

# Shelter Plus Care Client Intake and Exit Form

Please obtain this information for each client entering the program:

NAME: \_\_\_\_\_

DSS District Office **White Plains Homeless Unit** ☐ **Other** ☐ \_\_\_\_\_

STATUS: ☐ US Citizen ☐ Legal Alien (Must be either one to be served under this grant)

NAME OF OTHER ADULT IN FAMILY IN THE  
PROGRAM \_\_\_\_\_

ID#: \_\_\_\_\_

DATE OF ACTIVE ENTRY INTO PROGRAM \_\_\_\_\_

## 5. Age and Gender:

PROFILE OF SINGLE CLIENT	MALE	FEMALE	AGE
Single Individual			

PROFILE OF FAMILY MEMBER	MALES	AGES	FEMALES	AGES
Number Of Adults In Family				
Number Of Children In Family				

\*Do not double count other adult in Profile Section

## 6. Veteran's Status :

VETERANS STATUS*	MALE	FEMALE
Check if you have ever been on active military duty.		

\*A veteran is anyone who has ever been on active military duty status.

(Entry Information Continued)

7. Answer this question in addition to # 8 below.

ETHNICITY	Please check one:
Hispanic	
non-Hispanic or non Latino	

8. Answer this question in addition to # 7 above.

RACE	Please check one:
American Indian or Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or Pacific Islander	
White	

(Please make certain all individuals counted under 7, should also be counted under 8.)

9. Special Needs

	Check all that apply
a) Mental Illness	
b) Alcohol Abuse	
c) Drug Abuse	
d) HIV/ AIDS or Related Diseases	
e) Developmental Disability	
f) Physical Disability	
g) Domestic Violence	
h) Other (Please Specify)	

10. Prior Living Situation:

a) Non-housing (street, park, car, bus station, etc.)	
b) Emergency Shelter	
c) Transitional housing for homeless persons	
d) Psychiatric facility	
e) Substance abuse treatment facility	
f) Hospital	
g) Jail/prison	
h) Domestic violence situation	
i) Living with relatives/friends	
j) Rental Housing	
k) Other (Please Specify)	

# 11. Amount and Source of Monthly Income at Entry and Exit:

	A. Monthly Income at Entry	
(a)	No income	
(b)	\$1 – \$150	
(c)	\$151 – \$250	
(d)	\$251 – \$500	
(e)	\$501 - \$1,000	
(f)	\$1,001 - \$1,500	
(g)	\$1,500 - \$2,000	
(h)	\$2,001+	

	C. Income Source at Entry	
(a)	Supplemental Security Income (SSI)	
(b)	Social Security Disability Income (SSDI)	
(c)	Social Security	
(d)	General Public Assistance	
(e)	Temporary Aid to Needy Families (TANF)	
(f)	Child Support	
(g)	Veteran's Benefits	
(h)	Employment Income	
(i)	Unemployment Benefits	
(j)	Medicare	
(k)	Medicaid	
(l)	Food Stamps	
(m)	Other (please specify)	
(n)	No Financial Resources	

## For Staff Use Only at Exit From Program

Name: \_\_\_\_\_

Exit Date: \_\_\_\_\_

### 11. Continued at Exit

	<b>B. Monthly Income at Exit</b>	
(a)	No income	
(b)	\$1 – \$150	
(c)	\$151 – \$250	
(d)	\$251 – \$500	
(e)	\$501 – \$1,000	
(f)	\$1,001 – \$1,500	
(g)	\$1,500 – \$2,000	
(h)	\$2,001+	

	<b>D. Income Source at Exit</b>	
(a)	Supplemental Security Income (SSI)	
(b)	Social Security Disability Income (SSD)	
(c)	Social Security	
(d)	General Public Assistance	
(e)	Temporary Aid to Needy Families (TANF)	
(f)	Child Support	
(g)	Veteran's Benefits	
(h)	Employment Income	
(i)	Unemployment Benefits	
(j)	Medicare	
(k)	Medicaid	
(l)	Food Stamps	
(m)	Other (please specify)	
(n)	No Financial Resources	

### 12. Length of Stay in Program:

(a)	Less than 1 month	
(b)	1 to 2 months	
(c)	3 to 6 months	
(d)	7 months - 12 months	
(e)	13 months – 24 months	
(f)	25 months – 3 years	
(g)	4 years – 5 years	
(h)	6 years – 7 years	
(i)	8 years – 10 years	
(j)	Over 10 years	

**13. Reason for Leaving: Put main reason only.**

(a)	Left for a housing opportunity before completing program	
(b)	Completed program	
(c)	Non-payment of rent/occupancy charge	
(d)	Non-compliance with project	
(e)	Criminal activity / destruction of property / violence	
(f)	Reached maximum time allowed in project	
(g)	Needs could not be met by project	
(h)	Disagreement with rules / persons	
(i)	Death	
(j)	Other <b>(Please specify)</b>	
(k)	Unknown / disappeared	

**14. Destination:**

PERMANENT (a-h)	a.	Rental house or apartment (no subsidy)	
	b.	Public Housing	
	c.	Section 8	
	d.	Shelter Plus Care	
	e.	HOME subsidized house or apartment	
	f.	Other subsidized house or apartment	
	g.	Homeownership	
	h.	Moved in with family or friends	
TRANSITIONAL (i-j)	i.	Transitional housing for homeless persons	
	j.	Moved in with family or friends	
INSTITUTION (k-m)	k.	Psychiatric hospital	
	l.	Inpatient alcohol or other drug treatment facility	
	m.	Jail/prison	
EMERGENCY SHELTER (n)	n.	Emergency shelter	
OTHER (o-q)	o.	Other supportive housing	
	p.	Places not meant for human habitation (e.g. street)	
	q.	Other (please specify)	
UNKNOWN	r.	Unknown	

15. Supportive Services: Which services did client receive while in the program?  
(3all that apply)

(a)	Outreach	
(b)	Case Management	
(c)	Life Skills (outside of case management)	
(d)	Alcohol or drug abuse services	
(e)	Mental health services	
(f)	HIV/AIDS – related service	
(g)	Other health care services	
(h)	Education	
(i)	Housing placement	
(j)	Employment Assistance	
(k)	Child Care	
(l)	Transportation	
(m)	Legal	
(n)	Other (please specify)	