Crisis Needs Assessment **Date Completed _____**

First Name _____ **Last Name** _____ **Nickname** _____

Date of Birth	_____/_____/_____	**Gender**	☐ Female ☐ Male ☐ Transgender female ☐ Transgender male ☐ Gender Non-Conforming
Relationship to Head of Household	☐ Self ☐ Partner ☐ Child } attach to HoH ☐ Other	**Email Address**	_____
Phone Number/s	_____ _____	**Pregnant?**	☐ No ☐ Yes Due date: _____ ☐ Accessing pre-natal care?
Disabling Condition (check all that apply)	☐ Alcohol Dependency ☐ Chronic Health Condition ☐ Developmental ☐ Drug Dependency ☐ Mental Health Problem ☐ Physical ☐ Requires mobility device?	**Survivor of Domestic Violence**	☐ No ☐ Yes – not fleeing ☐ Yes – actively fleeing
		If Yes, When	☐ Within last three months ☐ Three to six months ago ☐ Six months to a year ago ☐ More than a year ago

Living Situation Information

	Homeless Situations	Institutional Situations	Permanent Situations
Where did you sleep last night?	☐ Shelter ☐ Outside, no tent ☐ Outside, with tent ☐ In a car or other vehicle ☐ Hotel or motel (paid by program)	☐ Foster home ☐ Hospital/medical facility ☐ Jail, prison, juvenile hall ☐ Care facility/nursing home ☐ Psychiatric hospital ☐ Treatment/detox center	☐ Hotel or motel (not paid by program) ☐ With friends ☐ With family ☐ Rental without subsidy ☐ Rental with subsidy Type of subsidy: _____ ☐ Permanent housing program

How long have you been there?	☐ One day or less ☐ Two days to one week ☐ More than a week, less than a month ☐ One to three months ☐ More than three months, less than a year ☐ One year or longer	If 7 nights or fewer in permanent situation OR 90 days or fewer in institutional situation: **Did you stay on the streets or in shelter the night before?**	☐ Yes (complete remaining questions) ☐ No (end of form) ☐ Client doesn't know (end of form)

Number of times homeless in the last three years	☐ One time ☐ Two times ☐ Three times ☐ Four or more times ☐ Client doesn't know	**Approximate date current period of homelessness started**	_____
		Total number of months homeless in the last three years	☐ One to twelve months # of months: _____ ☐ More than twelve months