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FY2024 Rapid Rehousing Projects (complete this form for ALL adults and head of households, including child only HH)

Client Name: _____

HMIS Client ID#: _____ (optional)

Project Start Date: _____

ROI Signed? Yes ___ No ___

SS#: ____ - ____ - ____ **DOB** ____/____/____

Veteran? Yes ___ No ___

Race and Ethnicity: (Select as many as client identifies)

- ___ American Indian/ Alaska Native or Indigenous
- ___ Asian or Asian American
- ___ Black, African American, or African
- ___ Hispanic/Latina/e/o
- ___ Middle Eastern or North African
- ___ Native Hawaiian or Pacific Islander
- ___ White

Additional Race and Ethnicity Detail: _____

Gender: (Select as many as client identifies)

- ___ Woman (Girl, if child)
- ___ Man (Boy, If child)
- ___ Culturally Specific Identity (e.g., Two-Spirit)
- ___ Transgender (clients who live or identify with a transgender history, experience, or identity)
- ___ Non-Binary
- ___ Questioning (Unsure, may be exploring, or may not relate to or identify with a gender identity at this time)
- ___ Different Identity; **Please Specify:** _____

Relationship to Head of Household:

- ___ Self (Head of Household)
- ___ Head of Household's Child
- ___ Head of Household's Spouse/ Partner
- ___ Head of Household's Other Relation Member
- ___ Other: Non-Relation Member

Head of Household Only:

Enrollment CoC: ___ NY-505 (Onondaga/ Cayuga/ Oswego counties)
___ NY-510 (Ithaca/ Tompkins County)

Housing Move In Date: ____/____/____ (Complete if moving into PERMANENT HOUSING)

The following questions should be asked and updated for every new entry into the project:

Disabling Condition:

Do you have a **DISABILITY** of long duration? ___ Yes ___ No



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For each disability, check "LCI" if it is expected to be of long, continued and indefinite duration, substantially impairs the individual's ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions.

Disability Type:

Yes LCI Alcohol Use Disorder Yes LCI BOTH Alcohol & Drug Use Disorder Yes LCI Drug Use Disorder
 Yes LCI Chronic Health Condition Yes LCI Developmental HIV/AIDS
 Yes LCI Mental Health Disorder Yes LCI Physical Health

Medical Insurance:

Do you have Health Insurance/ Medical Assistance? Yes No

Source of Health Insurance/ Medical Assistance:

Medicaid Medicare
 State Children's Health Insurance Program Veteran's Health Administration (VHA)
 Employer – Provided Health Insurance Health Insurance obtained through COBRA
 State Health Insurance for Adults Indian Health Care
 Other

Medicaid ID# _____

Medicaid Insurance Company: Total Care Blue Cross Blue Shield Fidelis
 United Healthcare Molina Healthcare

Residence Prior to Project Entry (Where did you sleep last night?)

Homeless Situation: (If yes to either of these, fill out the Homeless Situation Questions below)

Place not meant for human habitation
 Emergency shelter, including hotel or motel paid for with emergency shelter voucher

Institutional Situations:

Foster care home/foster care group home
 Hospital or other residential non-psychiatric medical facility
 Jail, prison, or juvenile detention facility
 Long-term care facility or nursing home
 Psychiatric hospital or other psychiatric facility
 Substance abuse treatment facility/detox center

Did you stay less than 90 days? Yes No

If yes, prior to Institutional Stay were you living on the streets or in a shelter? Yes No

(If yes, answer the Homeless Situation Questions)

Temporary Housing Situations:

Transitional housing for homeless persons (including homeless youth)
 Residential project or halfway house with no homeless criteria
 Hotel or motel paid without emergency voucher
 Host Home (non-crisis)
 Staying in family member's room/apartment/house
 Staying in friend's room/apartment/house



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If length of stay is less than 7 days in a temporary housing situation, on the night before did you stay on the streets or in an Emergency Shelter? Yes ___ No ___ If yes, answer the "Homeless Situation Questions" below.

Permanent Housing Situations:

- ___ Owned by client, no on-going housing subsidy
- ___ Owned by client, with on-going housing subsidy
- ___ Rental by client, no ongoing housing subsidy
- ___ Rental by client, with ongoing subsidy (*If you choose this answer, name the Rental Subsidy Type below*)
 - ___ GPD TIP housing subsidy
 - ___ VASH housing subsidy
 - ___ RRH or equivalent
 - ___ HCV voucher (tenant or project based)(not dedicated)
 - ___ Public housing unit

If length of stay is less than 7 days in a permanent housing situation, on the night before did you stay on the streets or in an Emergency Shelter? Yes ___ No ___ If yes, answer the "Homeless Situation Questions" below.

