



ES Intake Form

***Intake/Admission Date:** ___/___/___ ***Shelter Bed:** _____

Primary Worker: _____ **Client Location (Continuum of Care):** {Pre-Populated}

Information Sharing Level: (consent form) **Referred By:** _____

***First Name:** _____ **Middle Name:** _____ ***Last Name:** _____

Alias _____ **Suffix** _____

***Name Data Quality:** Full name reported Partial, street name, or code name reported
(Select one) Client doesn't know Client refused Data not collected

***Social Security Number:** ___/___/___ ***SSN Data Quality :** (select one)
 Full SSN Reported
 Approximate or Partial SSN Reported
 Client doesn't know
 Client refused
 Data not collected

***Gender:** (select one) Female Male A gender that is not singularly 'Female' or 'Male'
 Transgender Questioning Client doesn't know Client refused
 Data not collected

Birth Date: ___/___/___ ***Birth date Data Quality :** (select one)
 Full DOB Reported
 Approximate or Partial DOB
 Client doesn't know
 Client refused
 Data not collected

***Ethnicity:** (select one) Non-Hispanic/Non-Latin(a)(o)(x) Hispanic/Latin(a)(o)(x)
 Client doesn't know Client refused Data not collected

***Race:** (select all that apply)
 American Indian/Alaska Native / or Indigenous Asian or Asian American
 Black/African American, or African Native Hawaiian/Pacific Islander
 White Client doesn't know
 Client refused Data not collected

***Veteran Status:** (select one)

- No Yes Client doesn't know Client refused Data not collected

Prior Living Situation

***Type of Residence:** (select one)

-Homeless Situation-

- Place not meant for habitation
Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
Safe Haven

If a Homeless Situation is selected:

***Length of stay in prior living situation:** (select one)

- One night or less 90 days or more, but less than one year
Two to six nights One year or longer
One week or more, but less than one month Client doesn't know
One month or more, but less than 90 day's Client refused
Data not collected

***Approximate date homelessness started:** ____/____/____

***(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:** (select one)

- One Time Two Times Three Times Four or more times Client doesn't know
Client Refused Data not collected

***Total number of months homeless on the street, in ES or SH in the past three years:** (select one)

- One month (this time is the first month) 2 3 4 5 6 7 8
9 10 11 12 More than 12 months Client doesn't know Client Refused
Data not collected

-Institutional Situation-

- Foster care home or foster care group home
Hospital or other residential non-psychiatric medical facility
Jail, prison or juvenile detention facility
Long-term care facility or nursing home
Psychiatric Hospital or other psychiatric facility

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Substance abuse treatment facility or detox center

If an Institutional Situation is selected:

***Length of stay in prior living situation:** (select one)

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 day's
- Data not collected
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused

***Did you stay less than 90 days:** (select one) No Yes

***(If yes to above) On the night before did you stay on the street, ES or SH?** (select one) No Yes

***(If yes to above) Approximate date homelessness started:** ___/___/___

***(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:** (select one)

- One Time
- Two Times
- Three Times
- Four or more times
- Client doesn't know
- Client Refused
- Data not collected

***Total number of months homeless on the street, in ES or SH in the past three years:** (select one)

- One month (this time is the first month)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months
- Client doesn't know
- Client Refused
- Data not collected

-Transitional and Permanent Housing Situation-

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host Home (non-crisis)
- Staying or living in a friend's room, apartment or house
- Staying or living in a family member's room, apartment or house
- Rental by client, with GPD TIP subsidy
- Rental by client, with VASH subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy

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- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

If a Transitional or Permanent Housing Situation is selected:

***Length of stay in prior living situation:** (select one)

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 day's
- Data not collected
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused

***Did you stay less than 90 days:** (select one) No Yes

***(If yes to above) On the night before did you stay on the street, ES or SH?** (select one) No Yes

***(If yes to above) Approximate date homelessness started:** ___/___/___

***(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:** (select one)

- One Time
- Two Times
- Three Times
- Four or more times
- Client doesn't know
- Client Refused
- Data not collected

***Total number of months homeless on the street, in ES or SH in the past three years:** (select one)

- One month (this time is the first month)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months
- Client doesn't know
- Client Refused
- Data not collected

-Unknown Options-

- Client doesn't know
- Client refused
- Data not collected

If an Unknown Option is selected:

***Length of stay in prior living situation:** (select one)

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 day's
- Data not collected
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused

Chronically Homeless (auto-calculated)

