

# MA-503 CAPE COD AND ISLANDS CoC - CLIENT PROFILE INFORMATION

## ALL CLIENTS

Name    
First Last

Project Name   
Date  /  /

### CLIENT RECORD

#### Name data quality

- ☐ Full name  
☐ Partial name  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

SS #  -  -

#### SS# Data quality

- ☐ Full SS#  
☐ Partial SS#  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

#### Veteran?

- ☐ Yes  
☐ No  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

#### Age (autopopulate)

### DEMOGRAPHICS

DoB #

#### DoB Data quality

- ☐ Full DoB  
☐ Partial DoB  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

### Race and ethnicity (select as many as apply)

- ☐ American Indian, Alaska Native, or Indigenous  
☐ Asian or Asian American  
☐ Black, Agrican American, or African  
☐ Hispanic/Latina/e/o  
☐ Middle Eastern or North African  
☐ Native Hawaiian or Pacific Islander  
☐ White  
☐ Client Doesn' Know  
☐ Client Prefers not to answer  
☐ Data not Collected

#### Additional Detail

#### Gender

- ☐ Woman (Girl if child)  
☐ Man (Boy if child)  
☐ Culturally Specific identity (e.g., 2 spirit)  
☐ Transgender  
☐ Non-Binary  
☐ Questioning  
☐ Different Identity - Specify   
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

# MA-503 CAPE COD AND ISLANDS CoC - PROJECT ENTRY ASSESSMENT

## ALL CLIENTS

### Relationship to Head of Household

- ☐ Self  
☐ Child  
☐ Spouse / Partner  
☐ Other Relation  
☐ Other non-Relation  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

DoB

DoB Type

Gender

Race & Ethnicity

Does client have a Disabling Condition?

- ☐ Yes  
☐ No  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

will autopopulate from  
Client Profile

### Disability Type

- ☐ Alcohol Use  
☐ Both Drug and Alcohol Use  
☐ Chronic Health Condition  
☐ Developmental Disability  
☐ Drug Use  
☐ HIV/AIDS  
☐ Mental Health Condition  
☐ Physical Disability  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

### Does client have Health Insurance?

- ☐ Medicaid  
☐ Medicare  
☐ State Childrens  
☐ VA  
☐ Employer-Provided  
☐ COBRA  
☐ Private Pay  
☐ State Adults  
☐ Indian Health Services  
☐ Other

### Long Duration? (Check if YES)

- ☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

- ☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

# HEADS OF HOUSEHOLD AND ALL ADULTS

Enrollment CoC (CoC Code MA-503)

Translation Services Needed

- ☐ Yes  
☐ No  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

If YES, Preferred Language

- ☐ American Sign Language  
☐ French  
☐ Haitian Creole  
☐ Portuguese  
☐ Spanish  
☐ Different Preferred Language

☐ \_\_\_\_\_

- ☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

INCOME FROM ANY SOURCE

Amount

- |  |  |
|--|--|
| <input type="checkbox"/> Alimony/Spousal Support   |  |
| <input type="checkbox"/> Child Support             |  |
| <input type="checkbox"/> Earned Income             |  |
| <input type="checkbox"/> General Assistance        |  |
| <input type="checkbox"/> Other                     |  |
| <input type="checkbox"/> Pension / retirement      |  |
| <input type="checkbox"/> Private Disability Ins.   |  |
| <input type="checkbox"/> Retirement from SS        |  |
| <input type="checkbox"/> SSDI                      |  |
| <input type="checkbox"/> SSI                       |  |
| <input type="checkbox"/> TANF                      |  |
| <input type="checkbox"/> Unemployment              |  |
| <input type="checkbox"/> VA Non-service disability |  |
| <input type="checkbox"/> VA service disability     |  |
| <input type="checkbox"/> Workers comp              |  |
| <input type="checkbox"/> Doesn't know              |  |
| <input type="checkbox"/> Prefers not to answer     |  |
| <input type="checkbox"/> Data not collected        |  |

NON-CASH BENEFITS

- |  |  |
|--|--|
| <input type="checkbox"/> SNAP                | <input type="checkbox"/> Other source          |
| <input type="checkbox"/> WIC                 | <input type="checkbox"/> Doesn't know          |
| <input type="checkbox"/> TANF Child Care     | <input type="checkbox"/> Prefers not to answer |
| <input type="checkbox"/> TANF Transportation | <input type="checkbox"/> Data not collected    |
| <input type="checkbox"/> Other TANF          |  |

SEXUAL ORIENTATION

- |   |  |
|---|--|
| <input type="checkbox"/> Heterosexual       | <input type="checkbox"/> Doesn't know          |
| <input type="checkbox"/> Gay                | <input type="checkbox"/> Prefers not to answer |
| <input type="checkbox"/> Lesbian            | <input type="checkbox"/> Data not collected    |
| <input type="checkbox"/> Questioning/Unsure |  |
| <input type="checkbox"/> Other              | <input type="text"/>                           |

•FOR PRIOR LIVING SITUATION, CHECK ONE BOX ONLY

100-199 HOMELESS SITUATIONS

- ☐ Place not meant for habitation  
☐ Emergency Shelter  
☐ Safe Haven

200-299 INSTITUTIONAL SITUATIONS

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Foster care | <input type="checkbox"/> Nursing Home   |
| <input type="checkbox"/> Hospital    | <input type="checkbox"/> Psych Facility |
| <input type="checkbox"/> Jail        | <input type="checkbox"/> Detox          |

300-399 TEMPORARY SITUATIONS

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Host Home |
| <input type="checkbox"/> Halfway House        | <input type="checkbox"/> Family    |
| <input type="checkbox"/> Motel no voucher     | <input type="checkbox"/> Friends   |

400-499 PERMANENT SITUATIONS

- |  |   |
|--|---|
| <input type="checkbox"/> Family  |   |
| <input type="checkbox"/> Friends   |   |
| <input type="checkbox"/> Owned with subsidy  |   |
| <input type="checkbox"/> Owned no subsidy  |   |
| <input type="checkbox"/> Rental no subsidy   |   |
| <input type="checkbox"/> Rental with subsidy (for rental type, CHECK ONE BOX ONLY) |   |
| <input type="checkbox"/> GPD TIP subsidy   | <input type="checkbox"/> Rental, other subsidy      |
| <input type="checkbox"/> VASH subsidy  | <input type="checkbox"/> Housing Stability Voucher  |
| <input type="checkbox"/> RRH or equivalent   | <input type="checkbox"/> Family Unification Program |
| <input type="checkbox"/> Housing Choice Voucher                                    | <input type="checkbox"/> Foster Youth to Ind (FYI)  |
| <input type="checkbox"/> Public Housing unit                                       | <input type="checkbox"/> Other Permanent Housing    |

1-99 OTHER SITUATIONS

- ☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION

- ☐ 1 night or less  
☐ 2-6 nights  
☐ 1 week or more, less than 1 month  
☐ 1 month or more, less than 90 days  
☐ 90 days or more, less than 1 year  
☐ One year or longer  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

FOR STREET OUTREACH AND NIGHT BY NIGHT SHELTER ONLY

Did client stay less than 90 days?

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Doesn't know          |
| <input type="checkbox"/> No  | <input type="checkbox"/> Prefers not to answer |
|                              | <input type="checkbox"/> Data not collected    |

Did the client stay less than 7 days?

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Doesn't know          |
| <input type="checkbox"/> No  | <input type="checkbox"/> Prefers not to answer |
|                              | <input type="checkbox"/> Data not collected    |

Last night, did client stay on the streets, ES, or SH?

