

ESG & HUD COC Assessment Form

Updated: 2016 October 2



Client first name:		Client last name:		MAACLink Client ID:	
Assessment date:			Assessment type: <input type="radio"/> Entry <input type="radio"/> Interval <input type="radio"/> Exit		
Veteran status: <input type="radio"/> Yes <input type="radio"/> Client doesn't know <input type="radio"/> No <input type="radio"/> Client refused		Disabling condition: <input type="radio"/> Yes <input type="radio"/> Client doesn't know <input type="radio"/> No <input type="radio"/> Client refused			
Housing status: <input type="radio"/> Category 1 – Homeless <input type="radio"/> Category 2 – At imminent risk of losing housing <input type="radio"/> Category 3 – Homeless only under other federal statutes <input type="radio"/> Category 4 – Fleeing domestic violence <input type="radio"/> Stably housed – rent <input type="radio"/> Stably housed – own <input type="radio"/> At risk of homelessness <input type="radio"/> Client doesn't know <input type="radio"/> Client refused					
Prior type of residence: <input type="radio"/> Emergency shelter (inc. hotel/motel voucher) <input type="radio"/> Transitional housing for homeless persons <input type="radio"/> Permanent housing for formerly homeless persons <input type="radio"/> Psychiatric hospital/facility <input type="radio"/> Substance abuse treatment facility or detox center <input type="radio"/> Hospital or other residential non-psych. med. facility <input type="radio"/> Jail, prison, or juvenile detention facility <input type="radio"/> Staying/living in a family member's room/apt/house <input type="radio"/> Staying/living in a friend's room/apt/house <input type="radio"/> Hotel/motel paid w/o emergency shelter voucher <input type="radio"/> Foster care home or foster care group home <input type="radio"/> Place not meant for habitation <input type="radio"/> Safe Haven <input type="radio"/> Rental by client with VASH subsidy <input type="radio"/> Rental by client with GPD TIP subsidy <input type="radio"/> Rental by client with other ongoing subsidy <input type="radio"/> Rental by client (no ongoing subsidy) <input type="radio"/> Residential project/halfway house (no homeless criteria) <input type="radio"/> Owned by client with ongoing subsidy <input type="radio"/> Owned by client (no ongoing subsidy) <input type="radio"/> Long-term care facility/nursing home <input type="radio"/> Interim housing <input type="radio"/> Client doesn't know <input type="radio"/> Client refused					
Length of stay in prior residence: <input type="radio"/> One night or less <input type="radio"/> Two to six nights <input type="radio"/> One week or more but less than one month <input type="radio"/> One month or more but less than 90 days <input type="radio"/> 90 days or more but less than one year <input type="radio"/> One year or longer <input type="radio"/> Client doesn't know <input type="radio"/> Client refused			Approximate date homelessness started:		
Number of times client has been on the streets, in emergency shelter, or in safe haven in the past three years including today: <input type="radio"/> One time <input type="radio"/> Two times <input type="radio"/> Three times <input type="radio"/> Four or more times <input type="radio"/> Client doesn't know <input type="radio"/> Client refused			(Cumulative) Number of months on the streets, in emergency shelter, or in safe haven in the past three years:		
Client has special needs: <input type="radio"/> Yes <input type="radio"/> No <i>If Yes, complete one or more of the following special need detail sections. If No, skip to next section.</i>			Physical disability: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Indefinite: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Receiving treatment: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Documentation on file (mark if Yes): <input type="radio"/>		
Mental health problem: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Indefinite: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Receiving treatment: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Documentation on file (mark if Yes): <input type="radio"/>			HIV/AIDS: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Indefinite: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Receiving treatment: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Documentation on file (mark if Yes): <input type="radio"/>		

<p>Developmental disability: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Indefinite: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Receiving treatment: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Documentation on file (mark if Yes): <input type="radio"/></p>	<p>Chronic health condition: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Indefinite: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Receiving treatment: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Documentation on file (mark if Yes): <input type="radio"/></p>	
<p>Substance abuse: <input type="radio"/> No <input type="radio"/> Alcohol abuse <input type="radio"/> Drug abuse <input type="radio"/> Both alcohol and drug abuse <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Indefinite: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Receiving treatment: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused Documentation on file (mark if Yes): <input type="radio"/></p>	<p>Domestic violence experience: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused (If Yes) When experience occurred: <input type="radio"/> In the past three months <input type="radio"/> Three to six months ago <input type="radio"/> Six to twelve months ago <input type="radio"/> More than one year ago <input type="radio"/> Client doesn't know <input type="radio"/> Client refused (If Yes) Currently fleeing domestic violence: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused</p>	
<p>Date of (initial) contact:</p>	<p>Location of contact: <input type="radio"/> Place not meant for human habitation <input type="radio"/> Non-residential service setting <input type="radio"/> Residential service setting</p>	
<p>Date of engagement (i.e. beginning of a case plan):</p>		
<p>Client moved in to permanent housing (interval/exit assessment only)? <input type="radio"/> Yes</p>	<p>(If in permanent housing) Date of move-in:</p>	
<p>Client is currently receiving income: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused</p>		
<p>Earned income: _____ SSI (Supplemental Security Income): _____ VA Service Connected Disability Compensation: _____ Worker's compensation: _____ General assistance: _____ VA Non-Service Connected Disability Compensation: _____ Child support: _____ Other (1): _____</p>	<p>Unemployment insurance: _____ SSDI (Social Security Disability Income): _____ Private disability insurance: _____ TANF (Temporary Assistance for Needy Families): _____ Retirement income from Social Security: _____ Pension from a former job: _____ Alimony or other spousal support: _____ Other (2): _____</p>	
<p>Client is currently receiving benefits: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused</p>		
<p>SNAP/Food stamps or food benefit card: _____ WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) : _____ TANF child care services: _____ TANF transportation services: _____ Other TANF-funded services: _____ Section 8, public housing, or other rental assistance: _____ Child support: _____ Temporary rental assistance: _____ Other: _____</p>		
<p>Client expenses:</p>		
<p>Bus pass: _____ Child care: _____ Clothing: _____ Electricity (utility) : _____ Garnishments (on wage/salary): _____ Health insurance: _____ Legal: _____ Miscellaneous: _____ Personal hygiene: _____ Rent deposit: _____ Sewage/trash (utility) : _____ Telephone (utility) : _____ Unpaid utilities: _____ Other (1) : _____</p>	<p>Car payment: _____ Child support: _____ Credit accounts: _____ Entertainment: _____ Gas/heating oil (utility) : _____ Other insurance: _____ Medical: _____ Mortgage: _____ Personal luxuries: _____ Retirement plan: _____ Storage: _____ Transportation (general) : _____ Water (utility) : _____ Other (2) : _____</p>	<p>Car repair: _____ Church tithe: _____ Education: _____ Food: _____ Gasoline (car) : _____ Laundry: _____ Med prescription: _____ Payday loans: _____ Rent: _____ Savings: _____ Taxes: _____ Unpaid rent: _____ Withholding tax: _____</p>

Insurance coverage assessment date:

Client has health insurance:

Yes No Client doesn't know Client refused

(If Yes) Health insurance type:

Medicaid

State Health Insurance for Adults

Employer insurance

Medicare

VA health insurance

Private pay insurance

SCHIP (State Child Health Insurance Program)

COBRA

Indian Health Services Program