

HUD Entry Assessment for All Other Projects

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 ☐ Female ☐ 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

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

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

Did you stay less than 90 Days?
☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If you stayed less than 90 days, 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

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

if yes, Did you stay less than 7 nights?
☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If you stayed less than 90 days, on the night before did you stay on the streets, ES or SH?

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 homeless persons |
| ☐ Rental by client, with other ongoing housing subsidy | |

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 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	

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:

10/23/2025