

MA-503 CAPE COD AND ISLANDS CoC - PROJECT INTERIM ASSESSMENT

ALL CLIENTS

Name

Information Date

DOES CLIENT HAVE A DISABLING CONDITION

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

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

Long Duration

DOES CLIENT HAVE HEALTH INSURANCE

- ☐ Medicaid
- ☐ Medicare
- ☐ State Childrens
- ☐ VA
- ☐ Employer-Provided
- ☐ COBRA
- ☐ Private Pay
- ☐ State Adults
- ☐ Indian Health Services
- ☐ Other
- ☐ Doesn't know
- ☐ Prefers not to answer
- ☐ Data not collected

HEADS OF HOUSEHOLD and ALL ADULTS

INCOME FROM ANY SOURCE

Amount

- ☐ Alimony/Spousal Support
- ☐ Child Support
- ☐ Earned Income
- ☐ General Assistance
- ☐ Other
- ☐ Pension / retirement
- ☐ Private Disabilitt Ins.
- ☐ Retirement from SS
- ☐ SSDI
- ☐ SSI
- ☐ TANF
- ☐ Unemployment
- ☐ VA Non-service disability
- ☐ VA service disability
- ☐ Workers comp
- ☐ Doesn't know
- ☐ Prefers not to answer
- ☐ Data not collected

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

Survivor of Domestic Violence

- ☐ 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

If YES, is client currently fleeing?

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

NON-CASH BENEFITS

- ☐ SNAP
- ☐ WIC
- ☐ TANF Child Care
- ☐ TANF Transportation
- ☐ Other TANF

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

- ☐ 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

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

Living Situation Verified by (Provider/Project Name)

STREET OUTREACH ONLY

Date of Engagement