HUD Entry Assessment for IWS CoC 500

Please complete for each household member Date:

First Name	Last Name	SS#

Date of Birth	Telephone number and/or email	Relationship to HoH
		☑ Self (Head of Household)

Race and Ethnicity

- ☐ American Indian, Alaska Native, or Indigenous
- ☐ Black, African American, or African
- ☐ Middle Eastern or North African
- ☐ White
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Hispanic/Latina/e/o
- ☐ Native Hawaiian or Pacific Islander
- ☐ Asian or Asian American
- ☐ 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
- ☐ Three to six months ago (excluding six months exactly)
- ☐ Six months to one year ago (excluding one year exactly)
- ☐ One year ago or more
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Currently fleeing

Enrollment CoC

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

Locality of Last Residence (City)	Zip Code

In the past week, have you used an emergency hotline or crisis service?

☐ No ☐ Yes

Do you feel that your physical safety is at risk?	**If pregnant, are you 3 months or more along?**
☐ No ☐ Yes	☐ No ☐ Yes

Do you require medical attention for wound care, dialysis, chemo, and/or disease?	**Are you interested in shelter?**
☐ No ☐ Yes	☐ No ☐ Yes

Are you interested in shared housing?

☐ No ☐ Yes

Prior Living Situation

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

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

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

☐ One time ☐ Three times ☐ Client doesn't know ☐ Data not collected

☐ Two times ☐ Four or more times ☐ Client prefers not to answer

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

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	Length of stay in previous place
☐ Transitional housing for homeless persons(including homeless youth)	☐ 1 night or less
☐ Residential project or halfway house with no homeless criteria	☐ 2 nights to 6 nights
☐ Hotel or motel paid for without emergency shelter voucher	☐ 1 week or more, but less than 1 mo.
☐ Host Home (non-crisis)	
☐ Staying or living with family, temporary tenure (e.g., room, apartment, or house)	☐ 1 month or more, but less than 90 days
☐ Staying orliving with friends,temporary tenure (e.g.,room, apartment, or house)	
☐ Moved from one HOPWA funded project to HOPWA TH	☐ 90 days or more, but less than 1 year
☐ Staying or living in a friend's room, apartment, or house	
☐ Staying or living in a family member's room, apartment, or house	☐ 1 year or longer

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	$
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

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