

First: _____ **Middle:** _____ **Unique Identifier:**

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Last: _____ **Suffix:** _____

Project Name: _____ **Project Start Date:**

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Relationship to Head of Household

Self (head of household) Head of household's child Head of household's spouse or partner
 Head of household's other relation member Head of household's non-relation member

Type of Residence: (Where did you stay last night?) (Select ONE)

Homeless Situation	Transitional and Permanent Housing	
<input type="checkbox"/> Place not meant for habitation (e.g. vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Residential project or halfway house with <u>no</u> homeless criteria <input type="checkbox"/> Hotel or motel paid for <u>without</u> emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a <u>FRIEND'S</u> room, apartment or house <input type="checkbox"/> Staying or living in a <u>FAMILY</u> member's room, apartment or house <input type="checkbox"/> Rental by client, with <u>GPD TIP</u> housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy	<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, <u>no</u> ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, <u>with</u> ongoing housing subsidy <input type="checkbox"/> Owned by client, <u>no</u> ongoing housing subsidy

Institutional Situation	Unknown
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Psychiatric hospital of other psychiatric facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Length of Stay in Previous Location:

<input type="checkbox"/> One night or less	<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One month or more, but less than 90 days
<input type="checkbox"/> 90 days or more, but less than one year	<input type="checkbox"/> One year or longer	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused

Approximate date homelessness started: ___ / ___ / _____

Number of times on the street, in ES, or Safe Haven in the past three years:

One time Two times Three times Four or more times Client doesn't know Client refused

Total number of months homeless on the street, in emergency shelter or SH in the past three years: _____

Disabling Conditions:

Does the participant have a disability that is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:

No Yes Client doesn't know Client refused

Does the participant have the ability to self-isolate or quarantine without assistance?

No Yes Client doesn't know Client refused

FEMA Data Collection:

COVID-19 Screening Results for Qualifying Household Member:

- Asymptomatic Low Risk
 Asymptomatic High Risk
 COVID-19 Exposed
 COVID-19 Positive
 N/A (Not Qualifying Household Member)

Alameda County Shelter Location: (select one)

Health Shelter C/Comfort Inn
8452 Edes Ave., Oakland, CA, 94621

Health Shelter R/Radisson Inn
8400 Edes Ave., Oakland, CA, 94621

Last or Current Permanent Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Full address reported

Incomplete or estimated address reported

Client doesn't know

Client refused

Data not collected

Client's Phone Number: (_____) _____ - _____ Email Address: _____

Additional FEMA Questions:

Does the client have a cell phone?:

- Yes
 No
 Client doesn't know
 Client refused
 Data not collected

Does the client have an email address?:

- Yes
 No
 Client doesn't know
 Client refused
 Data not collected

Does the client have pets in the household?:

- Yes
 No
 Client doesn't know
 Client refused
 Data not collected

Does the client have service animals in the household?:

- Yes
 No
 Client doesn't know
 Client refused
 Data not collected

Were the client's access/functional needs identified?:

- Yes
 No
 Client doesn't know
 Client refused
 Data not collected

Staff Completing (Printed Name):

Date: