HMIS Intake Form for Emergency Shelter & Street Outreach projects

Effective 10/01/2023

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 prefers not to answer

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

Race and Ethnicity (Select all that apply)

- ☐ American Indian, Alaska Native, or Indigenous
- ☐ Asian or Asian American
- ☐ Black, African American, or African
- ☐ Hispanic/Latina/e/o
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Additional Race and Ethnicity detail: _____

Gender (Select all that apply)

- ☐ Woman (Girl, if child)
- ☐ Man (Boy, if child)
- ☐ Culturally Specific Identity (e.g., Two-Spirit)
- ☐ Transgender
- ☐ Non-Binary
- ☐ Questioning
- ☐ Different Identity
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ If Different Identity, Please Specify: _____

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 prefers not to answer

Source	
☐ Medicaid	☐ Medicare
☐ State Children's Health Insurance (KCHIP)	☐ Veteran's Health Administration (VHA)
☐ 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 prefers not to answer

	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 ☐

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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**)				
Homeless Situations	**Institutional Situations**	**Temporary Housing Situations**	**Permanent Housing Situation**	**Other**
☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter ☐ Safe Haven	☐ 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	☐ Transitional housing for homeless persons (including homeless youth) ☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ 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, no ongoing housing subsidy ☐ Rental by client, with ongoing housing subsidy o GPD TIP housing subsidy o VASH housing subsidy o RRH or equivalent subsidy o HCV voucher (tenant or project based) (not dedicated) o Public housing unit o Rental by client, with other ongoing housing subsidy o Emergency Housing Voucher o Family Unification Program Voucher (FUP) o Foster Youth to Independence Initiative (FYI) o Permanent Supportive Housing o Other permanent housing dedicated for formerly homeless persons ☐ Owned by client, with ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy	☐ Other ☐ Worker unable to determine ☐ Client doesn't know ☐ Client prefers not to answer
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)	**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 prefers not to answer
☐ **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)	**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 prefers not to answer

On the night before your previous stay, was that on the streets, in an Emergency Shelter, or Safe Haven? ☐ No ☐ Yes	Approximate date this episode of homelessness started: ☐☐/☐☐/☐☐
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 prefers not to answer	Total number of months homeless on the street, in emergency shelter, or SH in the past three years _____

Are you, or have you been a survivor of domestic or intimate partner violence?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer
If YES, how long ago did you have this experience?	☐ 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 prefers not to answer
If Yes, are you currently fleeing?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer

****IF CLIENT IS A MINOR WHO IS NOT HEAD OF HOUSEHOLD STOP DATA ENTRY HERE****

Income	
☐ No/None at all ☐ Yes (identify source and amounts) ☐ Client doesn't know ☐ Client prefers not to answer	
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 prefers not to answer

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 Contact Information

Client Phone Number	
Alt. Client Phone Number	
Email address/other electronic communication	
Mailing Address	

Translation Assistance Needed

☐ No ☐ Yes (identify preferred language(s))
☐ Client doesn't know ☐ Client prefers not to answer

Preferred Language(s)

- ☐ Amharic
- ☐ Arabic
- ☐ Bosnian
- ☐ Burmese
- ☐ Cambodian
- ☐ Chinese
- ☐ Croatian
- ☐ Dari
- ☐ English
- ☐ French
- ☐ German
- ☐ Gujarati
- ☐ Haitian Creole
- ☐ Hawaiian
- ☐ Hindi
- ☐ Ilocano
- ☐ Japanese
- ☐ Karen
- ☐ Kinyarwand
- ☐ Korean
- ☐ Lingala
- ☐ Luganda
- ☐ Mandarin
- ☐ Marathi
- ☐ Nepali
- ☐ Pashto
- ☐ Portuguese
- ☐ Russian
- ☐ Samoan
- ☐ Serbian
- ☐ Somali
- ☐ Spanish
- ☐ Swahili
- ☐ Tamil
- ☐ Telugu
- ☐ Ukrainian
- ☐ Vietnamese
- ☐ Wolof
- ☐ Yiddish
- ☐ Different Preferred Language
- ☐ Client Doesn't Know
- ☐ Client Prefers Not to Answer
- ☐ Data Not Collected

If Different Preferred Language, please specify	

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