VETERANS' HOUSING SUPPORT PROGRAM
INTAKE ASSESSMENT

COMPLETE FORM AND SEND TO - info@veteranshousingsupport.org

First and foremost, THANK YOU FOR YOUR SERVICES.

I. BASIC IDENTIYING INFORMATION

Full Name**:** _____ Phone Number: _____

Date of birth: _____ Email: _____

Refeering shelter/agency:

_____ **Gender:**

- ☐ Female
- ☐ Male
- ☐ Other_____

Pronouns:
Please share your pronouns:

- ☐ She/her/hers
- ☐ He/him/his
- ☐ They/them/theirs
- ☐ No pronoun
- ☐ Not listed
- ☐ Other: _____

Marital Status

- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married.

Ethnicity:

- ☐ White
- ☐ African American
- ☐ Hispanic
- ☐ Asian American
- ☐ Pacific Islander/Hawaiian
- ☐ Native American
- ☐ Alaskan native
- ☐ No response

II. MILITARY INFORMATION

Military Service			**Deployment Information**
Branch of service	**Deployment Start Date**	**Deployment End date**	Deployment Location: _____
			Number of Deployments
Wounded Injured __Yes ___No	**Purple Heart ___Yes ___No**		

What services/benefits do you receive from
Health insurance:

- ☐ Yes, through an employer.
- ☐ Yes, through the U.S. Department of Veterans Affair (VA)
- ☐ Yes, through (Tricare)
- ☐ No, I do not currently have health insurance.

III. INCOME

Income verification:
To qualify for low-income unit at Huntington Garden
Max charge for a one bedroom **$847.00**

Family Size	Gross Annual Income
1 person	**$31,650**
2 people	**$36,180**
3 people	**$40,710**

Employment:
Is client employed? **Y□N□**If yes, Where?_____
Is employment: **FT□PT□**Salary or Hourly Wage: $_____/ hour□month□year□
How long has the client been working there? _____13) Has client held other jobs? **Y□N□**

If yes, please detail client's job history:
Place of Employment Job Title Duration of employment

What is the longest the client has held a job? _____
Is the client currently attending any kind of job training program? **Y□N□**
If yes, Name School and Type of Training:

Income:
Does client receive Income Assistance? **Y□N□**
If yes, Check types of assistance client is currently receiving:

1. SSI □
2. TANF □
3. WIC □
4. Food stamps □
5. Medicaid □
6. Child Support □
7. Other _____

Please list other income (Child/Spousal support, Retirement, Disability, Unemployment):

I. Do you have any dependents?

Name	Relationship	Sex	Age	DOB

Does client have childcare? **Y☐N☐** Is childcare reliable? **Y☐N☐**
Does she get assistance from OFC? **Y☐N☐** Is OFC support sufficient to cover childcare? **Y☐N☐**
What amount is the client responsible for? $_____ weekly / monthly

Is there current CPS/Foster Care involvement? **Y☐N☐**
Is there past CPS/Foster Care involvement? **Y☐N☐**
If yes, Name Social Worker and Phone: _____
Please detail CPS/Foster Care involvement:

8-9) Type of Involvement	Date	Outcome

IV. Education:
What is the highest level of education the client has achieved? (Check one)

1. Obtained a Professional Degree ☐
2. Graduated College ☐
3. Graduated from Trade School ☐
4. Some college ☐
5. Graduated High School ☐
6. Obtained a GED ☐
7. Did not graduate High School/No GED ☐
8. Other ☐

Is client currently enrolled in any type of educational program (GED classes, College courses)? **Y☐N☐**
If yes, Name School and Type of Education:

IV. Health/Mental Health:

*****NOT GETTING INTO DETAILS******
Any past or current medical considerations or concerns? **Y☐N☐**
Any past or current mental health considerations or Conditions? **Y☐N☐**

If applicable, do any dependents have any past or current medical considerations or problems? **Y□N□**
If applicable, do any dependents have any past or current mental health considerations or problems? **Y□N□**

If yes, please detail (nature of medical condition, current treatment, monitoring physician, etc.):

Name	Medical/ Mental Health Condition	Treatment/ Medication	Monitoring Physician and Phone Number

VI. Substance Abuse:
Does client have any current or past substance abuse history/issues? **Y□N□**
Do client's dependents have any current or past substance abuse history/issues? **Y□N□**

Name	Type of Problem	Treatment/ Medication	Treatment Program (Therapist and Phone)

VII. Court Involvement:
Are there are current or past criminal justice charges or involvement against the client? **Y□N□**
Are there are current or past criminal justice charges or involvement against client's dependents? **Y□N□**
Does client have any current or past civil or criminal court actions pending against others? **Y□N□**
Please describe:

Type of Involvement	Date	Outcome

VIII. Citizenship Status:

Are all family members U.S. Citizens? **Y□N□**
If no, please detail the nature of client's and dependents' immigrant status:

Name	Legal Status	Action Needed

IX. Transportation:

Does the client have a car? **Y□N□**
Does client know how to use public transportation? **Y□N□**

X. Shelter stay:

Most recent stay at Fairfax County Shelter:

Entry Date _____ Exit Date _____ Number of Days _____

Any previous stays? **Y□N□**If yes, please list:

Entry Date _____ Exit Date _____ Number of Days _____
Entry Date _____ Exit Date _____ Number of Days _____

XII. Abuse

Is there a history of abuse?

Has the client been involved in other abusive relationships? **Y□N□** How many? _____

IF PRESENT ABUSE

What is the name, last known address, and brief description of abuser's appearance (e.g. race, facial hair, age, color of hair and eyes, etc.):

_____

_____

_____

Does the abuser know any of your passwords/have access to bank accounts, etc.? Please explain:

_____

Is the abuser currently in treatment? **Y□N□**If yes, what program _____

Does the client have the desire for reunification? **Y□ N□**If yes, explain

_____

_____

Does abuser have history of stalking? **□ Y □ N** if yes, describe_____

Does abuser possess weapons? **□ Y □ N** If yes, describe_____

Is abuser the father of the child(ren)? **Y□N□**

Does client have plans for children to have visitation? □ □ **Y N** If yes please explain _____

_____

Does the client have a reliable support system (family, friends, church, other)? **Y□N□**Please describe:

_____

_____

_____

Has client ever participated in other housing programs? **Y□ N□**

Has client ever experienced an eviction? Y□N□

If yes, please give year and circumstances:

_____

_____

_____

_____

_____

_____

If accepted to the program, is the client interested in receiving Case Management services? Y□N□

_____

Is client on any Subsidized Housing lists (Public Housing, Section 8, Private)? **Y□N□**
Name is on following lists:

_____

_____

Does the client have any furniture to take to the unit: _____

_____

_____

_____

Any goals a client would like to accomplish while in the program?

1.
2.
3.
4.

Other Considerations: _____

_____

_____

_____

Will you consent to a background check? Y☐N☐

If yes, please sign and date:

Signature: _____ Date: _____