Please complete one sheet for each person served, whether they are an individual or a family member

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

**Community Services Client ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Name Type**:  Full Name Reported

  Partial, Street Name, or Code Name Reported

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

**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

**HUD CoC & ESG Entry SO ES SH 2026**

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

 Approximate or Partial DOB

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

 Data Not Collected

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

American Indian, Alaska Native, or Indigenous  Native Hawaiian or Pacific Islander

 Asian or Asian American White

 Black, African American, or African Client Doesn’t know

 Hispanic/Latina/o Client Prefers Not to Answer

 Middle Eastern or North African Data Not Collected

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

**Sex:**

Female Client Prefers Not to Answer

Male Data Not Collected

Client Doesn’t Know

**Does the client 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 relation to head of household)

 Other Non-Related Member

 Data Not Collected

**Client Location: ME500**

**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 previous living situation:**

 1 night or less  1 year or longer

 2 to 6 nights  Client Doesn’t Know

 1 week or more but less than 1 month  Client Prefers Not to Answer

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

 90 days or more but less than 1 year

**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

**Income from any source?**  Yes  No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

 **Monthly Income**

|  |  |  |
| --- | --- | --- |
| **Receiving Income** | **Source of Income** (*Check all that apply)* | **Income Amount** |
| Yes  No | Alimony | $ |
| Yes  No | Alimony or Other Spousal Support | $ |
| Yes  No | Annuities | $ |
| Yes  No | Child Support | $ |
| Yes  No | Contributions from Other People | $ |
| Yes  No | Dividends (Investments) | $ |
| Yes  No | Earned Income | $ |
| Yes  No | General Assistance | $ |
| Yes  No | Interest (Bank) | $ |
| Yes  No | Other | $ |
| Yes  No | Pension/Retirement | $ |
| Yes  No | Pension or Retirement Income From Another Job | $ |
| Yes  No | Private Disability Insurance | $ |
| Yes  No | Railroad Retirement | $ |
| Yes  No | Rental Income | $ |
| Yes  No | Retirement Disability | $ |
| Yes  No | Retirement Income From Social Security | $ |
| Yes  No | Self-Employment Wages | $ |
| Yes  No | SSDI  | $ |
| Yes  No | SSI  | $ |
| Yes  No | State Disability | $ |
| Yes  No | TANF | $ |
| Yes  No | Unemployment Insurance | $ |
| Yes  No | VA Non-Service Connected Disability Pension | $ |
| Yes  No | VA Service Connected Disability Compensation | $ |
| Yes  No | Worker’s Compensation  | $ |
|  | **Total Monthly Income** | **$** |

**Start Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ **End Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Non-Cash Benefit from any source?**

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

**Non-Cash Benefits**

|  |  |  |
| --- | --- | --- |
| **Receiving Benefit** | **Source of Non-Cash Benefit** (*Check all that apply)* | **Benefit Amount** *(when applicable)* |
| Yes  No | Supplemental Nutrition Assistance Program (Food Stamps)  | $ |
| Yes  No | Special Supplemental Nutrition Program for WIC | $ |
| Yes  No | TANF Child Care services | $ |
| Yes  No | TANF Transportation services | $ |
| Yes  No | Other TANF-funded services | $ |
| Yes  No | Other Source – Specify Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

**Start Date: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**End Date: \_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Covered by Health Insurance?** Yes  No Client Doesn’t Know  Client Prefers Not to Answer Data Not Collected

**Health Insurance**

|  |  |
| --- | --- |
| **Covered** | **Health Insurance Type** (*Check all that apply)* |
| Yes  No | MEDICAID |
| Yes  No | MEDICARE  |
| Yes  No | Veteran’s Health Administration (VHA) Medical Services  |
| Yes  No | State Children’s Health Insurance Program  |
| Yes  No | Employer-Provided Health Insurance  |
| Yes  No | Health Insurance obtained through COBRA |
| Yes  No | Private Pay Health Insurance  |
| Yes  No | State Health Insurance for Adults |
| Yes  No | Indian Health Services Program  |
| Yes  No | Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Start Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**End Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_**

**Health, Substance Use, and Disabilities**

|  |  |
| --- | --- |
| **Disability Type** | **If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently** |
| **Alcohol Use Disorder**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Both Alcohol and Drug Use Disorder**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Chronic Health Condition**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Developmental**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | **Not Required**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Drug Use Disorder**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **HIV/AIDS**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | **Not Required**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Mental Health Disorder**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Physical**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Physical/Medical**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |

**Disability Determination:**

 Yes  Client Prefers Not to Answer

 No  Data Not Collected

 Client Doesn’t Know

**If Yes, Expected to Be of Long-Continued and Indefinite Duration and Substantially Impair Ability to Live Independently:**

 Yes  Client Prefers Not to Answer

 No  Data Not Collected

 Client Doesn’t Know

**Note On Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**End Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**Survivor of Domestic Violence?**

 Yes  Client Prefers Not to Answer

 No  Data Not Collected

 Client Doesn’t Know

**If yes, for Survivor of Domestic Violence, When Experience Occurred?**

 Within the past three months  More than a year ago

 Three to six months ago  Client Doesn't know

 From six to twelve months ago  Client Prefers Not to Answer

 Data Not Collected

**If Yes for Survivor of Domestic Violence Victim/Survivor, Are You Currently Fleeing?**

 Yes  Client Prefers Not to Answer

 No  Data Not Collected

 Client Doesn’t Know

**CURRENT 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

**Living Situation Verified By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is Client Going to Have to Leave Their Current Living Situation Within 14 Days?**

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

**If ‘Yes’ to ‘Is Clients Going to Have to Leave Their Current Living Situation Within 14 Days?’ Answer the Following Questions.**

**Has a Subsequent Residence Been Identified?**

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

**Does Individual or Family Have Resources or Support Networks to Obtain Other Permanent Housing?**

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

**Has The Client Had a Lease or Ownership Interest In a Permanent Housing Unit In the Last 60 Days?**

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

**Has The Client Moved 2 or More Time In the Last 60 Days?**

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

**Location Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Engagement: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**Maine Required 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

**Required for ESHAP Projects Only**

**Is the household currently receiving housing navigation from another agency or enrolled in a program that is effectively helping them obtain/remain in safe stable housing such as another RRH program?**

 Yes  No

**CE Assessment completed?**

 Yes  No

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_