NH SGIA CoC ESG and Other Enrollment

Client ID #: _____

Project State Date: _____

Client Profile: ***Complete for ALL household members***

Date of Birth (DOB): _____

❑Full DOB ❑Client Doesn't Know

(Write in DOB and check 1 data quality option): ❑Approx. or partial DOB ❑Client prefers not to answer

Race and Ethnicity (check all that apply):

❑American Indian, Alaska Native, or Indigenous ❑White ❑Asian or Asian American

❑Black, African American, or African ❑Hispanic/Latina/o ❑Middle Eastern or North African

❑Native Hawaiian or Pacific Islander ❑Client doesn't know ❑Client prefers not to answer

❑Data not collected

Additional Race and Ethnicity Detail: _____

Did you serve in the National Guard or Reserves?

❑Yes ❑No ❑Client doesn't know ❑Client prefers not to answer ❑ Data not collected

Were you activated/deployed under Title 10 into Federal Active-Duty Service? ❑Yes ❑No

❑Client doesn't know ❑Client prefers not to answer ❑Data not collected

Veteran Status: ☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer ☐Data not collected

Year Entered Military Service (Year) _____ **Separated (Year)** _____

Branch of Military: ❑Army ❑Air Force ❑Navy ❑Marines ❑Coast guard ❑Client doesn't know

❑Client prefers not to answer ❑Data not collected

Discharge Status: ☐ Honorable ☐General under honorable conditions

❑Other under honorable conditions (OTH) ❑Bad conduct ❑Dishonorable ❑Uncharacterized

❑Client doesn't know ❑Client prefers not to answer ❑Data not collected

COMPLETE HOUSING MOVE-IN DATE WHEN CLIENT MOVES INTO A PERMANENT HOUSING UNIT

Housing Move-In Date: _____/_____/_____

FOR RRH, PSH PROGRAMS ONLY

Total Monthly Rent Amount listed on Lease (not client subsidy) _____
Zip Code of Rental Unit _____

FOR PREVENTION PROGRAMS ONLY

Does the client hold a lease?

❑Yes ❑No

Total Monthly Rent Amount Listed on Lease (not client subsidy) _____
Zip Code of Rental Unit _____

FOR RRH, PREVENTION AND HOUSING STABILITY PROGRAMS ONLY

What is the regional Fair Market Rent (FMR) for the unit size? _____

Is the household unit at or below Fair Market Rent (FMR)? ❑Yes ❑No

Zip Code of Rental Unit _____

Prior Living Situation: ***Answer for all household members (Adults and Children)***

Homeless Situation

❑Place not meant for habitation

❑Emergency shelter, including hotel or motel paid for with emergency shelter voucher

❑Safe Haven

Institutional Situation

❑Foster care home or foster care group home

❑Hospital or other residential non-psychiatric medical facility

❑Jail, prison, or juvenile detention facility

❑Long-term care facility or nursing home

❑Psychiatric hospital or other psychiatric facility

❑Substance abuse treatment facility or detox center

Transitional and Permanent Housing Situation

❑Transitional Housing for homeless persons (including homeless youth)

❑Residential project or halfway house with no homeless criteria

❑Hotel or motel paid for without emergency shelter voucher

❑Host home (non-crisis)

❑Staying or living in a friend's room, apartment, or house

❑Staying or living in a family member's room, apartment, or house

Rental by client, no ongoing housing subsidy

❑Rental by client, with other ongoing housing subsidy (including RRH)

❑Owned by client, with ongoing housing subsidy

❑Owned by client, no ongoing housing subsidy

❑Client doesn't know

❑Client prefers not to answer

❑Data not collected

If 'Rental by Client, with ongoing housing subsidy is chosen:
Rental Subsidy Type

❑GPD TIP housing subsidy

❑VASH housing subsidy

❑RRH or equivalent subsidy

❑HCV voucher (tenant or project based) (not dedicated)

❑Public Housing Unit

❑Rental by client, with other housing subsidy

❑Housing Stability Voucher

❑Family Unification Program Voucher (FUP)

❑Foster Youth Independence Initiative (FYI)

❑Permanent Supportive Housing

❑Other permanent housing dedicated for formerly homeless persons

Length of Stay at Prior Night Living Situation:

❑One night or less ❑ One year or longer

❑Two to six nights ❑90 days or more, but less than one year

❑1 week or more, but less than 1 month ❑Client doesn't know

❑One month or more, but less than 90 days ❑ Client prefers not to answer

Approximate Date this episode of Homelessness started: _____/_____/_____ (Homelessness – in Shelter or on Street)