Length of Stay in Previous Place:

- ___ One day or less ___ Two days to one week ___ More than one week, less than one month
- ___ One to three months ___ More than three months, less than one year ___ One year or longer

Homeless Situation Questions:

Approximate Date Homelessness Started: ___/___/___

Have the client look back to the date of the last time the client had a place to sleep that was not on the streets or ES. Remember that "the streets" is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground). Including the situation the client was in right before entering, plus any continuous time moving around between the streets, an emergency shelter, or a safe haven, determine the date this period of the client's "literal" homelessness began. The look back time would not be broken by a stay of less than 7 consecutive nights in any permanent or temporary housing situation nor would it be broken by an institutional stay of less than 90 days (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility). Approximations are permitted.

of times (episodes) on streets or in ES in 3 years: ___1 ___2 ___3 ___4 or more

Including today, count all the different times the client was on the streets, in an emergency shelter in the last 3 years where there are full breaks in between (i.e., breaks that are 90 days or more in an institution or 7 nights or more in permanent or transitional housing).

Total number of months homeless on the street, in ES in the past 3 years: ___ Months

Count the cumulative number of months in which a person was on the streets or in an ES in the last 3 years, including stays in an institution less than 90 days or in permanent or transitional housing less than 7 days. Round the number of months up to the next highest number of full months. The current month, even if a partial month, can be counted as a full month.

Zip Code of Last Permanent Address: _____

Income:

Do you have income? ___Yes ___ No **Total Monthly Income \$**_____

Income Source and amount: (please write in the monthly amount below for each source)



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|---|--|
| \$_____ Alimony/ Spousal Support | \$_____ Child Support |
| \$_____ Earned Income | \$_____ General Assistance |
| \$_____ Pension or retirement income from another job | |
| \$_____ Private Disability Insurance | \$_____ Retirement Income from Social Security |
| \$_____ Social Security Disability Income (SSDI) | \$_____ Social Security Income (SSI) |
| \$_____ Temporary Assist for Needy Families TANF | \$_____ Unemployment Insurance |
| \$_____ VA Non-Service-Connected Disability Pension | \$_____ VA Service-Connected Disability Compensation |
| \$_____ Worker's Compensation | |

Non-Cash Benefits:

Do you have Non-Cash Benefits? ___ Yes ___ No **Monthly Amount \$** _____

Source of Non-Cash Benefits:

- _____ Supplemental Nutrition Assistance Program (SNAP) (HUD) (Previously known as Food Stamps)
- _____ Special supplemental Nutrition Program for (WIC) (HUD)
- _____ TANF Child Care Services (HUD)
- _____ TANF Transportation Services (HUD)
- _____ Other TANF-Funded Services (HUD); If "Other" Specify: _____

Are you a Survivor of Domestic Violence? ___ Yes ___ No

If yes, when did it last occur: _____ Within the past 3 months _____ 3 to 6 months _____ 6 to 12 months
 _____ More than 12 months _____ Refused

Are you currently fleeing? ___ Yes ___ No

Translation Assistance Needed:

- ___ No
- ___ Yes

If yes, Preferred Language:

- | | | | | | |
|---------------|-------------------|--------------|----------------|---------------|--------------------|
| ___ AfriKaans | ___ Arabic | ___ Armenian | ___ Bangali | ___ Cantonese | ___ Chinese |
| ___ French | ___ French Creole | ___ German | ___ Greek | ___ Gujarati | ___ Haitian Creole |
| ___ Hebrew | ___ Hindi | ___ Hmong | ___ Italian | ___ Japanese | ___ Karen |
| ___ Korean | ___ Mandarin | ___ Panjabi | ___ Persian | ___ Polish | ___ Portuguese |
| ___ Russian | ___ Serbian | ___ Somali | ___ Spanish | ___ Swahili | ___ Tagalog |
| ___ Telugu | ___ Tigrigna | ___ Urdu | ___ Vietnamese | ___ Yiddish | |
- ___ Different Preferred Language; Please Specify: _____

Legal Status:

Are you on Parole: ___ Yes ___ No If yes, Parole Officer: _____
 Phone Number: _____ - _____ - _____

Personal Phone Number: _____ - _____ - _____