



NJHMIS Intake form for Permanent Housing Program:

***Intake/ Project Start Date:** ___/___/___ **Client Location (Continuum of Care):** {Pre-Populated}

Primary Worker: _____

Information Sharing Level: (consent form)

Referred By: _____ **Update Referral Source**

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

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

Alias _____

***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
 Transgender
 Client refused

A gender that is not singularly 'Female 'or 'Male'
 Questioning Client doesn't know
 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 (e.g., a vehicle, an abandoned building, bust/train subway station/airport or anywhere outside)
- Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- Safe Haven

-Institutional Situations-

- 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
- Substance abuse treatment facility or detox center

-Temporary 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
- 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

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Owned by client, no ongoing housing subsidy

-Unknown Options-

Client doesn't know

Client refused

Data not collected

***Length of stay in previous place: (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

90 days or more, but less than one year

One year or longer

Client doesn't know

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

Chronically Homeless (auto-calculated)

Housing Move-In Date

Has the client been placed into Permanent Housing?

No Yes

(If Yes) Specify Permanent Housing Move In Date ____/____/____

Resident Unit _____

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

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

Earned Income \$ _____ Unemployment Insurance \$ _____

Supplemental Security Income SSI: \$ _____ Social Security Disability Income SSDI \$ _____

VA Service-Connected Disability Compensation \$ _____ VA Non-Service-Connected Disability Pension \$ _____

Private disability insurance \$ _____ Worker's compensation \$ _____

Temporary Assistance for Needy Families TANF \$ _____ General Public Assistance \$ _____

Retirement income from SSA \$ _____ Pension or retirement income from a former job \$ _____
 Child Support \$ _____ Alimony or other spousal support \$ _____
 Other \$ _____

***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) Special Supplemental Nutrition Program for Women, Infants, & Children (WIC)
 TANF Child Care services TANF transportation services
 Other TANF-funded services 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

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

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

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 Disorder:** (select one)

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

(If client has a mental health disorder) **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 Use Disorder:** (select one)

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

(If client has a substance abuse disorder) **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

***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

General Health Status:

- Excellent Very Good Good Fair Poor Client Doesn't Know Client Refused
Data Not Collected

Household Program Enrollment:

***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)

- | | |
|---|--|
| <input type="checkbox"/> Benefits Loss/Reduction | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Job Income Loss/Reduction | <input type="checkbox"/> Domestic Violence |
| <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

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

- Yes No Don't know Refused

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

- Yes No Don't know Refused

Well Being

***Client perceives their life to has value and worth:**

- Strongly disagree Somewhat disagree Neither agree or disagree Somewhat agree
 Strongly agree Client Doesn't know Refused Data not collected

***Client Perceives they have support from others who will listen to problems:**

- Strongly disagree Somewhat disagree Neither agree or disagree Somewhat agree
 Strongly agree Client Doesn't know Refused Data not collected

***Client perceives they have a tendency to bounce back after hard times:**

- Strongly disagree Somewhat disagree Neither agree or disagree Somewhat agree
 Strongly agree Client Doesn't know Refused Data not collected

***Client's frequency of feeling nervous, tense, worried, frustrated, or afraid:**

- Not at all Once a month Several times a month Several times a week At least every day
 Client doesn't know Client refused Data not collected

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 |
| <input type="checkbox"/> Immunization or Other Medical Records | <input type="checkbox"/> Other Enrollment Issues |
| <input type="checkbox"/> Residency Required | <input type="checkbox"/> Birth Certificates |
| <input type="checkbox"/> Legal Guardianship requirements | <input type="checkbox"/> 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)

- | | |
|---|---|
| <input type="checkbox"/> Shelter/Housing | <input type="checkbox"/> Drug Treatment |
| <input type="checkbox"/> Mental Health Care | <input type="checkbox"/> Medical Care |

- Legal Aid – CRSJ/Civil
- Financial Assistance – Utilities
- Financial Assistance – Moving Expense
- Other

- Legal Aid – Immigration
- Financial Assistance – Housing
- Financial Assistance – Other