Regardless of where they stayed last night—Number of times the client has been on the streets, in an Emergency Shelter, or Safe Haven in the past three years (counting current stay):

❑Never in 3 years ❑One Time ❑Two Times ❑Three Times ❑Four or more times

❑Client doesn't know ❑Client prefers not to answer

Total number of months homeless on the street, in an Emergency Shelter, or Safe Haven in past 3 years:

❑1 month (this time is the first month) ❑2 months ❑3 months ❑4 months ❑5 months

❑6 months ❑ 7 months ❑8 months ❑9 months ❑10 months ❑11 months ❑12 months

❑More than 12 months ❑Client doesn't know ❑Client prefers not to answer

Disabling Conditions and Barriers: *Answer for all household members (Adults and Children)*

Does the client have a disabling condition? ❑Yes ❑ No

Disability Type	Disability Determination	If Yes, long term?
Alcohol Use Disability	❑Yes ❑ No	❑Yes ❑ No
Both Alcohol and Drug Use Disability	❑Yes ❑ No	❑Yes ❑ No
Drug Use Disability	❑Yes ❑ No	❑Yes ❑ No
Chronic Health Condition	❑Yes ❑ No	❑Yes ❑ No
Developmental Disability	❑Yes ❑ No	Automatically considered long term
Mental Health Disability	❑Yes ❑ No	❑Yes ❑ No
Physical	❑Yes ❑ No	❑Yes ❑ No
HIV/AIDS	❑Yes ❑ No	Automatically considered long term

First Name	Last Name	Relationship to HoH	SSN	Date of Birth	Gender	Race and Ethnicity
		SELF				

Survivor of Domestic Violence: ***Answer for all Adults in household (18 years and older)***

❑Yes ❑No ❑Client doesn't know ❑Client prefers not to answer

If yes, last occurrence:

❑Within the past three months ❑Three to six months ago ❑From six to twelve months ago

❑More than a year ago ❑Client doesn't know ❑Client prefers not to answer

If yes, are you currently fleeing:

No ❑Yes Client doesn't know ❑Client prefers not to answer

Monthly Income: *Answer for HoH and all Adults in household (18 years older)*

Income from Any Source: ❑Yes ❑ No Total Monthly Income: _____

Source of Income	**Receiving Income Source?**		**Monthly Amount**
Alimony or Other Spousal Support	❑Yes	❑ No	$
Child Support	❑Yes	❑ No	$
Earned Income	❑Yes	❑ No	$
General Assistance	❑Yes	❑ No	$
Other	❑Yes	❑ No	$
Pension or retirement income from another job	❑Yes	❑ No	$
Private Disability Insurance	❑Yes	❑ No	$
Retirement Income from Social Security	❑Yes	❑ No	$
SSDI	❑Yes	❑ No	$
SSI	❑Yes	❑ No	$
TANF – (VT Reach Up)	❑Yes	❑ No	$
Unemployment Insurance	❑Yes	❑ No	$

VA Non-Service Connected Disability Pension	❑Yes	❑ No	$
VA Service Connected Disability Compensation	❑Yes	❑ No	$
Workers Compensation	❑Yes	❑ No	$

Non-Cash Benefits: *Answer for HoH and all Adults in household (18 years older)*

Non-cash benefits from any source: ❑Yes ❑ No

Source of Income	**Receiving Income Source?**	
Supplemental Nutrition Assistance Program (Food Stamps)	❑Yes	❑ No
Special Supplemental nutrition Program for WIC	❑Yes	❑ No
TANF Child Services	❑Yes	❑ No
TANF Transportation Services	❑Yes	❑ No
Other TANF-Funded Services	❑Yes	❑ No
Other Source	❑Yes	❑ No

Health Insurance: *Answer for all household members (Adults and Children)*

Covered by Health Insurance: ❑Yes ❑ No

Source of Income	Receiving Income Source?	
MEDICAID	❑Yes	❑ No
MEDICARE	❑Yes	❑ No
State Children's Health Insurance Program	❑Yes	❑ No
Veteran's Health Administration (VHA)	❑Yes	❑ No
Employer – Provided Health Insurance	❑Yes	❑ No
Health Insurance obtained through Cobra	❑Yes	❑ No
Private Pay Health Insurance	❑Yes	❑ No

State Health Insurance for Adults	❑Yes	❑ No
Indian Health Services Program	❑Yes	❑ No
Other	❑Yes	❑ No

FOR ESG RRH, PREVENTION AND HOUSING STABILITY PPROGRAMS ONLY

What is the total Area Median Income (AMI) percentage for **ALL** the adults in the Household?

