transitional Housing for Homeless Persons (includes homeless youth)

 Residential Project or Halfway House with no Homeless Criteria

 Hotel or Motel Paid for without an Emergency Shelter Voucher

 Host Home (non-crisis)

 Staying or Living in a Friend’sRoom, Apartment or House

 Staying or Living in a Family Member’s Room, Apartment or House

**-PERMANENT HOUSING SITUATION-**

 Rental by Client, No Ongoing Housing Subsidy

 Rental by Client, with Ongoing Housing Subsidy

* 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

**-OTHER-**

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

 Subsidized Housing

**Length of stay in prior living situation:**  One night or less  One year or longer

  Two to six nights  Client Doesn’t Know

  One week or more but less than one month  Client Prefers Not to Answer

  One month or more but less than 90 days  Data Not Collected

  90 days or more but less than one year

***If Literally Homeless, then:***

**Approximate Date Current Episode of Homelessness Started: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Regardless of where they stayed last night - number of times the client has been on the streets, in ES, or SH in the past three years including today:**

 One Time  Client Doesn’t Know

 Two Times  Client Prefers Not to Answer

 Three Times  Data Not Collected

 Four or More Times

**Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:**

 One Month (this time is the first month)  6 Months  11 Months

 2 Months  7 Months  12 Months

 3 Months  8 Months  More than 12 Months

 4 Months  9 Months  Client Doesn’t Know

 5 Months  10 Months  Client Prefers Not to Answer

 Data Not Collected

***If Institutional Setting, then:***

**Did you stay less than 90 days:** Yes No

***If less than 90 days*, on the night before did you stay on the streets, ES, or SH?** Yes No

***If yes:* Approximate Date This Episode of Homelessness Started: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:**

 One Time  Client Doesn’t Know

 Two Times  Client Prefers Not to Answer

 Three Times  Data Not Collected

 Four or More Times

**Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:**

 One Month (this time is the first month)  6 Months  11 Months

 2 Months  7 Months  12 Months

 3 Months  8 Months  More than 12 Months

 4 Months  9 Months  Client Doesn’t Know

 5 Months  10 Months  Client Prefers Not to Answer

 Data Not Collected

***If Transitional or Permanent Housing Situation:***

**Did you stay less than 7 nights?** Yes No

***If less than 7 nights,* on the night before did you stay on the streets, ES, or SH?** Yes No

***If yes:* Approximate Date This Episode of Homelessness Started: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:**

 One Time  Client Doesn’t Know

 Two Times  Client Prefers Not to Answer

 Three Times  Data Not Collected

 Four or More Times

**Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:**

 One Month (this time is the first month)  6 Months  11 Months

 2 Months  7 Months  12 Months

 3 Months  8 Months  More than 12 Months

 4 Months  9 Months  Client Doesn’t Know

 5 Months  10 Months  Client Prefers Not to Answer

 Data Not Collected

**Maine Required Data Elements Assessment:**

**Zip Code of Last Permanent Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip data quality for last permanent address:**

Full or Partial Zip Code Report Client Doesn’t Know Client Prefers Not to Answer

**Release of Information Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Type of Release:** None Signed by Client Verbal

**Exit:**

**Exit Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Reason For Leaving:**

 Completed Program  Non-Payment of Rent
 Criminal activity/violence  Other, Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Death  Reached maximum time allowed
 Disagreement with Rules/Persons  Disagreement with rules/persons
 Left For Housing Opp. Before Completing the Program  Time Allowed Expired

 Needs Could Not Be Met  Transfer to Another Program

 Non-Compliance With Program  Unknown/Disappeared

**Destination:**

**-HOMELESS SITUATIONS-**

 Place Not Meant for Habitation

 Emergency Shelter, including hotel or motel paid for with ES voucher, or RHY-funded Host Home Shelter

 Safe Haven

**-INSTITUTIONAL SITUATIONS-**

 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

**-TEMPORARY HOUSING SITUATIONS-**

 Transitional Housing for Homeless Persons (includes homeless youth)

 Residential Project or Halfway House with no Homeless Criteria

 Hotel or Motel Paid for without an Emergency Shelter Voucher

 Host Home (non-crisis)

 Staying or Living in a Friend’sRoom, Apartment or House

 Staying or Living in a Family Member’s Room, Apartment or House

**-PERMANENT HOUSING SITUATIONS-**

 Rental by Client, No Ongoing Housing Subsidy

 Rental by Client, with Ongoing Housing Subsidy

 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 Subsidy
	+ Housing Stability Voucher
	+ Family Unification Program Voucher (FUP)
	+ Foster Youth of 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

**-OTHER-**

 No Exit Interview Completed

 Other, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Deceased

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

**Diversion Exit:**

**HPS Resolution:**

* Housing crisis not resolved
* Housing crisis resolved

**Did the resolution include financial assistance?**

* Yes
* No