



Central Virginia CONTINUUM OF CARE

Assessment and Intake Form

To be completed by a case manager with input provided by client.

Assessment Date: _____ Assessed by: _____

Agency: _____ Program: _____

Part I: Diversion

Is there someone (a friend, family member, or other) that you can stay with for the next three days? Yes No

Do you have resources to obtain housing on your own (savings account, earned income, benefits)? Yes No

Could you safely return to the place you most recently resided? Yes No

OUTCOME OF DIVERSION CONVERSATION:

Household was diverted. Intake stops.

Household was not diverted. Intake continues.

Part II: Head of Household (HoH) Personal Information

Full Name: _____ Social Security #: _____

Phone Number: _____ Email: _____

Date of Birth: _____ What pronouns do you use? _____

Race and 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

Other: _____

Gender:

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 Other: _____

Veteran: No Yes, what branch?: _____ Discharge Status: _____

Does the HoH have a disability of long duration that impacts their housing stability? Yes No

Part III: Homeless Status

Enrollment CoC: VA-508 Prior Living Situation (where did you sleep last night?): _____

Length of Stay in Previous Place (how long did the client stay in the place they slept last night?):

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

Approximate date this episode of literal homelessness started (n/a for prevention): _____

Number of times the household has been on the streets or in emergency shelter in the past 3 years, including today:

Never in the past 3 years (only for prevention)

One time in the past 3 years

Two times in the past 3 years

Three times in the past 3 years

Four or more times in the past 3 years

Total # of months of literal homelessness (streets, shelter, place not meant for habitation) in the past 3 years: _____

Notes for history of homelessness:

Part IV: Household Financial and Benefits Information

Income from Any Source: Yes No

	Source	Amount	Notes	Does someone in the household (HH) under 18 receive this income?
<input type="checkbox"/>	TANF	\$		
<input type="checkbox"/>	Child Support	\$	<input type="checkbox"/> Received through DCSE?	
<input type="checkbox"/>	SSI	\$		
<input type="checkbox"/>	SSDI	\$		
<input type="checkbox"/>	Social Security	\$		
<input type="checkbox"/>	Earned Income	\$	Name of employer:	
<input type="checkbox"/>	Veteran's Benefits	\$		
<input type="checkbox"/>	Alimony	\$		
<input type="checkbox"/>	Unemployment Ben.	\$		
<input type="checkbox"/>	Pension/Retirement	\$		
<input type="checkbox"/>	Other:	\$		

Total Monthly Income: _____

Non-Cash Benefit from Any Source: Yes No

- WIC
- SNAP Amount: \$ _____
- TANF child care assistance
- TANF transportation assistance

HoH Covered by Health Insurance: Yes No

- Medicaid
- Medicare
- Employer Provided Health Insurance
- Veteran's Health Administration
- Other: _____

Part V: Disability

If HH member has a disability of long duration that impacts housing stability, what category describes the disability?

- Drug Use Disorder
- Both Alcohol & Drug Use Disorder
- Physical
- Alcohol Use Disorder
- Chronic Health Condition
- HIV/AIDS
- Developmental
- Mental Health Disorder

Is this condition expected to be of long continued and indefinite duration, substantially impedes your ability to live independently, and of such a nature that such ability could be improved by more suitable housing conditions?

- Yes No

Part VI: Domestic Violence

Are you a domestic violence survivor?: Yes No

If yes, when experience occurred?:

- Within the past 3 months 3 to 6 months ago 6 to 12 months ago More than a year ago

If yes for DV victim/survivor, are you currently fleeing?: Yes No

Outcome: Enrollment Determination

Household enrolled. Entry date: _____

Applicant denied. Reason: _____

If denied, provide applicant with your organization's grievance policy and notify the Coordinated Entry System team. Retain this assessment in the program's denied applicant file.

Project Staff

Date

PART VII: All Additional Household Members Over 18

Complete the following information for all additional household members over 18 years *other than head of household*.

