

# HPRP Intake Form

**Client Intake**

**Assessment Date** \_\_\_\_\_

**1. Name** \_\_\_\_\_

*(Legal names only; avoid aliases or nicknames)*

**2. Social Security Number** \_\_\_\_\_  Don't Know or Don't Have  Refused

**3. Date of Birth** \_\_\_\_\_ If birth date is unknown, approximate age \_\_\_\_\_

**4. Gender**  Male  Female Transgender:  Male to Female or  Female to Male  Don't Know  Refused

**5. Race**

American Indian or Alaska Native	Asian	Black or African American
Native Hawaiian or other Pacific Islander	Other	Other Multi-Racial
White	Don't Know	Refused

**6. Ethnicity**  Hispanic or Latino  Non-Hispanic/Non-Latino  Don't Know  Refused

**7. Veteran Status**  Yes  No  Don't Know  Refused

**8. Victim of Domestic Violence**  Yes  No - If Yes, Most Recent Occurrence \_\_\_\_\_

**9. Zip code of Last Permanent Address** \_\_\_\_\_

*(Apt, room or house where client last lived 90 days or longer. Record City/State if Zip Code is unknown)*

**10. Household Type**  Single Individual  Family/Household **Total Number of Family Members** \_\_\_\_\_

Couple with No Child	Foster Parents w/Child(ren)	Grandparent(s) with Child(ren)
Juvenile Parent w/Child(ren)	Non-Custodial Care Giver	Parent & Non-Parent W/Child(ren)
Single Parent Family	Two-Parent Family	Other(specify)

**11. Services Requested**

Hotel/Motel Vouchers	Child Care	Credit Repair
Housing-Rental Assistance	Employment	Food
Legal Services	Food Stamps/WIC	Household Goods
Moving Expense	Housing-Other Assistance	Landlord/Renter Dispute
Rent/Utility deposit	Medical/Health Care	Mental Health Care/Counseling
Utility Assistance	SSI/SSDI	TANF
Other(specify)	Veteran Benefits	Other(specify)

**12. Current Monthly Income** \$ \_\_\_\_\_

**13. Percent of Area Median Income:**

0% - 30%	51% - 80%
31% - 50%	80% and Above



**14. Is Client Income Eligible for HPRP funding?**  Yes  No

**If Yes Continue to Next Page**

**If No Refer Client to other ARRA/Local Resources or Programs**

CDBG/CSBG Funding	CAP Agency (Weatherization, commodities, etc)	Child Care – ICCP; CCDBG;
Child Support Offices	Dept of H&W	Dept of Labor
Dept of Justice (Domestic Violence)	District Health Dept	Education
FEMA	Legal Aid	Local Faith Based or Non-Profit.
Mental Health Services	Social Security Administration	United Way
Veterans Affairs	Voc-Rehab	WIC
Other(specify)	Other(specify)	Other(specify)

# HPRP Intake Form

## HPRP Program Housing Status and Verification

### 15. HPRP Housing Status: (HPRP Program Eligibility)

<input type="checkbox"/> Literally Homeless (HPRP Eligible)	Are people who at program entry are: <ul style="list-style-type: none"> <li><input type="checkbox"/> Sleeping in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, or the street</li> <li><input type="checkbox"/> Sleeping in an emergency shelter</li> <li><input type="checkbox"/> Staying in a hospital or other institution for less than 181 days, if person was sleeping in an emergency shelter or other place not meant for human habitation immediately prior to entry into the hospital or institution</li> <li><input type="checkbox"/> Graduating from or timing out of a transitional housing program for homeless persons</li> <li><input type="checkbox"/> Fleeing a domestic violence situation</li> </ul>
<input type="checkbox"/> Imminently Losing Housing (HPRP Eligible)	Are people who at program entry are: <ul style="list-style-type: none"> <li><input type="checkbox"/> Being evicted from a private dwelling unit (including housing provided by family or friends)</li> <li><input type="checkbox"/> Being discharged from a hospital or other institution</li> <li><input type="checkbox"/> Living in housing that has been condemned by housing officials and is not longer considered meant for human habitation</li> </ul> <p><b>Additionally a person residing in one of these places must also meet the following condition:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Have no appropriate subsequent housing options identified <b>AND</b> lack the financial resources and support networks needed to obtain immediate housing or remain in existing housing</li> </ul>
<input type="checkbox"/> Unstably Housed and At-Risk of Losing Housing (Not HPRP eligible)	Are people who at program entry are: <ul style="list-style-type: none"> <li><input type="checkbox"/> In their own housing or doubled up with friends or relatives and are at-risk of losing their housing due to high housing costs, conflict or other conditions negatively impacting their ability to remain housed <b>AND</b> lack the resources or support networks needed to maintain or obtain housing.</li> </ul> <p>However, such persons are not in immediate danger of becoming homeless (i.e. do not meet the criteria for being housed and at imminent risk of becoming homeless)</p>
<input type="checkbox"/> Stably Housed (Not HPRP eligible)	<input type="checkbox"/> Are people who at program entry or program exit are in a stable housing situation and not at risk of losing this housing

