

Housing and Employment Navigator Client INTAKE Survey

Survey Instructions

Please complete this survey within 60 days of a client beginning Navigator services.

In order to complete this survey you will need to interview the client. 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.

Navigator Identification

* 1. Who is entering the data into this survey?

Note: This should be the name of the Navigator, NOT the name of the client.

* 2. In which Washington Families Fund or Sound Families project is this client enrolled?

King Co - Appian Way

King Co - Croft Place

King Co - YWCA Young Parent's Program

King Co - Villa Esperanza

Pierce Co - Phoenix

Pierce Co - LASA

Pierce Co - YWCA

Pierce Co - Exodus

Other (please specify)

Client Identification

* 1. Client initials (King Co Navigator only):

* 2. What is the client's date of birth (King Co. Navigator only)?

Date of birth: MM DD YYYY
 / /

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3. On what date did the client begin receiving Housing and Employment Navigator services?

Service start date: MM DD YYYY
 / /

4. 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):

Client Demographics

1. What is the client's gender?

Male

Female

Other

2. What is the client'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

Other (please specify)

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3. Does the client 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)

Education and Employment

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

- 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

2. Is the client currently in school?

- Yes
- No

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3. Is the client currently enrolled in a job training or job search program, other than the Navigator services?

Yes

No

4. Is the client currently employed?

Yes

No

Currently Employed

Answer these questions only if the client 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 client is not working, please do not answer any of the questions and skip directly to the next page.

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

Permanent

Temporary

Seasonal

Don't Know

2. If the client is currently employed, what is their monthly income from working?

Monthly income:

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

Yes

No

4. If the client 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

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1. Does the client 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"/>

2. Is the client 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

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1. Does the client 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