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Doesn't know          |
| <input type="checkbox"/> No  | <input type="checkbox"/> Prefers not to answer |
|                              | <input type="checkbox"/> Data not collected    |

Date Homelessness Started

/  /

Number of times homeless in past 3 years

- |                             |  |
|-----------------------------|--|
| <input type="checkbox"/> 1  | <input type="checkbox"/> Doesn't know          |
| <input type="checkbox"/> 2  | <input type="checkbox"/> Prefers not to answer |
| <input type="checkbox"/> 3  | <input type="checkbox"/> Data not collected    |
| <input type="checkbox"/> 4+ |  |

Total months homeless in past 3 years

- |                            |                             |  |
|----------------------------|-----------------------------|--|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6  | <input type="checkbox"/> 11                    |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7  | <input type="checkbox"/> 12                    |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8  | <input type="checkbox"/> 12+                   |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9  | <input type="checkbox"/> Doesn't know          |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 | <input type="checkbox"/> Prefers not to answer |
|                            |                             | <input type="checkbox"/> Data not collected    |

Town of prior living situation

## Survivor of Domestic Violence

☐ Yes  
☐ No  
☐ Doesn't know

☐ Prefers not to answer  
☐ Data not collected

## If YES, is client currently fleeing?

☐ Yes  
☐ No

☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

## If YES, when did experience occur?

☐ Past 3 months  
☐ 3 to 6 months

☐ 6 to 12 month  
☐ 1 year or more

☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

## STREET OUTREACH (ADULT AND YHDP)

## DATE OF ENGAGEMENT

## Living Situation Verified by (Provider/Project Name)

## CURRENT LIVING SITUATION

## LIVING SITUATION

## HOMELESS SITUATIONS 100 to 199

☐ Place not meant for habitation  
☐ Emergency Shelter  
☐ Safe Haven

## INSTITUTIONAL SITUATIONS 200 to 299

☐ Foster care  
☐ Hospital  
☐ Jail  
☐ Nursing Home  
☐ Psych Facility  
☐ Detox

## TEMPORARY SITUATIONS 300 to 399

☐ Transitional Housing  
☐ Halfway House  
☐ Motel no voucher  
☐ Host Home  
☐ Family  
☐ Friends

## PERMANENT SITUATIONS 400 to 499

☐ Family  
☐ Friends  
☐ Rental no subsidy  
☐ Rental with subsidy  
☐ GPD TIP subsidy  
☐ VASH subsidy  
☐ RRH or equivalent  
☐ Housing Choice Voucher  
☐ Public Housing unit  
☐ Rental, other subsidy  
☐ Housing Stability Voucher  
☐ Family Unification Program (FUP)  
☐ Foster Youth to Ind (FYI)  
☐ Other Permanent Housing  
☐ Owned with subsidy  
☐ Owned no subsidy

## Will client have to leave within 14 days?

☐ Yes  
☐ No  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

## If YES

## Has subsequent residence been found?

☐ Yes  
☐ No  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

## Does client have resources or support networks to find other PH?

☐ Yes  
☐ No  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

## Has client had lease or ownership in PH in the last 60 days?

☐ Yes  
☐ No  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

## Has client moved 2 or more times in the last 60 days?

☐ Yes  
☐ No  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

## Location Details

## OTHER HOUSING SITUATIONS

1 to 99

☐ Deceased  
☐ Worker unable to determine  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

## YHDP OUTREACH ONLY

## Current school enrollment and attendance

☐ Not currently enrolled  
☐ Currently enrolled but not attending regularly  
☐ Currently enrolled and attending regularly  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

## Most recent educational status

☐ K12: Graduated HS  
☐ K12: Obtained GED  
☐ K12: Dropped Out  
☐ K12: Suspended  
☐ K12: Expelled  
☐ Higher ed: Pursuing a credential, not attending

☐ Higher ed: Dropped out  
☐ Higher ed: Obtainint a credential/degree  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected

## Current Educational Status

☐ Pursuing HS diploma or GED  
☐ Pursuing Associates Degree  
☐ Pursuing Bachelors Degree  
☐ Pursuing Graduate Degree  
☐ Pursuing other post secondary credential  
☐ Doesn't know  
☐ Prefers not to answer  
☐ Data not collected