**Date of Assessment**:

**Staff Completing Assessment**: **Agency Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. First name, DOB Last initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Example: Tom09061975J)*

2. Phone Number: \_\_\_\_\_\_ Alternate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. If we needed to find you where do you typically spend your time? \_\_\_\_\_\_

4. Are you currently seeking housing services? [ ]  Yes [ ]  No

5. Household Information: \_\_\_\_\_\_\_ Number of Adults Children \_\_\_\_\_\_\_ Number of Children

6. Where did you sleep last night? **Briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_**

7. Are you currently, residing in, or trying to leave, a domestic violence situation where you feel threatened or fearful?

 [ ]  Yes *(If yes, please stop here, interviewer please use grey box below)*

 [ ]  No

|  |
| --- |
| If client checks **Yes** to **Question 7,** help should be contacted immediately:Columbia & Greene Counties Domestic Violence  **24 Hour Hotline 518-943-9211** |

8. Do you have a safe family member who you can stay with for the night? [ ]  Yes [ ] No **Briefly explain:**

Zip Code: Contact #: \_\_\_\_ Alternative #:

9. Have you served one active day of duty in the military? [ ]  Yes[ ]  No

|  |
| --- |
| If client answers **Yes to Question 9**, one of the agencies below should be contacted. Please indicate which agency you intend to refer Veteran to. |
| [ ]  Health Care for Homeless Veterans Program: 1-877-424-3838 | [ ]  Soldier On: 1-866-406-8449 |

10. Does any adult member of the household have a disabling condition? [ ]  Yes [ ]  No [ ]  Don’t Know

|  |
| --- |
| FOR AGENCY USE: |
| [ ]  Columbia Greene Domestic Violence | 518-943-9211 |
| [ ]  Community Action of Greene County, Inc. | 518-943-9205 |
| [ ]  Columbia County Department of Social Services  | 518-828-9411 |
| [ ]  Greene County Department of Social Services  | 518-719-3700 |
| [ ]  Greene County Mental Health Center  | 518-622-9163 |
| [ ]  Columbia County Mental Health Center  | 518-828-9466 |
| [ ]  Twin County Recovery Services  | 518-943-2744 |
| [ ]  Columbia Opportunities  | 518-828- 4611 |
| [ ]  Mental Health Association of Columbia & Greene Counties  | 518-943-2930 |