

# Supportive Services Intake Form

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

Income (ONLY if required by QP2 or QP4): \_\_\_\_\_ Number in Household: \_\_\_\_\_

Household Type: Single, Non-Elderly Elderly Single Parent Two Parents Other

New Household: Yes / No Veteran: Yes / No Hispanic: Yes / No

## Race:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> White                          | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Black/African American & White                          |
| <input type="checkbox"/> Black/African American         | <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> Asian & White                          |  |
| <input type="checkbox"/> American Indian/Alaskan Native |   |  |
| <input type="checkbox"/> Other Multi-Racial             |   |  |

## QP1: Homeless

- Homeless
- Imminent Risk of Homelessness
- Homeless Under Other Federal Statutes

## QP2: At Risk of Homelessness

- Individuals & Adult Families (**Requires income verification**)
- Unaccompanied Children & Youth
- Families with Children & Youth

## QP3: Domestic Violence, etc.

- Imminent Risk of Harm

## QP4: Other Populations

- Other Families Requiring Services or Housing Assistance to Prevent Homelessness
- At Greatest Risk of Housing Instability (**Requires income verification**)
- Low Income & At Risk of Homelessness (**Requires income verification**)

*I certify that the information on this form is accurate and complete. I understand that I must fill out and include a copy of this form in the Client's file which **MUST** include my certification that the Client qualifies as QP1, QP2, QP3, or QP4 **AND** the required documentation listed in the Required Documentation form.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## QP3: Flee Domestic Violence

Fleeing or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking (Sex Trafficking or Labor Trafficking)

*(Collect only minimal information)*

- Imminent Risk of Harm - Intake worker should write an oral statement by the Client that they are attempting to flee from domestic violence where there is an imminent risk of harm.

*I certify that the Client listed on this form qualifies for the HOME-ARP Supportive Services program as QP3, they meet eligibility requirements for HOME-ARP Supportive Services listed above, and the information provided on this form is accurate. I understand that I must provide a written statement that the Client is attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking. I understand that I shall only collect minimal information in order to protect the Client.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

# Required Documentation

The following pages contain examples of how to document that an individual or family qualifies for HOME-ARP Supportive Services as QP3. Check which documentation is needed to certify that an individual or family is eligible. ***Keep a copy of ALL documentation with the signed and dated intake form in each Client's file.***

## QP3: Fleeing or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking (Sex Trafficking or Labor Trafficking)

The written documentation need only include the minimum amount of information indicating that the individual or family fleeing or attempting to flee domestic violence, sexual assault, stalking, or human trafficking, and **need not include any additional details** about the conditions that prompted that individual or family to seek assistance.

### ***Threat of Harm Based on Current Living Situation***

- An oral or written statement by the Client seeking assistance, **OR**
- A written certification by a victim service provider, law enforcement agency, legal assistance provider, pastoral counselor, or an intake worker in any other organization from who the individual or family sought assistance.

***Verification of household's eligibility under this qualifying population definition should be trauma-focused and not jeopardize the household's safety.***