

HMIS Triage Assessment

Assessment Date *	
Assessment Location *	
Assessment Contact Type *	
What is your household type *	
Information Date *	
Enrollment *	Coordinated Entry SSO
Verified by Project	

Current Living Situation

Current Living Situation *	
Location Detail	

Contact Service Information (optional)

Contact Service	
Location	
Comments	

County or Zip code where you slept last night if known	Pennsylvania	County	Zip
Is there violence or conflict in the place you were staying last night *			
Is your health or safety at risk in the place you were staying last night *			
Prioritization Status *			
Restriction *			