HMIS Intake Form for RRH projects

Effective 10/1/2021

Intake Date / /

Entry Date / /

ServicePoint (HoH) ID:

Project Name

HoH First Name **Middle**

Last **Suffix** **Alias**

☐ Full Name Reported ☐ Partial, Street or Code Name

☐ Client doesn't know ☐ Client Refused

Social Security Number:

☐ Full SSN reported ☐ Approx or Partial SSN

☐ Client doesn't know ☐ Client refused

Date of Birth: / /

☐ Full DOB reported ☐ Approx or Partial DOB

☐ Client doesn't know ☐ Client refused

Race (Select all that apply)

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

Gender

☐ Female
☐ Male
☐ A gender other than singulary female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)
☐ Transgender
☐ Questioning
☐ 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

☐ No ☐ Yes

Relationship to Head of Household (Must be an adult)

☐ Self (Head of Household)

☐ HoH's child ☐ HoH's spouse or partner

☐ HoH's other relation member ☐ Other: non-relation member

Client Location/CoC Code

KY-501 (Louisville/Jefferson County)

Housing Move-in Date	☐☐/☐☐/☐☐

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: _____

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 ☐

**Only answer the following questions for Adults and HoH. **

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'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 night before 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 night before 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 before your previous stay, was that on the streets, in an Emergency Shelter, or Safe Haven? ☐ No ☐ Yes	Approximate start of homelessness: ☐☐/☐☐/☐☐
Total number of times homeless 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 number of months homeless on the street, in emergency shelter, or SH in the past three years _____

Domestic Violence

Are you, or have you been a survivor of domestic or intimate partner violence?
☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

If YES, how long ago did you have this experience?
☐ Within the past 3 months ☐ 1 year ago or more
☐ 3 to 6 months ago ☐ 6 months to 1 year ago
☐ Client doesn't know ☐ Client refused

If Yes, are you currently fleeing?
☐ No ☐ Yes
☐ Client doesn't know ☐ Client refused

Foster Care	Zip Code of Last Permanent Address
☐ Yes ☐ No	☐☐☐☐☐

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