

**Buffalo Area Services Network  
Standardized Assessment Form**

**Note: Items in RED are Required Information**

**First Name:** \_\_\_\_\_ **Initial:** \_\_\_\_ **Last Name:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Social Security Data Quality:**  Full  Partial  Don't Know/Have  Refused

**Date of Birth (mm/dd/yyyy):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Gender:**  Female  Male  Transgender  Unknown

**Primary Race:**

American Indian/Alaska Native  Native Hawaiian or Pacific Islander  Asian  
 Black or African American  White  Other  Multi-Racial

**Secondary Race:**

American Indian/Alaska Native  Native Hawaiian or Pacific Islander  Asian  
 Black or African American  White  Other  Multi-Racial

**Ethnicity:**  Hispanic/Latino  Other (Non-Hispanic/Latino)

**Alias:** \_\_\_\_\_

**English Speaking Skills:**  Excellent  Good  Fair  Poor  Not at All

**Primary Language Spoken:** \_\_\_\_\_

**Secondary Language Spoken:** \_\_\_\_\_

**City of Birth:** \_\_\_\_\_

**State of Birth:** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

**Marital Status:**  Divorced  Married  Separated  Single  Widowed

**Emergency Contact Information:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Start Date: \_\_\_\_\_

Client's E-mail address: \_\_\_\_\_

**Household Information**

**Household Type:**

- Couple with No Children
- Male Single Parent
- Grandparent(s) and Child
- Two Parent Family
- Foster Parent(s)
- Other Relative
- Female Single Parent
- Non-Custodial Caregiver(s)

**Head of Household:**  Yes  No

**Relationship to Head of Household:**

- Cohabiting Partner
- Daughter
- Father
- Granddaughter
- Grandfather
- Grandmother
- Grandson
- Husband
- Mother
- Other Non-Relative
- Other Relative
- Self
- Significant Other
- Son
- Step-daughter
- Step-son
- Unknown
- Wife

**Date Entered (dd/mm/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date Removed (dd/mm/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Homeless Information**

**Prior Living Situation:**

- Own House/Apartment (HUD)
- Permanent Housing for Formerly Homeless
- Place Not Meant for Habitation (HUD)
- Jail, Prison or Juvenile Facility (HUD)
- Psychiatric Hospital or Facility (HUD)
- Substance Abuse Treatment Center (HUD)
- Transitional Housing for Homeless (HUD)
- Foster care/group home (HUD)
- Rental House/Apartment (HUD)
- Emergency Shelter (HUD)
- Living with Family (HUD)
- Domestic Violence Situation
- Living with Friends (HUD)
- Hotel/Motel without emergency shelter (HUD)
- Other
- Refused (HUD)
- Hospital (HUD)
- Don't Know (HUD)
- Subsidized Housing

**Length of Stay:**

- One week or less (HUD)
- One to three months (HUD)
- One year or longer (HUD)
- More than one week, but less than one month (HUD)
- More than three months, but less than one year (HUD)

**Is Client Homeless?**  Yes  No

**Is Client Chronically Homeless?:**  Yes  No

**Extent of Homelessness:**

- First time homeless
- 1-2 times in the past
- Chronic: 4 times in past 3 years
- Long term: 2 years or more

**Explain Homeless Situation:**

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**Date of Present Homelessness (mm/dd/yyyy):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Primary Reason Homeless:**

- Medical Condition
- Criminal Activity
- Utility Shutoff
- Substandard Housing
- Mortgage Foreclosure
- Loss of Transportation
- Loss of Child Care
- Health/Safety
- Domestic Violence Victim
- Underemployment/Low Income
- Release from Institution
- No Affordable Housing
- Loss of Public Assistance
- Loss of Job
- Eviction
- Mental Health
- Substance Abuse

**Secondary Reason Homeless:**

- Medical Condition
- Criminal Activity
- Utility Shutoff
- Substandard Housing
- Mortgage Foreclosure
- Loss of Transportation
- Loss of Child Care
- Health/Safety

- Domestic Violence Victim
- Underemployment/Low Income
- Release from Institution
- No Affordable Housing
- Loss of Public Assistance
- Loss of Job
- Eviction
- Mental Health
- Substance Abuse

**Homeless Verification on File:**

- Formal eviction documentation     Signed client statement with confirmation statement
- Verification from an institution     Verification from an outreach worker (for on the street)
- Verification from referring agency/shelter

**Actual or Pending Eviction?:**    Yes    No

**If Yes, Date of Eviction (mm/dd/yyyy):**   \_\_\_\_/\_\_\_\_/\_\_\_\_

**Eviction Overview:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Zip Code of Last Permanent Address:**   \_ \_ \_ \_ \_

**Zip Data Quality:**    Full zip code recorded (HUD)    Don't know (HUD)    Refused (HUD)

**Domestic Violence Information**

**Domestic Violence Victim?**    Yes    No

**Length of Time:**

- Within the past three months (HUD)     Three to six months ago (HUD)
- From six to twelve months ago (HUD)     More than a year ago (HUD)
- Don't know (HUD)     Refused (HUD)