❑30% or less

❑31% to 51%

❑51% to 80%

❑81% or greater

What MCO is client working with? ***Answer for all household members (Adults and Children)***

❑Amerihealth ❑NH Healthy Families ❑WellSense

❑Client Doesn't Know ❑Client prefers not to answer ❑Data Not Collected

Zip Code of Last Adress: _____

County client is currently receiving services:

❑Belknap

❑Carroll

❑Cheshire

❑Coos

❑Grafton

❑Hillsborough

❑Merrimack

❑Rockingham

❑Strafford

❑Sullivan

Town and zip code client is currently receiving services

❑Acworth – 03601
❑Alstead – 03602
❑Alton – 03809
❑Alton Bay - 03810
❑Amherst - 03031
❑Andover - 03216
❑Antrim - 03440
❑Ashland – 03217
❑Ashuelot – 03441
❑Atkinson - 03811
❑Auburn – 03032
❑Barnstead – 03218
❑Barrington – 03825
❑Bartlett - 03812
❑Bath – 03740
❑Belmont – 03220
❑Berlin – 03740
❑Bethlehem – 03574
❑Bradford – 03221
❑Bristol – 03222
❑Brookline – 03033
❑Campton – 03223
❑Canaan – 03741
❑Candia – 03034
❑Canterbury – 03224
❑Center Barnstead – 03225
❑Center Conway – 03813
❑Center Harbor – 03226
❑Colebrook – 03576
❑Concord – 03301
❑Concord – 03303
❑Concord – 03305
❑Contoocook – 03229
❑Conway – 03818
❑Danbury – 03230
❑Danville – 03819
❑Deerfield – 03037
❑Derry – 03038
❑Dover – 03820
❑Dover – 03822
❑Dublin - 03444
❑Durham - 03824
❑East Hampstead - 03826
❑East Kingston - 03827
❑East Wakefield - 03830
❑Effingham - 03882
❑Elkins - 03233
❑Enfield - 03748
❑Epping - 03042
❑Epsom - 03234
❑Carrol - 03579
❑Etna - 03750
❑Exeter – 03833
❑Farmington - 03835
❑Fitzwilliam – 03447
❑Francestown – 03043
❑Glen - 03838
❑Goffstown - 03045
❑Gorham - 03581
❑Goshen - 03752
❑Grafton - 03240
❑Grantham - 03753
❑Greenfield - 03047
❑Greenland - 03840
❑Greenville - 03048
❑Groveton- 03582
❑Hampstead - 03841
❑Hampton - 03842
❑Hampton Falls - 03844
❑Hancock - 03449
❑Hanover - 03755
❑Harrisville - 03450
❑Haverhill - 03765
❑Hebron - 03241
❑Henniker - 03242
❑Hill - 03243
❑Hillsborough - 03244
❑Hinsdale - 03451
❑Holderness - 03245
❑Hollis - 03049
❑Hooksett - 03106
❑Hudson - 03051
❑Intervale - 03845
❑ Jackson - 03846

