



▶ ESM Client ID:
Provider ID:

**Enrollment Assessment**  
Acute

▶ Enrollment Date: / /
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Questions marked with ▶ must be completed.

Boxes marked with ★ = Refer to Key on page 3

▶ 1. First Name:	Middle Name:	Last Name:
The following questions, H1-H3, are answered only when the client reported as "Homeless" (Address Type on the Intake Form must be "Homeless"). If client is not "Homeless", skip to Question 2		
H1. Are you Chronically Homeless? (HUD Definition in Manual) Yes <input type="checkbox"/> No <input type="checkbox"/>	H2. ZIP Code of Last Permanent Address:	
▶ H3. Where did you stay last night?		
<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Foster care home or foster care group home
<input type="checkbox"/> Transitional housing for homeless persons	<input type="checkbox"/> Room, apartment, or house that you rent	<input type="checkbox"/> Place not meant for habitation
<input type="checkbox"/> Permanent housing for formerly homeless	<input type="checkbox"/> Apartment or house that you own	<input type="checkbox"/> Other
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Staying or living in a family member	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Substance abuse treatment facility or detox	<input type="checkbox"/> Staying or living with a friend	<input type="checkbox"/> Refused
<input type="checkbox"/> Hospital (non-psychiatric)	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	
▶ 2. Client Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3. Intake/Clinician Initials: <input type="checkbox"/> <input type="checkbox"/>	
▶ 4. Number of days between initial contact with the program by the client or someone on behalf of the client and enrollment: (unknown = 999) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
▶ 5. Source of Referral: <input type="checkbox"/> <input type="checkbox"/> ★		
▶ 6. Additional Client Type (Check all that apply)		
<input type="checkbox"/> Assessment	<input type="checkbox"/> Postpartum	<input type="checkbox"/> Methadone
<input type="checkbox"/> Prison	<input type="checkbox"/> Parole	<input type="checkbox"/> Federal Parole
<input type="checkbox"/> Pregnant	<input type="checkbox"/> Veteran	<input type="checkbox"/> Section 35
<input type="checkbox"/> Probation	<input type="checkbox"/> Federal Probation	<input type="checkbox"/> Suboxone
▶ 7. Do you have children? Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Unknown <input type="checkbox"/>		
If answer to question 7 is 'Yes', complete 7a-7c. If no, skip to Question 9		
7a. Number Children Under 6: <input type="checkbox"/>	7b. Number of Children 6-18: <input type="checkbox"/>	7c. Children Over 18: <input type="checkbox"/>
▶ 8. Do any of your children have Native American heritage? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
▶ 9. Are you the primary caregiver for any children? Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Unknown <input type="checkbox"/>		
If answer to question 9 is 'Yes', complete Q10 and Q11. If no, skip to Question 12		
▶ 10. Have you made arrangements for a caretaker while in this program? <input type="checkbox"/> <input type="checkbox"/> ★		
▶ 11. Do you need assistance with child care? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 88 <input type="checkbox"/> Refused		
▶ 12. Employment status at Enrollment: <input type="checkbox"/> ★	▶ 13. Days worked past month? <input type="checkbox"/> <input type="checkbox"/>	
▶ 14. Where do you usually live? (Check one - If client is currently homeless, enter shelter or street)		
1 <input type="checkbox"/> House or apartment	3 <input type="checkbox"/> Institution	5 <input type="checkbox"/> Shelter/mission
7 <input type="checkbox"/> Foster Care	99 <input type="checkbox"/> Unknown	
2 <input type="checkbox"/> Room/boardng house	4 <input type="checkbox"/> Group home	6 <input type="checkbox"/> On the streets
88 <input type="checkbox"/> Refused		

Q 12 Employment Status at Enrollment			
Code		Code	
1	Working Full Time	6	Not in Labor Force - Retired
2	Working Part time	7	Not in Labor Force - Disabled
3	Unemployed - looking	8	Not in labor force - Homemaker
4	Unemployed - Not Looking	9	Not in labor force - Other
5	Not in labor force - Student	10	Not in labor force - Incarcerated
		11	Volunteer
		12	Other
		13	Maternity/Family Leave
		99	Unknown