|  | Agency Name  Agency Phone  Agency Email  Other info as needed |
| --- | --- |

**Night by Night Shelter Intake Form**

***To help ensure data quality and accurate reporting***:

1. Use 'Client prefers not to answer' or 'Client doesn’t know' instead of leaving a question blank.

2. Clients should self-report answers to all questions.

3. Clients may refuse to share information and still receive services.

4. Complete for ALL household members *(please note: some questions are for adults only)*.

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  | Intake Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ | | U.S. Veteran? Yes\_\_\_\_ No \_\_\_\_ *(Adults only)* | |
| --- | --- | --- | --- | --- |
| **Relationship to Head of Household (HH):**  *Each household can only have one head of household.* | | | |
| \_\_\_\_ Self (HH)  \_\_\_\_ HH spouse or partner | | \_\_\_\_ HH child  \_\_\_\_ HH other relation member  \_\_\_\_ Other / Non-relation | |

**Race & Ethnicity:** *(Select all that apply)*

| \_\_\_\_ 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  \_\_\_\_ Client doesn’t know  \_\_\_\_ Client prefers not to answer |
| --- | --- |

**Additional Race and Ethnicity Detail** *(please only use for groups not captured above)***:**

*Cont’d on next page*

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

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

**If Different Identity, Please Specify*:***

**Do You Have a Disabling Condition?**

| \_\_\_\_ No  \_\_\_\_ Yes | \_\_\_\_ Client doesn't know  \_\_\_\_ Client prefers not to answer |
| --- | --- |

*Cont’d on next page*

*The remaining questions in this form are for* ***adults only.***

**Prior Living Situation** *(Where did you sleep last night?)*

*Select the option that most closely matches where the client was living prior to project start. Adult members of the same household may have different prior living situations.*

\_\_\_\_ 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, Host Home shelter

\_\_\_\_ Safe Haven (A form of supportive housing that serves hard-to-reach persons experiencing homelessness with severe mental illness and/or substance use disorders who are on the street and have been unable or unwilling to participate in supportive services.)

\_\_\_\_ 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

\_\_\_\_ Substance abuse treatment facility or detox center

\_\_\_\_ Transitional housing for homeless persons (including homeless youth)

\_\_\_\_ Residential project or halfway house with no homeless criteria

\_\_\_\_ Hotel or motel paid for without emergency shelter voucher

\_\_\_\_ Host Home (non-crisis)

\_\_\_\_ Staying or living with family, temporary tenure (e.g., room, apartment, or house)

\_\_\_\_ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)

\_\_\_\_ Moved from one HOPWA funded project to HOPWA TH

\_\_\_\_ Staying or living in a friend’s room, apartment, or house

\_\_\_\_ Staying or living in a family member’s room, apartment, or house

\_\_\_\_ Staying or living with family, permanent tenure

\_\_\_\_ Staying or living with friends, permanent tenure

\_\_\_\_ Moved from one HOPWA funded project to HOPWA PH

\_\_\_\_ Rental by client, no ongoing housing subsidy

\_\_\_\_ Rental by client, with ongoing housing subsidy

\_\_\_\_ Owned by client, with ongoing housing subsidy

\_\_\_\_ Owned by client, no ongoing housing subsidy

\_\_\_\_ Client prefers not to answer

\_\_\_\_ Data not collected

**Length of Stay in Previous Place:**

| \_\_\_\_ 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 |
| --- | --- |

**Approximate date this episode of homelessness started:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

**Regardless of where you stayed last night, number of times you have been on the streets, in shelter, or safe haven in the past three years including today:**

| \_\_\_\_ One time  \_\_\_\_ Two times  \_\_\_\_ Three times | \_\_\_\_ Four or more times  \_\_\_\_ Client doesn’t know  \_\_\_\_ Client prefers not to answer |
| --- | --- |

**Total number of months homeless on the street, in shelter or safe haven in the past three years:**

| \_\_\_\_ One month (this time is the first month)  \_\_\_\_ Months ranging from 2-12 (choose the appropriate number of months) | \_\_\_\_ More than 12 months  \_\_\_\_ Client doesn’t know  \_\_\_\_ Client prefers not to answer |
| --- | --- |

***End***