***Income from any source:** No Yes Client doesn't know Client refused Data not collected

***Monthly Income Sources: (select all that apply)**

- Earned Income \$ _____
- Supplemental Security Income SSI: \$ _____
- VA Service-Connected Disability Compensation \$ _____
- Private disability insurance \$ _____
- Temporary Assistance for Needy Families TANF \$ _____
- Retirement income from SSA \$ _____
- Child Support \$ _____
- Other \$ _____
- Unemployment Insurance \$ _____
- Social Security Disability Income SSDI \$ _____
- VA Non-Service-Connected Disability Pension \$ _____
- Worker's compensation \$ _____
- General Public Assistance \$ _____
- Pension or retirement income from a former job \$ _____
- Alimony or other spousal support \$ _____

***Non-Cash Benefits from any source: (select one)**

- No Yes Client doesn't know Client refused Data not collected

***Non-Cash Benefits: (select all that apply)**

- SNAP (Food Stamps)
- TANF Child Care services
- Other TANF-funded services
- Temporary Rental Assistance
- Special Supplemental Nutrition Program for Women, Infants, & Children (WIC)
- TANF transportation services
- Section 8, public housing, or other ongoing rental assistance
- Other source: _____

***Covered by Health Insurance: (select one; if answer is yes please complete below)**

- No Yes Client doesn't know Client refused Data not collected

MEDICAID: No Yes **MEDICARE:** No Yes

State Children's Health Insurance program: No Yes

Veterans Administrations (VA) Medical Services: No Yes

Employer-Provided Health Insurance: No Yes

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Health Insurance obtained through COBRA: No Yes

Private Pay Health Insurance No Yes

State Health Insurance for Adults: No Yes

Indian Health Insurance: No Yes

Other: No Yes – Please specify: _____

Special Needs:

***Physical Disability:** (select one)

No Yes Client doesn't know Client refused Data not collected

(If yes to above) ***Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?** No Yes Client doesn't know Client refused Data not collected

***Developmental Disability:** (select one)

No Yes Client doesn't know Client refused Data not collected

***Chronic Health Condition:** (select one)

No Yes Client doesn't know Client refused Data not collected

(If yes to above) ***Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?** No Yes Client doesn't know Client refused Data not collected

***HIV/AIDS:** (select one)

No Yes Client doesn't know Client refused Data not collected

***Mental Health Problem:** (select one)

No Yes Client doesn't know Client refused Data not collected

(If yes to above) ***Expected to of long-continued and indefinite duration and substantially impairs ability to live independently?**

No Yes Client doesn't know Client refused Data not collected

***Substance Abuse:** (select one)

No Alcohol Abuse Drug Abuse Both Alcohol & Drug Abuse Client doesn't know
Client refused Data not collected

(If yes to above) ***Expected to of long-continued and indefinite duration and substantially impairs ability to live independently?**

No Yes Client doesn't know Client refused Data not collected

Disabling Condition: (auto calculated)

Domestic Violence

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***Information Date:** _____

***Domestic Violence Victim/Survivor:** (select one)

- No Yes Client doesn't know Client refused Data not collected

***(If Yes) When experience occurred:** (select one)

- Within the past three months Client doesn't know
Three to six months ago Client refused
From six to twelve months ago Data not collected
More than a year ago

***Are you currently fleeing?** (select one)

- No Yes Client doesn't know Client refused Data not collected

Residential Move – In Date: (Rapid Re-Housing Only)

Has the client been placed into Permanent Housing: No Yes

***(If yes) Specify Permanent Housing Move In Date:** ____/____/____

Last Grade Completed: (select one)

- Less than grade 5 Grades 5 – 6 Grades 7 – 8 Grades 9 – 11 Grade 12
School program does not have grade levels GED Some college
Associates Degree Bachelor's Degree Graduate Degree
Vocational Certification Client doesn't know Client Refused Data not collected

Household Composition:

***Individual/Family Type:**

- | | |
|---|--|
| <input type="checkbox"/> Individual Male | <input type="checkbox"/> Two Parent Family – Adult |
| <input type="checkbox"/> Individual Female | <input type="checkbox"/> Two Parent Family – Youth |
| <input type="checkbox"/> Individual Male Youth (<18) | <input type="checkbox"/> Adult Couple w/o Children |
| <input type="checkbox"/> Individual Female Youth (<18) | <input type="checkbox"/> Household w/only Children |
| <input type="checkbox"/> Single Parent Family – Male Head | <input type="checkbox"/> Other household type |
| <input type="checkbox"/> Single Parent Family – Female Head | <input type="checkbox"/> Household member - adult |
| <input type="checkbox"/> Single Parent Family – Youth Head | <input type="checkbox"/> Household member – child |

Household Size _____

Non-HMIS Data Elements:

***Homeless Cause:** (select one)

- Benefits Loss/Reduction Injury
Job Income Loss/Reduction Domestic Violence

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- | | |
|---|--|
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Asked to leave shared residence |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Drug/Alcohol Abuse |
| <input type="checkbox"/> Release from prison/jail | <input type="checkbox"/> Other |
| <input type="checkbox"/> Release from Hospital | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Release from Psych. Facility | <input type="checkbox"/> Foreclosure – Rented Property |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Foreclosure – Owned Property |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Not Homeless |

***Zip Code of Last Permanent Address:** _____ (enter five 9's if they don't know zip code)

Zip Code Data Quality: (select one)

- Full/Partial Zip Code Reported Don't know Refused

Date Left Last Permanent Address ____/____/_____

City /Town of Last Permanent Address _____

County of Last Permanent Address

- | | | | | |
|-------------------------------------|--------------------------------------|------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> -Cumberland | <input type="checkbox"/> Mercer | <input type="checkbox"/> Passaic | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Bergen | <input type="checkbox"/> Essex | <input type="checkbox"/> Middlesex | <input type="checkbox"/> -Salem | <input type="checkbox"/> NJ – Unknown |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> -Gloucester | <input type="checkbox"/> -Monmouth | <input type="checkbox"/> Somerset | <input type="checkbox"/> -USA not NJ |
| <input type="checkbox"/> Camden | <input type="checkbox"/> -Hudson | <input type="checkbox"/> -Morris | <input type="checkbox"/> Sussex | <input type="checkbox"/> Non USA |
| <input type="checkbox"/> Cape May | <input type="checkbox"/> -Hunterdon | <input type="checkbox"/> -Ocean | <input type="checkbox"/> -Union | <input type="checkbox"/> Unknown |

Birth Place _____

Citizen US Citizen Registered Alien Undocumented Alien

Alien Registration _____

Primary Language:

- | | | | | | |
|-----------------------------------|--|----------------------------------|----------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> French | <input type="checkbox"/> Chinese | <input type="checkbox"/> Arabic | <input type="checkbox"/> Hebrew |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Other | <input type="checkbox"/> Creole | <input type="checkbox"/> Greek | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Braille | | | |

Mother's Maiden Name _____

Optional Military Data Elements

Duration of Active Duty (months) _____

Served in a war zone:

- No Yes Doesn't know Refused

Name of war zone:

- Europe North Africa Vietnam Laos and Cambodia South China Sea China , Burma, India Korea
South Pacific Persian Gulf Other Afghanistan Don't know Refused

Number of months in war zone: _____

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Received hostile or friendly fire: No Yes Doesn't know Refused

***Current Student:** (select one)

Yes No Don't know Refused

Post Secondary Degree: None Associates Degree Bachelors Masters Doctorate Other graduate/professional degree Certificate of advanced training or skilled artisan Don't Know Refused

***Received vocational training or apprenticeship certificate:** (select one)

Yes No Don't know Refused

Children's Education Questions:

***Education Enrollment Status:** (select one) Yes No Don't know Refused

If yes, was/is the child connected to the McKinney-Vento Homeless Assistance Act school liaison?

(Select one) Yes No Don't know Refused

Type of School: (select one)

Public school Parochial or other private school Don't know Refused

If not enrolled, last date of enrollment [MM/YYYY]: ____/____

***Student Body Age:** (select one)

- | | |
|--|---|
| <input type="checkbox"/> Nursery/Preschool | <input type="checkbox"/> Six-Year High School |
| <input type="checkbox"/> Kindergarten School | <input type="checkbox"/> High School – Other than listed above |
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Special Elem/Sec. School for Handicapped |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Special Elementary School for Handicapped |
| <input type="checkbox"/> Approved Junior High School | <input type="checkbox"/> Special Secondary School for Handicapped |
| <input type="checkbox"/> Four-Year High School | <input type="checkbox"/> Three-Year School |
| <input type="checkbox"/> County Voc-Tech School or Institute | <input type="checkbox"/> Adult Education School |
| <input type="checkbox"/> Evening High School (Approved) | <input type="checkbox"/> Evening School for Foreign Born (Approved) |

***School County:** _____

***School District:** _____

***School Name:** _____

***Barriers to Enrollment:** (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> School Records |
| <input type="checkbox"/> School Selection | <input type="checkbox"/> Transportation |

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Immunization or Other Medical Records

Other Enrollment Issues

Residency Required

Birth Certificates

Legal Guardianship requirements

Physical examination records

***Marital Status:** (select one)

Single

Married

Common Law

Divorced

Separated

Remarried

Widow(er)

Civil Union

HA# _____

***Services Sought:** (select all that apply)

Shelter/Housing

Drug Treatment

Mental Health Care

Medical Care

Legal Aid – CRSJ/Civil

Legal Aid – Immigration

Financial Assistance – Utilities

Financial Assistance – Housing

Financial Assistance – Moving Expense

Financial Assistance – Other

Other

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