Full Name: _____ Social Security #: _____

Date of Birth: _____ What pronouns do you use?: _____

Race and 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 Other: _____

Gender (select all that apply):

- Woman Man Culturally Specific Identity (e.g., Two-Spirit)
 Transgender Non-binary Questioning
 Different Identity Client doesn't know Client prefers not to answer Other: _____

Veteran: No Yes, what branch?: _____

Does the HH member have a disability of long duration that impacts their housing stability? Yes No

Relationship to Head of Household: _____ **Enrollment CoC:** VA-508

Prior Living Situation (*where did you sleep last night?*): _____

Length of Stay in Previous Place (*how long did the client stay in the place they slept last night?*): _____

Approximate date this episode of literal homelessness started (*n/a for prevention*): _____

Number of times the HH member has been literally homeless in the past 3 years including today: _____

Total # of months of literal homelessness (streets, shelter, place not meant for habitation) in the past 3 years: _____

Income from Any Source: Yes No **Total Monthly Income:** _____

Income Details: _____

Non-Cash Benefit from Any Source: Yes No **Covered by Health Insurance:** Yes No

- WIC Medicaid
 SNAP Amount: \$ _____ Medicare
 TANF child care assistance Employer Provided Health Insurance
 TANF transportation assistance Veteran's Health Administration
 Other: _____

If HH member has a disability of long duration that impacts housing stability, what category describes the disability?

- Drug Use Disorder Alcohol Use Disorder Developmental
 Both Alcohol & Drug Use Disorder Chronic Health Condition Mental Health Disorder
 Physical HIV/AIDS

Is this condition expected to be of long continued and indefinite duration, substantially impedes your ability to live independently, and of such a nature that such ability could be improved by more suitable housing conditions?

Yes No

Is the HH member a domestic violence survivor?: Yes No

If yes, when experience occurred?:

Within the past 3 months 3 to 6 months ago 6 to 12 months ago More than a year ago

If yes for DV victim/survivor, are you currently fleeing?: Yes No

Part VIII: Additional Household Members Under 18

Complete the following information for all additional household members under 18 years *other than head of household*.

Full Name: _____ **Social Security #:** _____

Date of Birth: _____ **What pronouns do you use?:** _____

Race and Ethnicity (select all that apply):

- American Indian, Alaska Native, or Indigenous
- Black, African American, or African
- Native Hawaiian or Pacific Islander
- Client prefers not to answer
- Asian or Asian American
- Hispanic/Latina/e/o
- White
- Other: _____
- Middle Eastern or North African
- Client doesn't know

Gender (select all that apply):

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

Relationship to Head of Household: _____ **Enrollment CoC:** VA-508

Additional Household Members Under 18

Complete the following information for all additional household members under 18 years *other than head of household*.

Full Name: _____ **Social Security #:** _____

Date of Birth: _____ **What pronouns do you use?:** _____

Race and Ethnicity (select all that apply):

- American Indian, Alaska Native, or Indigenous
- Black, African American, or African
- Native Hawaiian or Pacific Islander
- Client prefers not to answer
- Asian or Asian American
- Hispanic/Latina/e/o
- White
- Other: _____
- Middle Eastern or North African
- Client doesn't know

Gender (select all that apply):

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

Relationship to Head of Household: _____ **Enrollment CoC:** VA-508

Additional Household Members Under 18

Complete the following information for all additional household members under 18 years *other than head of household*.

Full Name: _____ **Social Security #:** _____

Date of Birth: _____ **What pronouns do you use?:** _____

Race and Ethnicity (select all that apply):

- American Indian, Alaska Native, or Indigenous
- Black, African American, or African
- Native Hawaiian or Pacific Islander
- Client prefers not to answer
- Asian or Asian American
- Hispanic/Latina/e/o
- White
- Other: _____
- Middle Eastern or North African
- Client doesn't know

Gender (select all that apply):

- Woman (Girl if child)
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- Client doesn't know
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- Other: _____

Relationship to Head of Household: _____ **Enrollment CoC:** VA-508