HMIS Intake Form for Emergency Shelter and TH projects

Effective 2/1/2022

Intake Date	Entry Date	ServicePoint (HoH) ID:
/ /	/ /	

Project Name

HoH Name First	Middle	Last

Suffix	Alias

Name Data Quality

- ☐ Full Name Reported
- ☐ Client doesn't know
- ☐ Partial, Street or Code Name
- ☐ Client Refused

Social Security Number	Date of Birth
	/ /
☐ Full SSN Reported (HUD) ☐ Approx or partial SSN reported (HUD) ☐ Client doesn't know (HUD) ☐ Client refused (HUD) ☐ Data Not collected (HUD)	☐ Full DOB Reported (HUD) ☐ Approx or partial SSN reported (HUD) ☐ Client doesn't know (HUD) ☐ Client refused (HUD) ☐ Data Not collected (HUD)

Gender

- ☐ Female
- ☐ Male
- ☐ A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)
- ☐ Transgender
- ☐ Questioning
- ☐ Client doesn't know
- ☐ Client refused

Race (select all that apply)

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

Ethnicity

- ☐ Non-Hispanic/Non-Latino(a)(o)(x)
- ☐ Hispanic/Latino(a)(o)(x)
- ☐ Client doesn't know
- ☐ Client refused

Veteran Status	Relationship to HoH
☐ No ☐ Yes	☐ Self (Head of Household) ☐ HoH's child ☐ HoH's spouse or partner ☐ HoH's other relation member ☐ Other: non-relation member

Health Insurance	
☐ No	☐ Client doesn't know
☐ Yes (identify source below)	☐ Client
Source	
☐ Medicaid	☐ Medicare
☐ State Children's Health Insurance (KCHIP)	☐ VA Medical Services
☐ Employer-Provided Health Insurance	☐ Health Insurance obtained through COBRA
☐ Private Pay Health Insurance	☐ State Health Insurance for Adults
☐ Indian Health Services Program	☐ Other: _____
If you receive Medicaid, who is your provider?	
If Medicaid provider is other, please specify:	

Disability

Do you have a physical, mental or emotional Impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?

☐ No ☐ Yes (indicate type(s) below) ☐ Client doesn't know ☐ Client refused

	Physical ☐	**Mental Health** ☐	**Chronic Health Condition** ☐	☐ **Alcohol** ☐ **Drugs** ☐ **Both**	**Developmental** ☐	**HIV/AIDS** ☐
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Client's Prior Living Situation - Prior to Project Entry			
(Select one Living Situation and **answer the corresponding questions in the order in which they appear**)			
Literally Homeless Situation	**Institutional Situation**	**Transitional/Permanent Housing Situation**	**Other**
☐ Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside). ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher ☐ Safe Haven	☐ Foster care home or foster 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	☐ 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 housing subsidy ☐ Rental by client, with VASH housing 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	☐ Client doesn't know ☐ Client refused

Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)? ☐ 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 days ☐ 90 days or more but less than one year ☐ One year or longer	**Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?** ☐ 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 days ☐ 90 days or more but less than one year ☐ One year or longer **Did you stay in the institutional situation less than 90 days?** ☐ Yes (If YES – Complete SECTION III) ☐ No (If NO – End Homeless History Interview)	**Length of Stay in Prior Living Situation (i.e. the housing situation identified above)** ☐ 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 days ☐ 90 days or more but less than one year ☐ One year or longer **Did you stay in the housing situation less than 7 nights?** ☐ Yes (If YES – Complete SECTION III) ☐ No (If NO – End Homeless History Interview)	☐ Client doesn't know ☐ Client refused
☐ **N/A** (Complete SECTION IV Below)	**On the <u>night before</u> entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?** ☐ Yes (If YES – Complete SECTION IV) ☐ No (If NO – End Homeless History Interview)	**On the <u>night before</u> entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?** ☐ Yes (If YES – Complete SECTION IV) ☐ No (If NO – End Homeless History Interview)	☐ Client doesn't know ☐ Client refused

On the night <u>before your previous stay</u>, was that on the streets, in an Emergency Shelter, or Safe Haven? ☐ No ☐ Yes	**Approximate start of homelessness (latest episode)**: ☐☐/☐☐/☐☐
Total <u>number of times homeless</u> on the street, in ES, or SH in the past three years ☐ One time ☐ Two times ☐ Three times ☐ Four times ☐ Client doesn't know ☐ Client refused	**Total <u>number of months</u> homeless on the street, in emergency shelter, or SH in the past three years:** _____