**Physical Abuse?:**     Yes    No

**Psychological Abuse?:**    Yes    No

**Sexual Abuse?:**     Yes    No

**Financial Abuse?:**     Yes    No

**Domestic Violence Overview:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disability Information**

**Disabling Condition?:**  Yes (HUD)  No (HUD)  Don't Know (HUD)  Confused (HUD)

**First Disability Type:**

- Alcohol Abuse (HUD 40118)  Developmental (HUD 40118)  Drug Abuse (HUD 40118)
- Physical/Medical (HUD 40118)  Mental Illness (HUD 40118)  Physical/Mobility Limits (HUD 40118)
- HIV/AIDS (HUD 40118)  Hearing Impaired  Vision Impaired  Dual Diagnosis  Other

**Start Date (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Above Condition is Going to be Longterm?**  Yes  No

**End Date (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Note on Disability:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Second Disability Type:**

- Alcohol Abuse (HUD 40118)  Developmental (HUD 40118)  Drug Abuse (HUD 40118)
- Physical/Medical (HUD 40118)  Mental Illness (HUD 40118)  Physical/Mobility Limits (HUD 40118)
- HIV/AIDS (HUD 40118)  Hearing Impaired  Vision Impaired  Dual Diagnosis  Other

**Start Date (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Above Condition is Going to be Longterm?**  Yes  No

**End Date (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Note on Disability:** \_\_\_\_\_  
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**Employment Information**

**Unemployed?**  Yes  No

**If Unemployed, Looking for Work?**  Yes  No

**Reasons for Unemployment:**

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**If Employed, Hours Worked Last Week:** \_\_\_\_\_

**If Currently Employed, Select Tenure:**  Permanent (HUD)  Temporary (HUD)  Seasonal (HUD)

**Received Vocational Training?**  Yes  No

**Work History**

**Employer's Name:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

**Employer's City:** \_\_\_\_\_

**Employer's State:** \_\_\_\_\_

**Employer's Zip Code:** \_\_\_\_\_

**Employer's Phone Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Employer's Fax:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Employment Status:**  Full time  Part time  Retired  Seasonal Work  Volunteer work only

**Hours of Work per Week:** \_\_\_\_\_

**Hourly Wage:** \_\_\_\_\_

**Type of Work:**

- Cashier  Cleaning  Clerical  Management  Manual Labor  Medical Professional
- Nurses Aid  Retail/Sales  Teacher  Technical  Wait Person/Hostess

**Health Insurance?**  Yes  No

**Reason for Leaving:**  Quit  Fired  Leave of Absence  Laid Off

**Start Date (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**End Date (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Means of Transportation:**

- Handicapped Transportation    Bicycle    Family/Friends    Walks    Owns Car    Taxi  
 Uses Bus

**Have Valid Driver's License?**    Yes    No

**Vehicle Insurance:**

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**Vehicle Registration:**

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**Income Information**

**Total Annual Income:** \_\_\_\_\_

**Last 30 Day Income:** \_\_\_\_\_

**Source of Income:** \_\_\_\_\_

**Start Date (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**End Date (mm/dd/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mainstream Resources**

**Application for Public Assistance?**    Yes    No

**Type of Assistance?**    Food Stamps    TANF    General Public Assistance    SSDI    SSI

**Application Status:**    Denied    In Process    Resubmitted    Submitted

**Mainstream Resources Received:**    Case Management    Food Stamps    Housing/Rent Assistance  
 Income Support    Job Training Program    Mental Health Service    Primary Health Care  
 Subsidized Day Care    Substance Abuse Treatment    Transportation    Veterans Services  
 Welfare to Work    WIA

**If Ended, Reason:**

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Start Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

End Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Health Information**

**Health Compared to People of Your Age:**

Excellent (HUD)  Very Good (HUD)  Good (HUD)  Fair (HUD)  Poor (HUD)  Don't Know (HUD)

Pregnant?  Yes  No

If Yes, Projected Due Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Education Information**

**Highest Level of Education:**

No Schooling Completed (HUD)  Nursery School to 4<sup>th</sup> Grade (HUD)  5<sup>th</sup> grade of 6<sup>th</sup> grade (HUD)  
 7<sup>th</sup> grade or 8<sup>th</sup> grade (HUD)  9<sup>th</sup> grade (HUD)  10<sup>th</sup> grade (HUD)  11<sup>th</sup> grade (HUD)  
 12<sup>th</sup> grade, no diploma (HUD)  High School Diploma (HUD)  GED (HUD)  Some College  
 Some Technical School  Technical School Certification  College Degree  
 Graduate/Professional Degree

Attending School?  Yes  No

**Degrees Earned Information**

**Degree Earned:**

None (HUD)  Associates Degree (HUD)  Bachelors (HUD)  Masters (HUD)  
 Doctorate (HUD)  Other graduate/professional degree (HUD)

Start Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

End Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Military Information**

Active Military?  Yes  No

U.S. Veteran?  Yes (HUD)  No (HUD)  Don't Know (HUD)  Refused (HUD)

**Months Served Active Duty:** \_\_\_\_\_

**Serve in War Zone?**    Yes    No

**Discharge Type:**

Honorable (HUD)    General (HUD)    Medical (HUD)    Bad Conduct (HUD)  
 Dishonorable (HUD)    Other (HUD)

**Service Related Disability?**    Yes    No

**Receiving Veterans Services?**    Yes    No

**If Yes, List Veteran Services:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_