



Prince Georges County Dept. of Social Services Aug 20, 2009
Prince George's County Dept of Social Services / Landover

Home	ClientPoint	ResourcePoint	ShelterPoint	ActivityPoint	Reports	Admin	Help
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Logoff

Profile	Assessments	Case Plans	Service Transactions	Activities
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Client - Record, Test (#38776)

Release of Info: None

Household Information - 0 Households - Click to Expand

Client Profile

Added to System Dec 11 2008 09:27AM

First MI Last Suffix

SS# - -

SSN Data Quality -Select-

Age 35

HUD Universal Intake Assessment

Assessment Date 08 : 59 AM

Alias **H G**

Date of Birth (mm/dd/yyyy) **H G**

Ethnicity Hispanic/Latino **H G**

Primary Race American Indian or Alaska Native (HUD) **H G**

Secondary Race American Indian or Alaska Native (HUD) **H G**

Gender Female **H G**

Marital Status - Select - **H G**

Type of Living Situation (prior to your program) Domestic Violence Situation **H G**

Length of Stay One week or less (HUD) **H G**

Zip Code of Last Permanent Address **H G**

Zip data quality - Select - **H G**

***NOTE: CHANGE ANSWERS AS CLIENT STATUS CHANGES.**

Is Client Homeless? Yes **H G**

- Homelessness Primary Reason Divorce H G
- Homelessness Secondary Reason Domestic Violence H G
- Extent of Homelessness? First Time Homeless H G
- Is Client Chronically Homeless? Yes H G
- Unemployed? Yes H G
- Highest Level of Education Attained Nursery school to 4th grade (HUD) H G
- U.S. Military Veteran? No (HUD) H G

Monthly Income Add			
	Last 30 Day Income	Source of Income	Last 90 Day Income
	\$1200.00	Alimony or Other Spousal Support (HUD)	\$3600.00
Showing Rows 1-1 of 1			
Show Entire List In Window			

Disabilities Add	
Disability Type	
No Record Sets	
Show Entire List In Window	

HUD Universal Intake Assessment [Save Changes](#)

File Attachments [Add New File Attachment](#)


Date Added	Name	Description	Type	Provider
		None.		

Infractions for Test Record [Add new infraction to Client](#)

Banned Start	Banned End	Infraction	Ban Code	Provider	Sites	Staff
No Infractions found for this client.						

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Client - Record, Test (#38776) 






Release of Info: None

Household Information - 0 Households - Click to Expand

Assessment List 	Residential Assessment  								
Additional Profile Information	<input type="button" value="Save Changes"/> <input type="button" value="Exit"/>								
Children									
Education									
Employment	Assessment Date <input type="text" value="08/20/2009"/> 09 : 00 AM <input type="button" value="Back Date"/>								
HUD-40118	Household Information								
Insurance Information	Number in Household <input type="text"/> H G								
Legal	Children in Household <input type="text"/> H G								
Medical	Adults in Household <input type="text"/> H G								
Mental Health	Dependents of This Client <input type="text"/> H G								
Military									
PATH									
Personal Strengths									
Residential	Current Living Situation								
Substance Abuse	Type of Living Situation <input type="checkbox"/> Domestic Violence Situation <input checked="" type="checkbox"/> H								
Point In Time	<input checked="" type="checkbox"/> Situation (prior to your program) G								
HUD Universal Intake Assessment	Zip Code of Last Permanent Address <input type="text" value="20785"/> H G								
	Zip data quality - Select - <input checked="" type="checkbox"/> H G								
	Explain Other Living Situation <input type="text"/> H								
	G								
	Client's Residence <input type="button" value="Add"/>								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Client's Street Address</th> <th style="width: 25%;">Client's Apartment Number</th> <th style="width: 25%;">Residence Street Name</th> <th style="width: 25%;">Client's Zip</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">No Record Sets</td> </tr> </tbody> </table>	Client's Street Address	Client's Apartment Number	Residence Street Name	Client's Zip	No Record Sets			
Client's Street Address	Client's Apartment Number	Residence Street Name	Client's Zip						
No Record Sets									
	Show Entire List In Window								
	Actual or Pending Eviction? - Select - <input checked="" type="checkbox"/> H G								
	If Yes, Date of Eviction <input type="text"/> (mm/dd/yyyy) H G								
	Homeless Information								

Is Client Homeless? Yes H G

Extent of Homelessness? First Time Homeless H G

Explain Homeless situation
H

G

Homeless Verification on File - Select - H G


Homelessness Primary Reason Divorce H G

Homelessness Secondary Reason Domestic Violence H G

Date of Present Homelessness (mm/dd/yyyy) H G

Shelter Name If In a Shelter H G

Institutional Living Prior to 18 Years? - Select - H G

Residential Assessment 

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Home ClientPoint ResourcePoint ShelterPoint ActivityPoint Reports Admin Help

Logoff

Profile Assessments Case Plans Service Transactions Activities

Client - Record, Test (#38776)
Release of Info: None



Household Information - 0 Households - Click to Expand

Case Plan

Goals

Add Goal

Goal: General Case Notes

Classification: Case Notes
Type: General Case Notes
Date Added: 05/06/2009
Target Date:
Status: Closed
Outcome:
User: Shajuan Martin

Case Notes

Add Case Note

No Notes found for this goal.

