



Services Program Intake Form

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

Primary Worker: _____

Information Sharing Level: (consent form)

Referred By: _____

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

Suffix _____ Alias _____

*Name Data Quality: (Select one)

- Full name reported
- Partial, street name, or code name reported
- 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

*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)

- Hispanic/ Latin(a)(o)(x)
- Non-Hispanic/Non-Latin(a)(o)(x)
- Client doesn't know
- Client refused
- Data not collected

*Gender: (select all that apply)

- Female
- Male
- A gender that is not singularly 'Female' or 'Male'
- Transgender
- Questioning
- Client doesn't know
- Client refused
- Data not collected

*Race: (select all that apply)

- American Indian, Alaska Native, Indigenous
- Asian or Asian American
- Black, African American, or African
- Native Hawaiian or Pacific Islander
- White
- Client doesn't know
- Client refused
- Data not collected

Street Address: _____ City, State, Zip: _____

Phone: _____ Move In Date: ___/___/___ (required for address update)

*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
 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 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

***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-

Revised 12/08/2021

- 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
- 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 \$ _____
- SSI: \$ _____
- VA service-connected disability compensation \$ _____
- Private disability insurance \$ _____
- TANF \$ _____
- Retirement income from SSA \$ _____
- Child Support \$ _____
- Other \$ _____
- Unemployment Insurance \$ _____
- 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)
- Special Supplemental Nutrition Program for Women, Infants, & Children (WIC)
- TANF Child Care services
- TANF transportation services
- Other TANF-funded services
- Section 8, public housing, or other ongoing rental assistance
- Temporary 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

Health Insurance obtained through COBRA: No Yes

Revised 12/08/2021

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 Disorder:** (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 Use Disorder:** (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

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

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

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

Household Program Enrollment

***Individual/Family Type:**

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

Household Size _____

Non-HMIS Data Elements

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

- Benefits Loss/Reduction
- Job Income Loss/Reduction
- Eviction
- Relocation
- Release from prison/jail
- Release from Hospital
- Release from Psych. Facility
- Illness
- Unknown
- Rent Increase/Insufficient Income
- Household Breakup/Death in Household
- Injury
- Domestic Violence
- Asked to leave shared residence
- Drug/Alcohol Abuse
- Other
- Natural Disaster
- Foreclosure – Rented Property
- Foreclosure – Owned Property
- Not Homeless
- Mental Illness
- Substandard Housing

***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

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

Revised 12/08/2021

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)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Nursery/Preschool <input type="checkbox"/> Kindergarten School <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> Approved Junior High School <input type="checkbox"/> Four-Year High School <input type="checkbox"/> County Voc-Tech School or Institute <input type="checkbox"/> Evening High School (Approved) | <ul style="list-style-type: none"> <input type="checkbox"/> Six-Year High School <input type="checkbox"/> High School – Other than listed above <input type="checkbox"/> Special Elem/Sec. School for Handicapped <input type="checkbox"/> Special Elementary School for Handicapped <input type="checkbox"/> Special Secondary School for Handicapped <input type="checkbox"/> Three-Year School <input type="checkbox"/> Adult Education School <input type="checkbox"/> Evening School for Foreign Born (Approved) |
|---|---|

***School County:** _____

***School District:** _____

***School Name:** _____

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

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> School Selection <input type="checkbox"/> Immunization or Other Medical Records <input type="checkbox"/> Residency Required <input type="checkbox"/> Legal Guardianship requirements | <ul style="list-style-type: none"> <input type="checkbox"/> School Records <input type="checkbox"/> Transportation <input type="checkbox"/> Other Enrollment Issues <input type="checkbox"/> Birth Certificates <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)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Shelter/Housing <input type="checkbox"/> Mental Health Care <input type="checkbox"/> Legal Aid – CRSJ/Civil <input type="checkbox"/> Financial Assistance – Utilities <input type="checkbox"/> Financial Assistance – Moving Expense <input type="checkbox"/> Other | <ul style="list-style-type: none"> <input type="checkbox"/> Drug Treatment <input type="checkbox"/> Medical Care <input type="checkbox"/> Legal Aid – Immigration <input type="checkbox"/> Financial Assistance – Housing <input type="checkbox"/> Financial Assistance – Other |
|---|--|

Revised 12/08/2021