❑Center Ossipee – 03814
❑Center Sandwich – 03227
❑Charlestown – 03603
❑Chester – 03036
❑Chesterfield – 03443
❑Chocorua – 038117
❑Claremont – 03743
❑Lebanon – 03756
❑Lebanon – 03766
❑Lincoln – 03251
❑Lisbon – 03585
❑Littleton – 03561
❑Londonderry – 03053
❑Lyme – 03768
❑Lyndeborough – 03802
❑Madison – 03849
❑Manchester – 03101
❑ Manchester – 03102
❑ Manchester – 03103
❑ Manchester – 03104
❑ Manchester – 03109
❑ Manchester – 03111
❑Marlborough – 03455
❑Marlow – 03456
❑Meredith – 03253
❑Meriden – 03770
❑Merrimack – 03054
❑Milan – 03588
❑Milford – 03055
❑Milton – 03851
❑Franconia – 03580
❑Franklin- 03235
❑Freedom – 03836
❑Fremont – 03044
❑Gilmanton - 03237
❑Gilmanton Iron Works – 03837
❑Gilsum – 03448
❑Newfields – 03856
❑Newmarket – 03857
❑Newport – 03773
❑Newton – 03858
❑North Conway – 03860
❑North Hampton – 03862
❑North Haverhill – 03774
❑North Sandwich – 03259
❑North Stratford – 03590
❑North Woodstock – 03262
❑Northwood – 03261
❑Nottingham – 03290
❑Orford – 03777
❑Ossipee – 03864
❑Pelham – 03076
❑Peterborough – 03458
❑Piermont – 03779
❑Pike – 03780
❑Pittsburg – 03592
❑Pittsfield – 03263
❑Plainfield – 03781
❑Plaistow – 03865
❑Plymouth – 03264
❑Jaffrey - 034452
❑Jefferson - 03583
❑Keene - 03431
❑Keene - 03435
❑Kingston - 03848
❑Laconia - 03246
❑Lancaster – 03584
❑Silver Lake - 03875
❑Somersworth - 03878
❑South Tamworth - 03883
❑Spofford - 03462
❑Springfield - 03284
❑Strafford - 03884
❑Stratham - 03885
❑Sullivan - 03445
❑Sunapee - 03782
❑Suncook - 03275
❑Swanzey - 03446
❑Tamworth - 03886
❑Temple - 03084
❑Tilton - 03276
❑Tilton - 03298
❑Tilton - 03299
❑Troy - 03465
❑Union – 0388
❑Walpole – 036-8
❑Warner - 03278
❑Warren - 03279
❑Washington - 03280
❑Weare - 03281

❑Milton Mills – 03852
❑Mirror Lake – 03853
❑Monroe – 03771
❑Mont Vernon – 03057
❑Moultonborough – 03254
❑Nashua – 03060
❑Nashua – 03062
❑Nashua – 03063
❑Nashua – 03064
❑New Boston – 03070
❑New Durham – 03855
❑New Hampton – 03256
❑New Ipswich – 03071
❑New London – 03257
❑Newbury – 03255
❑Portsmouth – 03801
❑Portsmouth – 03803
❑Raymond – 03077
❑Rindge – 03461
❑Rochester – 03839
❑Rochester – 03867
❑Rochester – 03868
❑Rollinsford – 03869
❑Rumney – 03266
❑Rye – 03870
❑Salem – 03079
❑ Salisbury – 03268
❑Sanbornville – 03872
❑Sandown – 03873
❑Seabrook – 03874
❑Wentworth - 03282
❑West Chesterfield - 03466
❑West Nottingham - 03291
❑West Ossipee - 03890
❑Westmoreland - 03467
❑Whitefield - 03598
❑Wilmot - 03287
❑Wilton - 03086
❑Winchester - 03470
❑Windham - 03087
❑Wolfeboro - 03894
❑Woodsville - 03975

Additional Information
Sex

❑Male ❑Female ❑ Client prefers not to answer ❑Data not collected ❑ Client doesn't know

Current Living Situation:

Date of Contact: _____/_____/_____

❑Place not meant for habitation

❑Emergency shelter, including hotel or motel paid for with emergency shelter voucher

❑Safe Haven

❑Foster care home or foster care group home

❑Hospital or other residential non-psychiatric medical facility

❑Jail, prison, or juvenile detention facility

❑Long-term care facility or nursing home

❑Psychiatric hospital or other psychiatric facility

❑Substance abuse treatment facility or detox center

❑Transitional housing for homeless persons (including homeless youth)

❑Residential project or halfway house with no homeless criteria

❑Hotel or motel paid for without emergency shelter voucher

❑Host Home (non-crisis)

❑Staying or living in a family member's room, apartment, or house

❑Staying or living in a friend's room, apartment, or house

❑Rental by client, no ongoing housing subsidy

❑Rental by client, with ongoing housing subsidy

Rental Subsidy Type:

❑GPT TIP Housing Subsidy

❑VASH Housing Subsidy

❑ RRH or equivalent subsidy

❑ HCV voucher (tenant or project based_ (not dedicated)

❑ Public Housing Unit

❑Rental by client, with other ongoing housing subsidy

❑Housing Stability Voucher

❑Family Unification Program Voucher (FUP)

❑Foster Youth Independence Initiative (FYI)

❑Permanent Supportive Housing

❑Other permanent housing dedicated for formerly homeless persons

❑Owned by client, with ongoing housing subsidy

❑Owned by client, no ongoing housing subsidy

❑Other

❑Worker Unable to determine

❑Client doesn’t know

❑Client prefers not to answer

❑Data not collected

Is the client going to have to leave their current living situation within 14 days?

❑Yes ❑No ❑Client doesn’t know ❑Client prefers not to answer ❑Data not collected

Location Details: