

YHDP Entry Assessment (for all other programs)

1

Please complete for each household member

Date:

First Name		Middle Name	Last Name
SS#		Telephone number and/or email	
Date of Birth			
	☐ Full DOB ☐ Approximate/Partial		
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: 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			
Sexual Orientation			
☐ Heterosexual ☐ Bisexual ☐ Client doesn't know			
☐ Lesbian ☐ Questioning/Unsure ☐ Client prefers not to answer			
☐ Gay ☐ Other ☐ Data not collected			
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

2

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

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
☐ 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

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 | ☐ Rental by client, with ongoing housing subsidy * |
| ☐ Staying or living with friends, permanent tenure | ☐ Owned by client, with ongoing housing subsidy |
| ☐ Moved from one HOPWA funded project to HOPWA PH | ☐ Owned by client, no ongoing housing subsidy |
| ☐ Rental by client, no ongoing housing subsidy | |

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 |

*** If Rental by client, with ongoing housing subsidy**

- | | |
|--|---|
| ☐ GPD TIP housing subsidy | ☐ Housing Stability Voucher |
| ☐ VASH housing subsidy | ☐ Family Unification Program Voucher (FUP) |
| ☐ RRH or equivalent subsidy | ☐ Foster Youth to Independence Initiative (FYI) |
| ☐ HCV voucher (tenant or project based) (not dedicated) | ☐ Permanent Supportive Housing |
| ☐ Public housing unit | ☐ Other permanent housing dedicated for formerly |
| ☐ Rental by client, with other ongoing housing subsidy | homeless persons |

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

5

Complete for Head of Household

Youth Education Status

- | | |
|---|---|
| ☐ Not currently enrolled in any school or educational course | ☐ Client doesn't know |
| ☐ Currently enrolled but NOT attending regularly (when school or the course is in session) | ☐ Client prefers not to answer |
| ☐ Currently enrolled and attending regularly (when school or the course is in session) | ☐ Data not collected |

Most recent Educational Status

- | | |
|--|--|
| ☐ K12: Graduated from high school | ☐ K12: Dropped out |
| ☐ K12: Obtained GED | ☐ Higher Education: Dropped out |
| ☐ K12: Dropped out | ☐ K12: Expelled |
| ☐ K12: Suspended | ☐ Client doesn't know |
| ☐ Higher education: Obtained a credential/degree | ☐ Client prefers not to answer |
| ☐ Higher Education: Pursuing a credential but not currently attending | ☐ Data not collected |

Current educational status

- | | |
|--|---|
| ☐ Pursuing a high school diploma or GED | ☐ Pursuing other post-secondary credential |
| ☐ Pursuing Associate's Degree | ☐ Client doesn't know |
| ☐ Pursuing Bachelor's Degree | ☐ Client prefers not to answer |
| ☐ Pursuing Graduate Degree | ☐ Data not collected |

General Health Status

- | | | | | |
|--|---|---|-------------------------------|-------------------------------|
| ☐ Excellent | ☐ Very Good | ☐ Good | ☐ Fair | ☐ Poor |
| ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected | | |

Dental Health Status

- | | | | | |
|--|---|---|-------------------------------|-------------------------------|
| ☐ Excellent | ☐ Very Good | ☐ Good | ☐ Fair | ☐ Poor |
| ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected | | |

Mental Health Status

- | | | | | |
|--|---|---|-------------------------------|-------------------------------|
| ☐ Excellent | ☐ Very Good | ☐ Good | ☐ Fair | ☐ Poor |
| ☐ Client doesn't know | ☐ Client prefers not to answer | ☐ Data not collected | | |

Formerly a Ward of Child Welfare/Foster Care Agency

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

If yes, number of years or months

- | | | | | |
|---|---------------------------------------|---|------------------|--|
| ☐ Less than one year | ☐ 1 to 2 years | ☐ 3 to 5 or more years | Number of months | |
|---|---------------------------------------|---|------------------|--|

Formerly a Ward of Juvenile Justice System

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

If yes, number of years or months

- | | | | | |
|---|---------------------------------------|---|------------------|--|
| ☐ Less than one year | ☐ 1 to 2 years | ☐ 3 to 5 or more years | Number of months | |
|---|---------------------------------------|---|------------------|--|

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

Date of Engagement - Outreach projects ONLY

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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

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