

## HUD Program Enrollment

<b>Project *</b>	Coordinated Entry SSO
<b>Restriction</b>	

## Universal Data Assessment

<b>Assessment Date *</b>	
<b>Age at Assessment</b>	
<b>Assessment Type *</b>	
<b>Assessor *</b>	
<b>Program</b>	Coordinated Entry SSO
<b>Disabling Condition *</b>	

## Client Location

**Client Location** PA-601 - Western Pennsylvania CoC

## Living Situation

Identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission.

<b>Prior Living Situation *</b>		
<b>Length of stay in prior living situation *</b>		
<b>Approximate date homelessness started *</b>		
<b>Regardless of where they stayed last night-Number of times the client has been on the streets, in ES, or SH in the past three years including today *</b>		
<b>Total number of months homeless on the street, in ES, or SH in the past three years *</b>		

## Health Insurance

<b>Covered by Health Insurance *</b>		
Private Pay Health Insurance		
Employer - Provided Health Insurance		
Individual - Provided Health Insurance		
Medicare		
Medicaid		
State Children's Health Insurance Program (S-CHIP)		
Veteran's Administration (VA) Medical Services		
State Health Insurance for Adults		
Combined Children's Health Insurance / Medicaid Program		
Indian Health Service (IHS)		
Other Public		
Health Insurance obtained through COBRA		
<b>Restriction *</b>		