

WFF Client Intake Survey

Survey Instructions

Please complete this survey within 60 days of a client family's entry in to the program. In order to complete this survey you will need to interview the head of household of the incoming client family. To conduct the interview you may wish to use this [printable version of the survey](#) to ensure you collect all necessary information. For more detailed instructions and definitions of terms used in this survey, please refer to these [guidelines](#). For questions, please contact Margaret Hennings, Performance Measurement Specialist at Building Changes: Margaret.Hennings@BuildingChanges.org or 206-805-6163. After you click the "Done" button on the last page of the survey, you will be taken to a "thank you" page. Your survey has not been submitted until you see this page.

WFF Project Identification

- * 1. In which WFF project is this family enrolled?

Note: If your agency has more than one WFF grant, please be sure to select the correct project.

- * 2. Who is entering the data into this survey?

Note: This should be the name of the case manager or data entry staff person, NOT the name of the client.

Family Identification

- * 1. Unique Household Identification Number

Note: This may be the household's HMIS number or some other project-specific identifier that you use for this family within your programs. Please make note of this number as you will need to enter the same number for this household's exit survey.

2. On what date did the client family begin receiving WFF services?

Note: This may or may not be the same date as when the family moved in to housing.

Service start date: MM / DD / YYYY
 / /

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3. How many people are currently living in this household?

Adults (all persons age
18 or older living in the
household):

Children (all persons
under age 18 living in
the household):

Head of Household Demographics

1. What is the head of household's gender?

Male

Female

Other

2. What is the head of household's date of birth?

Date of birth: MM DD YYYY
 / /

3. What is the head of household's race/ethnicity? (select all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic or Latino

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4. Does the head of household have any disabilities or special needs? (select all that apply)

- Mental illness
- Alcohol abuse
- Drug abuse
- HIV/AIDS and related diseases
- Developmental disability
- Physical disabilities
- Domestic violence
- Other (please specify)

5. Has the head of household personally experienced domestic violence?

Yes

No

Homelessness History

1. How many times has the head of household been homeless in the past three years?

1 2 3 4 5 6 7 8 9 10 or more

2. What was the start date of the head of household's most recent period of homelessness?

Note: If the client cannot remember the exact date, please estimate or enter the first date of the month that they remember.

Date: MM DD YYYY
 / /

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3. What was the primary reason for the most recent period of homelessness?

Alcoholism

Substance Abuse

Transient on the Road

Family Crisis

Out of Home Youth

Primarily Economic Reasons

New Arrival

Displacement

Eviction

Illness

Health Problems

Domestic Violence

Mental Illness

Other (please specify)

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4. Where was the head of household living before entering this program?

Non-housing (street, park, car, bus station, etc)

Emergency shelter

Transitional housing for homeless persons

Psychiatric facility

Substance abuse treatment facility

Hospital

Jail/prison

Domestic violence situation

Living with relatives/friends

Rental housing

Other (please specify)

Education and Employment

1. What is the highest level of school completed by the head of household?

None

4th grade or less

5th or 6th grade

7th or 8th grade

9th grade

10th grade

11th grade

12th grade (no diploma)

High school diploma

GED

Post-secondary degree

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2. Is the head of household currently in school?

Yes

No

3. Is the head of household currently enrolled in a job training or job search program?

Yes

No

4. Is the head of household currently employed?

Yes

No

Currently Employed

Answer these questions only if the head of household is currently employed.

If they are working more than one job, answer all questions for the job at which they work the most hours.

If the head of household is not working, please do not answer any of the questions and skip directly to the next page.

1. If the head of household is currently employed, what type of job is it?

Permanent

Temporary

Seasonal

Don't Know

2. If the head of household is currently employed, what is their monthly income from working?

Monthly income:

3. If the head of household is currently employed, do they receive any health insurance coverage from their job?

Yes

No

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4. If the head of household is currently employed, do they receive any other benefits (transportation, childcare, sick time, short- or long-term disability insurance, life insurance, etc) from their job?

Yes

No

Income and Benefits

1. Does the household have any income? If so, how much do they receive each month from each source?

Employment	<input type="text"/>
Unemployment	<input type="text"/>
SSI	<input type="text"/>
SSDI	<input type="text"/>
Veteran's Disability	<input type="text"/>
Private Disability	<input type="text"/>
Workers Compensation	<input type="text"/>
TANF	<input type="text"/>
GA	<input type="text"/>
Social Security	<input type="text"/>
Veteran's Pension	<input type="text"/>
Pension or Retirement	<input type="text"/>
Child Support	<input type="text"/>
Alimony or spousal support	<input type="text"/>
Other	<input type="text"/>

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2. Is the household receiving any state or federal benefits? If so, which ones? (select all that apply)

- Food stamps
- Medicaid
- Medicare
- SCHIP (State Children's Health Insurance Program)
- WIC
- Veterans Administration Medical Services
- TANF Child Care services
- TANF transportation services
- Other TANF-funded services
- Other (please specify)

Savings

1. Does the head of household have a savings account?

Yes

No

2. If yes, is there a regular contribution to this savings account?

Note: If the client answers no to the first question, leave this question blank.

Yes

No

Children

Please answer these questions as they relate to the oldest child in the household.

If there are no children living in the household at this time (client is pregnant or children have been temporarily removed), leave these questions blank and select "Done" at the bottom of the page.

If no children in the household are enrolled in daycare or school, leave these questions blank and select "Done" at the bottom of the page.

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1. If enrolled in daycare or school, how many times has the oldest child in the household changed schools in the past year?

Number of changes:

2. If enrolled in daycare or school, how often was the oldest child in the household usually absent in the past 6 months? This includes excused as well as unexcused absences.

Less than 1 day per month

About 1 day per month

About 1 day every 2 weeks

2 days per week

3 or more days per week