Goal: General Case Notes

Classification: Case Notes
Type: General Case Notes
Date Added: 05/06/2009
Target Date:
Status: Closed
Outcome:
User: Shajuan Martin

Case Notes

Add Case Note

05/06/2009 01:42PM dsiuasnotrikmxcnorok
Shajuan Martin

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Client - Record, Test (#38776)

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Household Information - 0 Households - Click to Expand

Service Transactions

Add Services

Display Options

Select Dates -Select- **Start Date:** **End Date:**

showing 0-0 of 0 (<<First <Prev | Next> Last>>)

Need Date	Provider Creating	Need Type	Need Status
No Service Items found for this client.			

showing 0-0 of 0 (<<First <Prev | Next> Last>>)

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HUD Annual Progress Report (HUD-40118)

Report Options:

Provider Group: Emergency Shelters Unduplicated

Provider: -Select-
 This provider AND its children. This provider ONLY.

Operating Year Date Range: to (mm/dd/yyyy)

Legal Adult Age: (as defined by foster care law in your state)

Or

-Select-

*** The numbers generated by this HUD report may not be valid for agency reporting unless you shadow an Agency Administrator or Executive Director to run the report.**

2. Persons Served during the operating year.	Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a. Number on the first day of the operating year.	<u>56</u>	<u>50</u>	<u>95</u>	42
b. Number entering program during the operating year.	<u>24</u>	<u>15</u>	<u>30</u>	13
c. Number who left the program during the operating year.	<u>25</u>	<u>15</u>	<u>28</u>	13
d. Number in the program on the last day of the operating year. (a+b-c=d)	55	50	97	42
3. Project Capacity.	Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a. Number on last day (from 2d, columns 1 and 4)	55			42
4. Non-homeless persons. (Sec. 8 SRO projects only)				
How many income-eligible non-homeless persons were housed by the SRO program during the operating year?				<u>18</u>
5. Age and Gender. Of those who entered during the operating year, how many people are in the following age and gender categories?				
	Age	Male	Female	Other/Not given
Single Persons (from 2b, column 1)	a. 62 and over	0	<u>1</u>	0

	b. 51 - 61	0	<u>2</u>	0
	c. 31 - 50	<u>13</u>	<u>2</u>	0
	d. 18 - 30	<u>4</u>	<u>2</u>	0
	e. 17 and under	0	0	0
	Not given	0	0	0
Persons in Families (from 2b, columns 2 & 3)	f. 62 and over	0	<u>1</u>	0
	g. 51 - 61	<u>1</u>	0	0
	h. 31 - 50	0	<u>8</u>	0
	i. 18 - 30	<u>1</u>	<u>4</u>	0
	j. 13 - 17	<u>1</u>	<u>7</u>	0
	k. 6 - 12	<u>7</u>	<u>2</u>	0
	l. 1 - 5	<u>4</u>	<u>6</u>	<u>1</u>
	m. Under 1	<u>1</u>	<u>1</u>	0
	Not given	0	0	0
	6 - 10. Participants who entered during the operating year.			
6a. Veterans Status.				
A veteran is anyone who has ever been on active military duty status.				0
6b. Chronically Homeless.				
How many participants were chronically homeless individuals?				<u>5</u>
7. Ethnicity.				
a. Hispanic or Latino				0
b. Non-Hispanic or Non-Latino				<u>39</u>
8. Race.				
a. American Indian or Alaskan Native				0
b. Asian				0
c. Black or African American				<u>37</u>
d. Native Hawaiian or Other Pacific Islander				0
e. White				<u>2</u>
f. American Indian/Alaskan Native & White				0
g. Asian & White				0
h. Black/African American & White				0
i. American Indian/Alaskan Native & Black/African American				0
j. Other Multi-Racial				0
k. Other/Unknown (all that do not match)				0
9a. Special Needs.				
		All	Chronic	
a. Mental illness		<u>3</u>	<u>1</u>	
b. Alcohol abuse		<u>1</u>	0	
c. Drug abuse		<u>2</u>	0	
d. HIV/AIDS or related diseases		<u>1</u>	0	
e. Developmental disability		0	0	
f. Physical disability		<u>3</u>	0	
g. Domestic violence		<u>4</u>	<u>2</u>	
h. Other (please specify)		<u>1</u>	<u>1</u>	
9b. Disabled.				
How many of the participants are disabled?				<u>9</u>

