HUD Entry Assessment for All Other Projects

Please complete for each household member Date:

First Name	Middle Name	Last Name

SS#	Telephone number and/or email

Date of Birth		
	☐ Full DOB	☐ Appproximate/Partial

Relationship to Head of Houshold

☐ 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

Race and Ethnicity

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

Sex

☐ Male ☐ Client prefers not to answer ☐ Client doesn't know ☐ Client prefers not to answer

Veteran Status

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

Survivor of Domestic Violence?

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

If Yes

☐ Within the past three months ☐ One year ago or more ☐ Currently fleeing
☐ Three to six months ago (excluding six months exactly) ☐ Client doesn't know
☐ Six months to one year ago (excluding one year exactly) ☐ Client prefers not to answer

Enrollment CoC

☐ VA-500 Richmond ☐ VA-513 Western CoC ☐ VA-521 Balance of State ☐ VA-514 Fredericksburg

Translation Assistance Needed

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

If yes, Preferred Language

Locality of Last Residence (City)	Zip Code

Emergency Contact Name	Telephone Number	Relationship to Client

Emergency Contact Address	City, State, Zip

Prior Living Situation

Pick only 1 option that applies appropriately to client's residence prior to entry

Prior Living Situation **OPTION 1** - Entering Program from Homeless Situation

☐ Emergency shelter (to include hotel paid voucher) ☐ Place not meant for habitation ☐ Safe Haven

Length of stay in previous place: Check only one

☐ 1 night or less ☐ 1 month or more, but less than 90 days ☐ Client doesn't know

☐ 2 nights to 6 nights ☐ 90 days or more, but less than 1 year ☐ Client prefers not to answer

☐ 1 week or more, but less than 1 mo. ☐ 1 year or longer ☐ Data not collected

Approximate date this episode homelessness started

Total number of month's client has been on street, ES, or SH 3 years: Check only one

☐ 1 month, this is the first month ☐ 5 ☐ 9 ☐ more than 12 months

☐ 2 ☐ 6 ☐ 10 ☐ Client doesn't know

☐ 3 ☐ 7 ☐ 11 ☐ Client prefers not to answer

☐ 4 ☐ 8 ☐ 12 ☐ Data not collected

On the night before did you stay on the streets, ES or SH?

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

If yes, did you stay less than 90 Days?

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

if yes, Did you stay less than 7 nights?

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

Prior Living Situation **OPTION 2** - Entering Program from Institutional Situation

☐ Foster Care/group home ☐ Hospital or non-psychiatric facility

☐ Jail/Prison or Juvenile Facility ☐ Long term care facility/nursing home

☐ Psychiatric hospital ☐ Substance abuse treatment facility/detox

Length of stay in previous place: Check only one

☐ 1 night or less ☐ 1 month or more, but less than 90 days ☐ Client doesn't know

☐ 2 nights to 6 nights ☐ 90 days or more, but less than 1 year ☐ Client prefers not to answer

☐ 1 week or more, but less than 1 mo. ☐ 1 year or longer ☐ Data not collected

Prior Living Situation **OPTION 3** - Residence prior to Entry: Temporary

☐ 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 orliving 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

Length of stay in previous place: Check only one

☐ 1 night or less ☐ 1 month or more, but less than 90 days ☐ Client doesn't know

☐ 2 nights to 6 nights ☐ 90 days or more, but less than 1 year ☐ Client prefers not to answer

☐ 1 week or more, but less than 1 mo. ☐ 1 year or longer ☐ Data not collected

Prior Living Situation **OPTION 4** - Residence prior to Entry: Permanent

- ☐ 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

Length of stay in previous place: Check only one

- ☐ 1 night or less
- ☐ 2 nights to 6 nights
- ☐ 1 week or more, but less than 1 mo.
- ☐ 1 month or more, but less than 90 days
- ☐ 90 days or more, but less than 1 year
- ☐ 1 year or longer
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

*** If 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

HUD Verification

Receiving Income from any source?

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

Please indicate source(s) and amount of income or select No for each source

Alimony or other spousal support	☐ No	☐ Yes	$
Earned Income	☐ No	☐ Yes	$
Unemployment Insurance	☐ No	☐ Yes	$
Private Disability Insurance	☐ No	☐ Yes	$
Retirement Income Social Security	☐ No	☐ Yes	$
TANF	☐ No	☐ Yes	$
Child support	☐ No	☐ Yes	$
General Assistance	☐ No	☐ Yes	$
SSI	☐ No	☐ Yes	$
SSDI	☐ No	☐ Yes	$
Other	☐ No	☐ Yes	$
Pension/retirement from a former job	☐ No	☐ Yes	$
VA Non-service connected disability pension	☐ No	☐ Yes	$
VA Service connected disability compensation	☐ No	☐ Yes	$
Veteran's Health Administration (VHA)	☐ No	☐ Yes	$

Receiving Non-cash benefits from any source?

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

Please indicate source(s) of non-cash benefits or select No for each source

TANF transportation services	☐ No	☐ Yes		SNAP – Food stamps	☐ No	☐ Yes
Other TANF-funded service	☐ No	☐ Yes		WIC	☐ No	☐ Yes
TANF child care services	☐ No	☐ Yes		Other Source	☐ No	☐ Yes

Receiving Health Insurance from any source?

