

Housing Problem Solving Intake and Exit

Please complete one sheet for the Head of Household. It is not required to enter other Household members for this project.

Project Start Date: ____/____/____	Project Name: _____
ServicePoint Client ID _____	

First Name: _____ **MI:** _____ **Last Name:** _____ **Suffix:** _____

Name Data Quality:

- Full Name Reported
- Partial, Street Name, or Code Name Reported
- Client Doesn't Know
- Client Refused
- Data Not Collected

Alias: _____

SSN: _____ - _____ - _____

- SSN Type:**
- Full
 - Approximate/Partial
 - Client Doesn't Know
 - Client Refused
 - Data Not Collected

U.S. Military Veteran? (Clients 18 and older): Yes No Client Doesn't Know Client Refused Data Not Collected

Diversion Initial Assessment:

Caller Zip: _____

Caller City: _____

Caller County: _____

Homelessness Status:

- | | |
|---|--|
| <input type="checkbox"/> Currently Homeless – sheltered | <input type="checkbox"/> Will be homeless in more than 14 days |
| <input type="checkbox"/> Currently Homeless – unsheltered | <input type="checkbox"/> Will be homeless in less than 14 days |

How many members in your household are in need of service? _____

How many members are children (under the age of 18)? _____

HUD UDEs:

DOB (mm/dd/yyyy) ____/____/____

- DOB Type:**
- Full DOB
 - Approximate or Partial DOB
 - Client Doesn't Know
 - Client Refused
 - Data Not Collected

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- Race (Select up to 5 choices):** American Indian, Alaska Native, or Indigenous White
 Asian or Asian American Client Doesn't know
 Black, African American, or African Client Refused
 Native Hawaiian or Pacific Islander Data Not Collected

- Ethnicity:** Hispanic/Latin(a)(o)(x)
 Non-Hispanic/Latin(a)(o)(x)
 Client Doesn't Know
 Client Refused
 Data Not Collected

- Gender (Select all that Apply):**
 Female Male
 A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)
 Transgender Questioning
 Client Doesn't Know Client Refused Data Not Collected

- Do you have a disabling condition?** Yes No Client Doesn't Know Client Refused Data Not Collected

- Relationship to Head of Household:** Self
 Head of Household's Child
 Head of Household's Spouse or Partner
 Head of Household's other relation member
 Other Non-Relation Member
 Data Not Collected

Client Location: ME-500

Prior Living Situation:

-HOMELESS SITUATIONS-

- Place Not Meant for Habitation
 Emergency Shelter, including hotel/motel paid for w/ES voucher, or RHY-funded Host Home Shelter
 Safe Haven

-INSTITUTIONAL SITUATIONS-

- Foster Care Home or 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 Use Treatment Facility or Detox Center

-TEMPORARY AND PERMANENT HOUSING SITUATIONS-

- Residential Project or Halfway House with no Homeless Criteria
 Hotel or Motel Paid for without an Emergency Shelter Voucher
 Transitional Housing for Homeless Persons (includes homeless youth)
 Host Home (non-crisis)
 Staying or Living in a Friend's Room, Apartment or House
 Staying or Living in a Family Member's Room, Apartment or House
 Rental by Client, with GPD TIP Subsidy
 Rental by Client, with VASH Subsidy
 Permanent Housing (other than RRH) for Formerly Homeless Persons
 Rental by Client, with RRH or Equivalent Subsidy

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- Rental by Client, with HCV voucher (tenant or project based)
- Rental by Client in a Public Housing Unit
- Rental by Client, No Ongoing Housing Subsidy
- Rental by Client, with Other Ongoing Housing Subsidy
- Owned by Client, with Ongoing Housing Subsidy
- Owned by Client, No Ongoing Housing Subsidy

-OTHER-

- Client Doesn't Know
- Client Refused
- Data Not Collected

- Length of stay in prior living situation:**
- | | |
|---|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> One week or more but less than one month | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> One month or more but less than 90 days | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> 90 days or more but less than one year | |

If Literally Homeless, then:

Approximate Date Homelessness Started: _____/_____/_____

Regardless of where they stayed last night - number of times the client has been on the streets, in ES, or SH in the past three years including today:

- | | |
|---|--|
| <input type="checkbox"/> One Time | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Two Times | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Three Times | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Four or More Times | |

Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> One Month (this time is the first month) | <input type="checkbox"/> 6 Months | <input type="checkbox"/> 11 Months |
| <input type="checkbox"/> 2 Months | <input type="checkbox"/> 7 Months | <input type="checkbox"/> 12 Months |
| <input type="checkbox"/> 3 Months | <input type="checkbox"/> 8 Months | <input type="checkbox"/> More than 12 Months |
| <input type="checkbox"/> 4 Months | <input type="checkbox"/> 9 Months | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 5 Months | <input type="checkbox"/> 10 Months | <input type="checkbox"/> Client Refused |
| | | <input type="checkbox"/> Data Not Collected |

If Institutional Setting, then:

Did you stay less than 90 days: Yes No

If less than 90 days, on the night before did you stay on the streets, ES, or SH? Yes No

If yes: Approximate Date Homelessness Started: _____/_____/_____

Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:

- | | |
|---|--|
| <input type="checkbox"/> One Time | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Two Times | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Three Times | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Four or More Times | |

Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:

- | | | |
|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> One Month (this time is the first month) | <input type="checkbox"/> 6 Months | <input type="checkbox"/> 11 Months |
| <input type="checkbox"/> 2 Months | <input type="checkbox"/> 7 Months | <input type="checkbox"/> 12 Months |

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- | | | |
|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> 3 Months | <input type="checkbox"/> 8 Months | <input type="checkbox"/> More than 12 Months |
| <input type="checkbox"/> 4 Months | <input type="checkbox"/> 9 Months | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 5 Months | <input type="checkbox"/> 10 Months | <input type="checkbox"/> Client Refused |
| | | <input type="checkbox"/> Data Not Collected |

If Transitional or Permanent Housing Situation:

Did you stay less than 7 nights? Yes No

If less than 7 nights, on the night before did you stay on the streets, ES, or SH? Yes No

If yes: Approximate Date Homelessness Started: _____/_____/_____

Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:

- | | |
|---|--|
| <input type="checkbox"/> One Time | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Two Times | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Three Times | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Four or More Times | |

Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> One Month (this time is the first month) | <input type="checkbox"/> 6 Months | <input type="checkbox"/> 11 Months |
| <input type="checkbox"/> 2 Months | <input type="checkbox"/> 7 Months | <input type="checkbox"/> 12 Months |
| <input type="checkbox"/> 3 Months | <input type="checkbox"/> 8 Months | <input type="checkbox"/> More than 12 Months |
| <input type="checkbox"/> 4 Months | <input type="checkbox"/> 9 Months | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 5 Months | <input type="checkbox"/> 10 Months | <input type="checkbox"/> Client Refused |
| | | <input type="checkbox"/> Data Not Collected |

Maine Required Data Elements Assessment:

Zip Code of Last Permanent Address: _____

Zip data quality for last permanent address: Full or Partial Zip Code Report Client Doesn't Know Client Refused

Release of Information Date: _____/_____/_____

Type of Release: None Signed by Client Verbal

Exit:

Exit Date: _____/_____/_____

Reason For Leaving:

- | | |
|---|--|
| <input type="checkbox"/> Left for housing opp. before completing program | <input type="checkbox"/> Disagreement with rules/persons |
| <input type="checkbox"/> Completed program (no longer receiving services) | <input type="checkbox"/> Death |
| <input type="checkbox"/> Non-Payment of rent / occupancy charge | <input type="checkbox"/> Other |
| <input type="checkbox"/> Non-compliance with program | <input type="checkbox"/> Unknown/Disappeared |
| <input type="checkbox"/> Criminal activity / violence | <input type="checkbox"/> Left for housing opportunity |
| <input type="checkbox"/> Reached maximum time allowed | <input type="checkbox"/> Aged Out (Youth Only) |
| <input type="checkbox"/> Needs could not be met | <input type="checkbox"/> Found Placement (Youth Only) |
| <input type="checkbox"/> Reunification | |

If "Other", Specify: _____

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Destination:

-HOMELESS SITUATIONS-

- Place not meant for habitation
- Emergency shelter, incl. hotel/motel paid for w/ ES voucher, or RHY-funded Host Home shelter
- Safe Haven

-INSTITUTIONAL SITUATIONS-

- Foster care home or 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 or detox center

-TEMPORARY AND PERMANENT HOUSING SITUATIONS-

- Residential project of halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host Home (non-crisis)
- Staying or living with friends, temporary tenure
- Staying or living with family, temporary tenure
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

-OTHER-

- No exit interview completed
- Other
- Deceased
- Client doesn't know
- Client refused
- Data not collected

If "Other", Specify: _____

Diversion Exit:

HPS Resolution:

- Housing crisis not resolved
- Housing crisis resolved

Did the resolution include financial assistance?

- Yes
- No