Domestic violence victim/survivor?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
If yes for Domestic violence victim/survivor, when experience occurred	☐ 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
If yes for Domestic violence victim/survivor, are you currently fleeing?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

**Complete the following questions for ALL HOUSEHOLD MEMBERS AGE 18 AND OVER **

Income	
☐ No/None at all ☐ Yes (identify source and amounts) ☐ Client doesn't know ☐ Client refused	
Source	**Amount:**
☐ Earned income (i.e., employment income)	$_____. 00
☐ Unemployment Insurance	$_____. 00
☐ Supplemental Security Income (SSI)	$_____. 00
☐ Social Security Disability Income (SSDI)	$_____. 00
☐ Retirement Income from Social Security	$_____. 00
☐ VA Service-Connected Disability Compensation	$_____. 00
☐ VA Non-Service-Connected Disability Pension	$_____. 00
☐ Worker's Compensation	$_____. 00
☐ Temporary Assistance for Needy Families (TANF)	$_____. 00
☐ General Assistance (GA)	$_____. 00
☐ Private disability Insurance	$_____. 00
☐ Pension or retirement income from a former job	$_____. 00
☐ Child Support	$_____. 00
☐ Alimony or other spousal support	$_____. 00
☐ Other source: _____	$_____. 00
Total Monthly Income:	**$**
Non-Cash Benefits	
☐ No/None at all ☐ Yes (Identify source below) ☐ Client doesn't know ☐ Client refused	
Source	
☐ Supplemental Nutrition Assistance Program (SNAP)	
☐ Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)	
☐ TANF Child Care services	
☐ TANF transportation services	
☐ Other TANF-funded services	
☐ Other: _____	

Client ever in the foster care system?	☐ Yes ☐ No

Client Contact Information

Client Phone Number	
Head of Household's Email address	

Coordinated Entry Assessment

Date of Assessment	☐☐/☐☐/☐☐
Assessment Location	☐ UnSheltered/Street Outreach ☐ Emergency Shelter ☐ Permanent Housing Provider ☐ Supportive Services Provider ☐ Transitional Housing Provider ☐ Victim Service Provider
Assessment Type	☐ Phone ☐ Virtual ☐ In person
Assessment Level	☐ Crisis Needs Assessment ☐ Housing Needs Assessment
Prioritiaztion Status	☐ Placed on Prioritization List ☐ Not placed on Prioritization list

Coordinated Entry Event

Start Date	☐☐/☐☐/☐☐
Date of Event	☐☐/☐☐/☐☐
Event	**Access Event** ☐ Referral to Prevention Assistance project ☐ Problem Solving/Diversion/Rapid Resolution intervention or service ☐ Referral to scheduled Coordinated Entry Crisis Needs Assessment ☐ Referral to scheduled Coordinated Entry Housing Needs Assessment **Referral Events** ☐ Referral to post-placement/follow-up case management ☐ Referral to Street Outreach project or services ☐ Referral to Housing Navigation project or services ☐ Referral to Non-continuum services: Ineligible for continuum services ☐ Referral to Non-continuum services: No availability in continuum services ☐ Referral to Emergency Shelter bed opening ☐ Referral to Transitional Housing bed/unit opening ☐ Referral to Joint TH-RRH project/unit/resource opening ☐ Referral to RRH project resource opening ☐ Referral to PSH project resource opening ☐ Referral to Other PH project/unit/resource opening
If: Problem Solving/Diversion/Rapid Resolution intervention or service result:	
Client housed/re-housed in a safe alternative	☐ Yes ☐ No
If Referral to post-placement/follow-up case management result:	
Enrolled in Aftercare project	☐ Yes ☐ No
If Referral to an ES, TH, Joint TH-RRH, PSH, or Other PH opening:	
Location of Crisis Housing or Permanent Housing Referral	
Referral Result	☐ Successful referral: client accepted ☐ Unsuccessful referral: client rejected ☐ Unsuccessful referral: provider rejected
Date of Result	☐☐/☐☐/☐☐

Staff Completing (Printed Name): **Date:**