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

Please indicate source(s) of health insurance or select No for each source

Medicaid	☐ No	☐ Yes		Medicare	☐ No	☐ Yes
Veteran's Health Administration	☐ No	☐ Yes		Employer provided Health Insur.	☐ No	☐ Yes
State Children's Health Insurance	☐ No	☐ Yes		COBRA	☐ No	☐ Yes
Private Pay Health Insurance	☐ No	☐ Yes		State Health Insurance for Adults	☐ No	☐ Yes
Indian Health Insurance	☐ No	☐ Yes		Other	☐ No	☐ Yes

Disabling Condition?

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

Please indicate disabling condition or select No for each type

Physical Disability	☐ No	☐ Yes		Alcohol Use Disorder	☐ No	☐ Yes
Both alcohol and drug use disorders	☐ No	☐ Yes		Drug Use Disorder	☐ No	☐ Yes
Developmental Disability	☐ No	☐ Yes		Mental Health Disorder	☐ No	☐ Yes
Chronic Health Condition	☐ No	☐ Yes		HIV/AIDS	☐ No	☐ Yes

Pregnant?				
☐ No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer	☐ Data not collected
If yes, projected birth date:				

For Permanent Supportive Housing

Moving On Assistance

- ☐ Subsidized housing application assistance
- ☐ Financial assistance for Moving On (e.g., security deposit, moving expenses)
- ☐ Non-financial assistance for Moving On (e.g., housing navigation, transition support)
- ☐ Housing referral/placement
- ☐ Other (please specify) _____

Coordinated Entry Projects ONLY

Current Living Situation

☐ Emergency shelter (to include hotel paid voucher)	☐ Place not meant for habitation
☐ Safe Haven	☐ Owned with Subsidy
☐ Foster Care/group home	☐ Hospital or non-psychiatric facility
☐ Jail/Prison or Juvenile Facility	☐ Long term care facility/nursing home
☐ Psychiatric hospital	☐ Substance abuse treatment facility/detox
☐ Hotel/Motel paid without ES voucher	☐ Owned with No Subsidy
☐ Rental with No Subsidy	☐ Perm. Housing other than RRH for Formerly Homeless
☐ Rental with GPD TIP Subsidy	☐ Rental with VASH Subsidy
☐ Residential/halfway house w/no homeless criteria	☐ Rental with Other Subsidy
☐ Living w/Friends	☐ Living w/ Family
☐ Rental with RRH or equivalent	☐ Transitional housing for homeless persons
☐ Rental in a public housing unit	☐ Host Home
☐ Rental HCV voucher (tenant/ project based)	☐ Client Doesn't Know
☐ Other	☐ Client prefers not to answer
☐ Worker unable to determine	☐ Data not collected

Is client going to have to leave their current living situation within 14 days?

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

If client has to leave their current living situation within 14 days, has a subsequent residence been identified?

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

If client has to leave their current living situation within 14 days, does individual or family have resources or support networks to obtain other permanent housing?

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

If client has to leave their current living situation within 14 days, has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

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

If client has to leave their current living situation within 14 days, has the client moved 2 or more times in the last 60 days?

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

Coordinated Entry Projects ONLY

Coordinated Entry Assessment Type

☐ Phone ☐ Virtual ☐ In Person

Assessment Level

☐ Crisis Needs Assessment ☐ Housing Needs Assessment

Prioritization Status

☐ Placed on prioritization list ☐ Not placed on prioritization list

Coordinated Entry Access Event

☐ Referral to Prevention Assistance project

☐ Problem Solving/Diversion/Rapid Resolution intervention or service

☐ Referral to scheduled Coordinated Entry Crisis Needs Assessment

☐ Referral to scheduled Coordinated Entry Housing Needs Assessment

Coordinated Entry Referral Event

☐ Referral to post-placement/follow-up case management

☐ Referral to Street Outreach project or services

☐ Referral to Housing Navigation project or services

☐ Referral to Non-continuum services: Ineligible for continuum services

☐ Referral to Non-continuum services: No availability in continuum services

☐ Referral to Emergency Shelter bed opening

☐ Referral to Transitional Housing bed/unit opening

☐ Referral to Joint TH-RRH project/unit/resource opening

☐ Referral to RRH project resource opening

☐ Referral to PSH project resource opening

☐ Referral to Other PH project/unit/resource opening

☐ Referral to emergency assistance/flex fund/furniture assistance

☐ Referral to Emergency Housing Voucher (EHV)

☐ Referral to a Housing Stability Voucher

Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative

☐ No ☐ Yes

Referral to post-placement/follow-up case management result - Enrolled in Aftercare Project

☐ No ☐ Yes

Location of Crisis Housing or Permanent Housing Referral [Project name and/or Project

☐ No ☐ Yes

Referral Result

☐ Successful referral: client accepted

☐ Unsuccessful referral: client rejected

☐ Unsuccessful referral: provider rejected

VA - 500 Only

Part I: The following questions are for HCL, Inclement Weather Shelter, and Coordinated Outreach only.

Date information collected

In the past week, have you used an emergency hotline or crisis service (not including HCL or Inclement Weather Shelter)?
☐ No ☐ Yes
Do you feel that your physical safety is at risk?
☐ No ☐ Yes
Do you require medical attention for wound care, dialysis, chemo, and/or disease?
☐ No ☐ Yes
If pregnant, are you 3 months or more along?
☐ No ☐ Yes
Are you interested in shelter?
☐ No ☐ Yes

PART II: The following questions are for all Emergency Shelter (including Inclement Weather Shelter) and Coordinated Outreach only.

Date information collected

Are you interested in shared housing?
☐ No ☐ Yes

I certify that my answers are true and complete to the best of my knowledge and understand that false or misleading information may result in delay of assistance.	
Signature:	Date:

10/01/2025