10. Prior Living Situation. Participants slept in the following places the week prior to entering.				
	All		Chronic	
a. Non-housing (street, park, car, bus station, etc.)	35		5	
b. Emergency shelter	0		0	
c. Transitional housing for homeless persons	0			
d. Psychiatric facility	0			
e. Substance abuse treatment facility	0			
f. Hospital	0			
g. Jail/prison	0			
h. Domestic violence situation	0			
i. Living with relatives/friends	2			
j. Rental housing	2			
k. Other (please specify)	0			
11. Amount and Source of Monthly Income at Entry and Exit. Participants who left during the operating year.				
Amount	A. Monthly Income at Entry		B. Monthly Income at Exit	
	All	Chronic	All	Chronic
a. No Income	14	1	8	0
b. \$1-150	0	0	1	0
c. \$151 - \$250	1	0	1	1
d. \$251 - \$500	2	0	4	0
e. \$501 - \$1000	6	2	5	2
f. \$1001 - \$1500	7	1	9	1
g. \$1501 - \$2000	1	0	3	0
h. \$2000 +	7	0	7	0
Source	C. Income Sources at Entry		D. Income Sources at Exit	
	All	Chronic	All	Chronic
a. Supplemental Security Income (SSI)	9	4	9	4
b. Social Security Disability Insurance (SSDI)	1	1	1	1
c. Social Security	0	0	1	0
d. General Public Assistance	4	1	5	1
e. Temporary Aid to Needy Families (TANF)	1	0	1	0
f. State Children's Health Insurance Program (SCHIP)	0	0	0	0
g. Veterans benefits	1	0	1	0
h. Employment Income	19	0	22	0
i. Unemployment Benefits	6	0	6	0
j. Veteran's Health Care	0	0	0	0
k. Medicaid	5	1	6	2
l. Food Stamps	12	2	14	2
m. Other (please specify)	6	1	7	2
n. No financial resources	26	2	28	1
12a. Length of Stay in Program. Participants who left during the operating year.				
	All		Chronic	
a. Less than 1 month	17		3	
b. 1 to 2 months	17		1	

c. 3 - 6 months	<u>6</u>	0
d. 7 months - 12 months	0	0
e. 13 months - 24 months	0	0
f. 25 months - 3 years	0	0
g. 4 years - 5 years	0	0
h. 6 years - 7 years	0	0
i. 8 years - 10 years	0	0
j. over 10 years	0	0
12b. Length of Stay in Program. Participants who did not leave during the operating year.		
	All	Chronic
a. Less than 1 month	<u>31</u>	<u>3</u>
b. 1 to 2 months	<u>35</u>	<u>2</u>
c. 3 - 6 months	<u>23</u>	<u>3</u>
d. 7 months - 12 months	<u>16</u>	<u>1</u>
e. 13 months - 24 months	0	0
f. 25 months - 3 years	0	0
g. 4 years - 5 years	0	0
h. 6 years - 7 years	0	0
i. 8 years - 10 years	0	0
j. over 10 years	0	0
13. Reasons for Leaving. Participants who left during the operating year.		
	All	Chronic
a. Left for a housing opportunity before completing program	<u>8</u>	<u>2</u>
b. Completed program	<u>15</u>	<u>1</u>
c. Non-payment of rent/occupancy charge	0	0
d. Non-compliance with project	<u>5</u>	0
e. Criminal activity / destruction of property / violence	0	0
f. Reached maximum time allowed in project	<u>2</u>	0
g. Needs could not be met by project	0	0
h. Disagreement with rules/persons	<u>1</u>	<u>1</u>
i. Death	0	0
j. Other (please specify)	<u>4</u>	0
k. Unknown/disappeared	<u>5</u>	0
14. Destination. Participants who left during the operating year.		
	All	Chronic
PERMANENT (a - h)		
a. Rental house or apartment (no subsidy)	<u>3</u>	0
b. Public Housing	0	0
c. Section 8	<u>1</u>	0
d. Shelter Plus Care	0	0
e. HOME subsidized house or apartment	0	0
f. Other subsidized house or apartment	<u>1</u>	<u>1</u>
g. Homeownership	<u>2</u>	0
h. Moved in with family or friends	<u>6</u>	<u>2</u>
TRANSITIONAL (i - j)		
i. Transitional housing for homeless persons	<u>5</u>	0
j. Moved in with family or friends	<u>6</u>	0
INSTITUTION (k - m)		
k. Psychiatric hospital	0	0

	l. Inpatient alcohol/drug treatment facility	<u>1</u>	0
	m. Jail/prison	0	0
EMERGENCY SHELTER (n)	n. Emergency shelter	<u>1</u>	0
OTHER (o - q)	o. Other supportive housing	0	0
	p. Places not meant for human habitation (e.g. street)	0	0
	q. Other (please specify)	<u>1</u>	0
UNKNOWN	r. Unknown	<u>13</u>	<u>1</u>

15. Supportive Services. Participants who left during the operating year.

NOTE:The below services were given to participants who left during the operating year. Add the following counts into the appropriate category for question 15.

	Service	Service Code	All	Chronic
1.	Emergency Shelter	BH-1800	<u>40</u>	<u>4</u>
2.	Bad Weather Shelters	BH-1800.8500-100	<u>1</u>	0

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