RUSH Rapid Rehousing Intake Form

Instructions: *Please complete for the head of household at program entry. For additional household members use the supplemental RUSH RRH application/intake form*

INTAKE DATE	PRIMARY WORKER (CASE WORKER)

FIRST NAME	MIDDLE NAME	LAST NAME & SUFFIX

NAME DATA QUALITY	ALIAS
☐ Full Name Reported ☐ Partial Name, Street Name, or Code Name Reported ☐ *Doesn't Know* ☐ *Refused*	

SOCIAL SECURITY NUMBER	SSN DATA QUALITY
(Enter "9" for any missing numbers in an approx. or partial SSN) - -	☐ Full SSN Reported ☐ Approximate or Partial SSN Reported ☐ *Doesn't Know* ☐ *Refused*

GENDER – check how the person identifies

☐ Female ☐ Male ☐ Other Response ☐ *Doesn't Know* ☐ *Refused*

BIRTHDATE	BIRTHDATE DATA QUALITY
	☐ Full DOB reported ☐ Approximate or Partial DOB Reported ☐ *Doesn't Know* ☐ *Refused*

ETHNICITY

☐ Hispanic/Latin(a)(o)(x) ☐ Non-Hispanic/Non-Latin(a)(o)(x) ☐ *Doesn't Know* ☐ *Refused*

RACE – CHECK ALL THAT APPLY

☐ American Indian, Alaskan Native, or Indigenous ☐ Asian or Asian American ☐ White
☐ Black, African American, or African ☐ Native Hawaiian or Pacific Islander ☐ *Doesn't Know* ☐ *Refused*

PHONE NUMBER: Does the household have a phone number at which they can be reached?

☐ No ☐ Yes PROVIDE # WITH AREA CODE: ( ) - - ☐ *Refused to provide phone number*

VETERAN

☐ No ☐ Yes ☐ *Doesn't Know* ☐ *Refused*

OTHER INFORMATION (IF APPLICABLE)

FEMA ID #:	Street Address:	City and Zip Code:

PRIOR LIVING SITUATION

LOCATION THE NIGHT BEFORE PROJECT ENTRY: Where did the client spend last night? – Select the category that <u>most closely matches</u> the client's response

HOMELESS SITUATIONS

☐ **Place not meant for habitation**
(Public or private places not intended for regular sleeping; e.g., a vehicle, abandoned building, bus/train station, airport, or anywhere outside)
☐ **Safe Haven**
☐ **Emergency shelter (**hotels and motels paid for by charitable organizations or by federal, state and local government programs) (includes TSA)
☐ **Transitional Housing**

INSTITUTIONAL SITUATIONS

(Eligible if exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution)

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

POOR/UNKNOWN DATA OPTIONS FOR PRIOR LIVING SITUATION – USE ONLY IF NECESSARY: ☐ *Client Doesn't Know* ☐ *Client Refused*

LENGTH OF STAY IN PRIOR LOCATION: How long had the client been staying where they spent last night?

☐ 1 night or less ☐ 1 week or more, but less than 1 month ☐ 90 days or more, but less than 1 year
☐ 2 to 6 nights ☐ 1 month or more, but less than 90 days ☐ 1 year or longer

APPROXIMATE DATE CURRENT EPISODE OF HOMELESSNESS STARTED: How long has the client been on the streets, in ES, or SH?

<u>NUMBER OF TIMES HOMELESS</u> (ON THE STREETS, IN ES, OR SH) IN THE PAST 3 YEARS – If client came from a homeless situation, include today as 1 time

☐ 1 ☐ 2 ☐ 3 ☐ 4+ ☐ *Doesn't Know* ☐ *Refused*

<u>TOTAL NUMBER OF MONTHS HOMELESS</u> (ON THE STREETS, IN ES, OR SH) IN THE PAST 3 YEARS – Round to the month for each time and total

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Over 12 ☐ *Doesn't Know* ☐ *Refused*

<u>ESG-RUSH Only</u>

Client has been residing in a declared disaster area? ☐ Yes ☐ No

Client has needs that will not be served or fully met by the TSA Program (42 U.S.C. 5170b), NCS, or other existing Federal disaster relief programs? ☐ Yes ☐ No

INCOME & BENEFITS

INCOME FROM ANY SOURCE

☐ No ☐ Yes CHECK & PROVIDE MONTHLY AMOUNT FOR ALL SOURCES THAT APPLY BELOW ☐ Doesn't Know ☐ Refused

☐ Earned Income (i.e., employment pay) ..... $	☐ Unemployment Insurance .....$
☐ Supplemental Security Income (SSI) ..... $	☐ Social Security Disability Insurance (SSDI) .....$
☐ VA Service-Connected Disability Compensation..... $	☐ VA Non-Service Connected Disability Pension .....$
☐ Private Disability Insurance..... $	☐ Worker's Compensation.....$
☐ Temporary Assistance for Needy Families (TANF) ..... $	☐ General Assistance (GA) .....$
☐ Retirement Income from Social Security..... $	☐ Pension or Retirement Income from Former Job .....$
☐ Child Support..... $	☐ Alimony and Other Spousal Support .....$
☐ Other-Specify Source ( ) ..... $	

