

# HMIS Standard Intake Form for YHDP projects

Effective 10/012021

Intake Date

		/			/		
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Entry Date

		/			/		
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ServicePoint

(HoH) ID:

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Project Name

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HoH First Name

Middle

--	--

Last

Suffix

Alias

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☐ Full Name Reported

☐ Partial, Street or Code Name

☐ Client doesn't know

☐ Client Refused

Social Security  
Number:

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☐ Full SSN reported

☐ Approx or Partial SSN

☐ Client doesn't know

☐ Client refused

Date of Birth:

		/			/		
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☐ Full DOB  
reported

☐ Approx or Partial DOB

☐ 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

☐ White

☐ Client doesn't know

☐ Client refused

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

Ethnicity

☐ Non-Hispanic/Non-Latin(o)(a)(x)

☐ Hispanic/Latin(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

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Housing Move-in Date	<table border="1"><tr><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table>		/			/		
	/			/				

Income	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (identify source and amounts)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
Source	Amount:
<input type="checkbox"/> Earned income (i.e., employment income)	\$ _____. 00
<input type="checkbox"/> Unemployment Insurance	\$ _____. 00
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____. 00
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____. 00
<input type="checkbox"/> Retirement Income from Social Security	\$ _____. 00
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$ _____. 00
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$ _____. 00
<input type="checkbox"/> Worker's Compensation	\$ _____. 00
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$ _____. 00
<input type="checkbox"/> General Assistance (GA)	\$ _____. 00
<input type="checkbox"/> Private disability Insurance	\$ _____. 00
<input type="checkbox"/> Pension or retirement income from a former job	\$ _____. 00
<input type="checkbox"/> Child Support	\$ _____. 00
<input type="checkbox"/> Alimony or other spousal support	\$ _____. 00
<input type="checkbox"/> Other source: _____	\$ _____. 00
<b>Total Monthly Income: \$</b>	

Non-Cash Benefits	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (Identify source below)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
Source	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	
<input type="checkbox"/> Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)	
<input type="checkbox"/> TANF Child Care services	
<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Other: _____	

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Health Insurance	
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes (identify source below)	<input type="checkbox"/> Client refused
Source:	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare
<input type="checkbox"/> State Children's Health Insurance (KCHIP)	<input type="checkbox"/> VA Medical Services
<input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance obtained through COBRA
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> 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?						
<input type="checkbox"/> No <input type="checkbox"/> Yes (indicate type(s) below) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused						
	Physical <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Chronic Health Condition <input type="checkbox"/>	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	Developmental <input type="checkbox"/>	HIV/AIDS <input type="checkbox"/>
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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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
<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside).  <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher  <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster group home  <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility  <input type="checkbox"/> Jail, prison or juvenile detention facility  <input type="checkbox"/> Long-term care facility or nursing home  <input type="checkbox"/> Psychiatric hospital or other psychiatric facility  <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)?</b>  <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer	<b>Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?</b>  <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer  <b>Did you stay in the institutional situation less than 90 days?</b>  <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<b>Length of Stay in Prior Living Situation (i.e. the housing situation identified above)</b>  <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer  <b>Did you stay in the housing situation less than 7 nights?</b>  <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<input type="checkbox"/> N/A (Complete SECTION IV Below)	<b>On the night before entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?</b>  <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<b>On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?</b>  <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

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On the night <u>before your previous stay</u> , was that on the streets, in an Emergency Shelter, or Safe Haven? <input type="checkbox"/> No <input type="checkbox"/> Yes	Approximate start of homelessness: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Total <u>number of times homeless</u> on the street, in ES, or SH in the past three years <input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Total <u>number of months</u> homeless on the street, in emergency shelter, or SH in the past three years _____										

Domestic Violence	
<b>Are you, or have you been a survivor of domestic or intimate partner violence?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
<b>If YES, how long ago did you have this experience?</b> <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 1 year ago or more <input type="checkbox"/> 3 to 6 months ago <input type="checkbox"/> 6 months to 1 year ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
<b>If Yes, are you currently fleeing?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	

Client's Current Living Situation – current to project entry																																	
(Select one Living Situation and <b>answer the corresponding questions in the order in which they appear</b> )																																	
<b>Start Date</b> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											<b>End Date</b> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											<b>Information Date</b> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
(Select one Living Situation and <b>answer the corresponding questions in the order in which they appear</b> )																																	
Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Other																														
<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside). <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Other: <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused																														

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		<input type="checkbox"/> Owned by client, no ongoing housing subsidy	
Is client going to have to leave their current living situation within 14 days?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, answer the following questions.		
Has a subsequent residence been identified?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Does individual or family have resources or support networks to obtain other permanent housing?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client moved 2 or more times in the past 60 days?  <input type="checkbox"/> Yes <input type="checkbox"/> No

## Current school enrollment and attendance

- ☐ Not currently enrolled in any school or educational course
- ☐ Currently enrolled but NOT attending regularly (when school or the course is in session)
- ☐ Currently enrolled and attending regularly (when school or the course is in session)
- ☐ Client doesn't know
- ☐ Client refused

## Most Recent educational Status

- ☐ K12: Graduated from high school
- ☐ K12: Obtained GED
- ☐ K12: Dropped out
- ☐ K12: Suspended
- ☐ K12: Expelled
- ☐ Higher Education: Pursuing a credential but not currently attending
- ☐ Higher Education: Dropped out
- ☐ Higher Education: Obtained a credential/degree
- ☐ Client doesn't know
- ☐ Client refused

## Current Educational Status

- ☐ Pursuing a high school diploma or GED
- ☐ Pursuing Associate's Degree
- ☐ Pursuing Bachelor's Degree
- ☐ Pursuing Graduate's Degree
- ☐ Pursuing other post-secondary credential
- ☐ Client doesn't know
- ☐ Client refused

## RHY Required Questions:

### Referral Source

- ☐ Self-Referral
- ☐ Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual
- ☐ Outreach Project
- ☐ Temporary Shelter
- ☐ Residential Project
- ☐ Hotline

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	<input type="checkbox"/> Child Welfare/CPS <input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Law Enforcement/Police <input type="checkbox"/> Mental Hospital <input type="checkbox"/> School <input type="checkbox"/> Other Organization <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Youth Eligible for RHY Services</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If No for "Youth Eligible for RHY Services", Reason why services are not funded by BCP grant</b>	<input type="checkbox"/> Out of Age range <input type="checkbox"/> Ward of the State – Immediate Reunification <input type="checkbox"/> Ward of the Criminal Justice System – Immediate Reunification <input type="checkbox"/> Other
<b>If Yes, for "Youth Eligible for RHY Services", Runaway youth</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not collected <input type="checkbox"/> Client doesn't know
<b>Sexual Orientation</b>	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Health Status		
<b>General Health Status</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Dental Health Status</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Mental Health Status</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

<b>Are you pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Formerly a Ward of Child Welfare/Foster Care Agency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Formerly Juvenile Justice System?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, projected birth date</b> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<b>If yes, number of years or months (if less than years)</b> <div></div>	<b>If yes, number of years or months (if less than years)</b> <div></div>

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## Family Critical Issues

Unemployment – Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
Mental Health Issues – Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
Physical Disability – Family Member	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
Alcohol or Substance abuse – Family Member	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
Insufficient Income to Support Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
Incarcerated Parent of Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused

Staff Completing (Printed Name):

Date:

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