### 16. HPRP Housing Status Verification:

Formal eviction documentation	Verification from an institution
Verification of condemned housing by a housing official	Verification from outreach worker (for on the street)
Verification from referring agency/shelter	Signed client statement with confirmation statement



17. Is Client Eligible for HPRP funding?     Yes     No

**If the client is not eligible for the HPRP program, refer to other ARRA/Local Resources or Programs (see chart on bottom of page 1).**

**If the client is eligible for HPRP continue.**

# HPRP Intake Form

## Additional Client Information

**18. Is Client Literally Homeless?**       Yes       No *(If No skip to question 21)*

**19. Extent of Homelessness:**

First Time Homeless	Four Times in the Past Three Years
More Than One Time in the Past	One Year or More
Don't Know	Refused

**20. Is Client Chronically Homeless?**       Yes       No

**21. Where did the client stay the night prior to program entry?**

Emergency shelter (including a hotel, motel, or campground paid for with emergency shelter voucher)
Hospital (non-psychiatric)
Hotel or motel paid for without emergency shelter voucher
Foster care home or foster care group home
Jail, prison or juvenile detention facility
Owned by client, no ongoing housing subsidy
Owned by client, with ongoing housing subsidy
Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
Place not meant for habitation, (e.g., "the streets" -a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
Psychiatric hospital or psychiatric facility
Rental by client, no ongoing housing subsidy
Rental by client with VASH housing subsidy
Rental by client with other (non-VASH) ongoing housing subsidy
Safe Haven
Staying or living in a family member's room, apartment or house
Staying or living in a friend's room, apartment or house
Substance abuse treatment facility or detox center
Transitional housing for homeless persons (including homeless youth)
Other (specify)
Don't Know
Refused

**22. How long were they in the place identified above?**

One week or less	More than three months but less than one year
More than one week but less than one month	One year or longer
One to three months	Don't Know/Refused

**23. Complete the Income and Non-Cash Benefits Worksheet for all clients**

**24. Complete the Family/Household Information Worksheet** – skip for Single Individuals *(Clients in a household that qualify for the HPRP program must have a completed Family/Household Information worksheet for all family members.)*

**25. Complete the Assessment Worksheet for each Family/Household**

**26. Program Entry Date (signed Staff Affidavit date)** \_\_\_\_\_

# HPRP Intake Form

## Program Exit

Client Name \_\_\_\_\_ Client ID# \_\_\_\_\_

1. Program Exit Date (Date last service provided) \_\_\_\_\_

2. Update Income, Non-Cash Benefits, and Assessment Worksheets

3. Housing Status at Exit

Literally Homeless	Imminently Losing Their Housing
Unstably Housed and At-Risk of Losing Housing	Stably Housed
Don't Know	Refused

4. Reason for Leaving (What is the main reason for the client leaving this program?)

Completed program
Criminal activity/destruction of property/violence
Death
Disagreement with rules/persons
Left for a housing opportunity before completing program
Needs could not be met by project
Non-payment of rent/occupancy charge
Non-compliance with project
Reached maximum time allowed by project
Other (Specify)
Unknown/disappeared

5. Destination

Deceased
Emergency shelter, including a hotel, motel, or campground paid for with emergency shelter voucher
Foster care home or foster care group home
Hospital (non-psychiatric)
Hotel or motel paid for without emergency shelter voucher
Jail, prison or juvenile facility
Owned by Client, no ongoing housing subsidy
Owned by client, with ongoing housing subsidy
Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
Psychiatric hospital or facility
Rental by Client, no ongoing housing subsidy
Rental by client, VASH Subsidy
Rental by client, other (non-VASH) ongoing housing subsidy
Safe Haven
Staying or living with family, permanent tenure
Staying or living with friends, permanent tenure
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)
Substance abuse treatment facility or detox center
Transitional housing for homeless persons (including homeless youth)
Other (Specify)
Don't Know
Refused