NON-CASH BENEFITS FROM ANY SOURCE

☐ No ☐ Yes ➔ CHECK ALL SOURCES THAT APPLY BELOW ☐ *Doesn't Know* ☐ *Refused*

☐ SNAP (Food Stamps) ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐ TANF Child Care Services ☐ TANF Transportation Services ☐ Other TANF-Funded Services
☐ Other-Specify Source ( )

HEALTH INSURANCE & DISABILITY

COVERED BY HEALTH INSURANCE

☐ No ☐ Yes CHECK ALL SOURCES THAT APPLY BELOW ☐ *Doesn't Know* ☐ *Refused*

☐ MEDICAID ☐ MEDICARE ☐ State Children's Health Insurance Program
☐ VA Medical Services ☐ Employer-Provided Health Insurance ☐ Health Insurance through COBRA
☐ Private Pay Health Insurance ☐ State Health Insurance for Adults ☐ Indian Health Services Program
☐ Other-Specify Source ( )

Does this person have a DISABLING CONDITION?

☐ Yes ☐ No ☐ Doesn't Know ☐ Refused

Please complete the following:
Physical Disability? ☐ Yes ☐ No ☐ Doesn't Know ☐ Refused
If yes, is this condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?
☐ Yes ☐ No ☐ Doesn't Know ☐ Refused
Chronic Health Condition ☐ Yes ☐ No ☐ Doesn't Know ☐ Refused
If yes, is this condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?
☐ Yes ☐ No ☐ Doesn't Know ☐ Refused
Mental Health Disorder ☐ Yes ☐ No ☐ Doesn't Know ☐ Refused
If yes, is this condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?
☐ Yes ☐ No ☐ Doesn't Know ☐ Refused
Substance Use Disorder ☐ Yes ☐ No ☐ Doesn't Know ☐ Refused
If yes, is this condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?
☐ Yes ☐ No ☐ Doesn't Know ☐ Refused
Development Disability
☐ Yes ☐ No ☐ Doesn't Know ☐ Refused
HIV/AIDS
☐ Yes ☐ No ☐ Doesn't Know ☐ Refused

DOMESTIC VIOLENCE HISTORY

DOMESTIC ABUSE VICTIM/SURVIVOR

☐ No ☐ Yes ➔ COMPLETE the next two questions ☐ *Doesn't Know* ☐ *Refused*

WHEN DID THE EXPERIENCE OCCUR? ☐ Within the past 3 months ☐ 4-6 months ago ☐ 7-12 months ago ☐ Over 1 year ago
ARE YOU CURRENTLY FLEEING? ☐ No ☐ Yes

COUNTY OF LAST PERMANENT ADDRESS

OR City: & State:

Client Location (CoC Code)

☐ FL-501 ☐ FL-503 ☐ FL-504 ☐ FL-507 ☐ FL-603 ☐ FL-606

DUPLICATION OF BENEFITS: Please ask the household the following questions to determine if there is a Duplication of Benefit. When completing this section self-certification from the household is sufficient documentation.

Have you or anyone in your household applied for any other types of federal, state, local or private financial or rental assistance?

☐ No, no one in my household has applied for any other forms of federal, state, local, or private financial or rental assistance.

☐ Yes, someone in my household applied for and was DENIED any of the following types of assistance (select all that apply and identify the source and other information in **Table 1** below)

- ☐ Rental assistance
- ☐ Security deposit
- ☐ Rental arrears
- ☐ Last month's rent
- ☐ Moving costs
- ☐ Utility deposits
- ☐ Utility payments

☐ Yes, someone in my household applied for and not yet received an application approval or disapproval for any of the following types of assistance (select all that apply and identify the source and other information in **Table 2** below)

- ☐ Rental assistance
- ☐ Security deposit
- ☐ Rental arrears
- ☐ Last month's rent
- ☐ Moving costs
- ☐ Utility deposits
- ☐ Utility payments

☐ Yes, someone in my household applied for and received assistance for any of the following types of assistance (select all that apply and identify the source and other information in **Table 3** below)

- ☐ Rental assistance
- ☐ Security deposit
- ☐ Rental arrears
- ☐ Last month's rent
- ☐ Moving costs
- ☐ Utility deposits
- ☐ Utility payments

TABLE 1: List forms of assistance applied for and DENIED

Program Name	Amount	Requested Period of Assistance (dates from and to)		Date applied

TABLE 2: List forms of assistance applied for and have NOT RECEIVED A DECISION ON

Program Name	Amount	Requested Period of Assistance (dates from and to)		Date applied

TABLE 3: List forms of assistance applied for and received

Program Name	Amount	Period of Assistance (dates from and to)	

Do you or anyone in your household anticipate applying for additional assistance in the next six months?

☐ Yes ☐ No ☐ Unsure

END