

# HMIS Standard Intake Form for VA SSVF projects

Effective 10/01/2023

Intake Date

		/			/		
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Entry Date

		/			/		
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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 prefers not to answer

Social Security  
Number:

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☐ Full SSN reported

☐ Approx or Partial SSN

☐ Client doesn't know

☐ Client prefers not to answer

Date of Birth:

		/			/		
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☐ Full DOB reported

☐ Approx or Partial DOB

☐ Client doesn't know

☐ Client prefers not to answer

## Race and Ethnicity (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

☐ Hispanic/Latina/e/o

☐ Client prefers not to answer

☐ Middle Eastern or North African

☐ Additional Race and Ethnicity detail: \_\_\_\_\_

## Gender (Select all that apply)

☐ Woman (Girl, if child)

☐ Questioning

☐ Man (Boy, if child)

☐ Different Identity

☐ Culturally Specific Identity (e.g., Two-Spirit)

☐ Client doesn't know

☐ Transgender

☐ Client prefers not to answer

☐ Non-Binary

☐ If Different Identity, Please Specify: \_\_\_\_\_

## Veteran Status

## Relationship to Head of Household (Must be an adult)

☐ Self (Head of Household)

☐ No

☐ Yes

☐ 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

		/			/		
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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 prefers not to answer |

## Source


- |  |  |
|--|--|
| <input type="checkbox"/> Medicaid                                  | <input type="checkbox"/> Medicare                                |
| <input type="checkbox"/> State Children's Health Insurance (KCHIP) | <input type="checkbox"/> Veteran's Health Administration (VHA)   |
| <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 prefers not to answer |
|-----------------------------|---|--|---|

	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"/>

**\*\*SECTION 2:  IF CLIENT IS A MINOR WHO IS NOT HEAD OF HOUSEHOLD STOP DATA ENTRY HERE\*\***

## 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 prefers not to answer      |

## 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 |

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<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 prefers not to answer
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: _____	

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
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)  <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter  <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster care 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"/> Transitional housing for homeless persons (including homeless youth) <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"/> Host Home (non-crisis) <input type="checkbox"/> 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, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <ul style="list-style-type: none"> <li><input type="checkbox"/> GPD TIP housing subsidy</li> <li><input type="checkbox"/> VASH housing subsidy</li> <li><input type="checkbox"/> RRH or equivalent subsidy</li> <li><input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated)</li> <li><input type="checkbox"/> Public housing unit</li> <li><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</li> <li><input type="checkbox"/> Emergency Housing Voucher</li> <li><input type="checkbox"/> Family Unification Program Voucher (FUP)</li> <li><input type="checkbox"/> Foster Youth to Independence Initiative (FYI)</li> <li><input type="checkbox"/> Permanent Supportive Housing</li> <li><input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons</li> </ul> <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no 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 prefers not to answer
<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	<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	<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	<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"/> Client doesn't know

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<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	<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)	<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"/> 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 prefers not to answer
<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)	<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 prefers not to answer
On the night before your previous stay, was that on the streets, in an Emergency Shelter, or Safe Haven? <input type="checkbox"/> No <input type="checkbox"/> Yes		Approximate date this episode of homelessness started: <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>		
Total number of times homeless 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 prefers not to answer		Total number of months 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 prefers not to answer	
<b>If YES, how long ago did you have this experience?</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Within the past 3 months  <input type="checkbox"/> 3 to 6 months ago  <input type="checkbox"/> Client doesn't know         </div> <div> <input type="checkbox"/> 1 year ago or more  <input type="checkbox"/> 6 months to 1 year ago  <input type="checkbox"/> Client prefers not to answer         </div> </div>	
<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 prefers not to answer	

## SOAR Connection

### Connection with SOAR

☐ No ☐ Yes  
☐ Client doesn't know ☐ Client prefers not to answer

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## Education

What is the highest level of school that you have completed?

Less than Grade 5 <input type="checkbox"/>	Grade 5-6 <input type="checkbox"/>	Grades 7-8 <input type="checkbox"/>	Grades 9-11 <input type="checkbox"/>
Grade 12 <input type="checkbox"/>	School program does not have grade levels <input type="checkbox"/>	GED <input type="checkbox"/>	Some college <input type="checkbox"/>
Associate degree <input type="checkbox"/>	Bachelor's degree <input type="checkbox"/>	Graduate degree <input type="checkbox"/>	Vocational certification <input type="checkbox"/>
Client doesn't know <input type="checkbox"/>	Client prefers not to answer <input type="checkbox"/>		

## Veteran Information

Year entered military service:

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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World War II

Korean War

Vietnam War

Persian Gulf War

Afghanistan

Iraq Freedom

Iraq Dawn

Other Peace-keeping Operations or Military Interventions

Branch of the Military

Discharge Status

Year separated from military service:

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Yes

☐ No

☐ Client prefers not to answer

☐ Yes

☐ No

☐ Client prefers not to answer

☐ Yes

☐ No

☐ Client prefers not to answer

☐ Yes

☐ No

☐ Client prefers not to answer

☐ Yes

☐ No

☐ Client prefers not to answer

☐ Yes

☐ No

☐ Client prefers not to answer

☐ Yes

☐ No

☐ Client prefers not to answer

☐ Yes

☐ No

☐ Client prefers not to answer

☐ Army

☐ Air Force

☐ Navy

☐ Marines

☐ Coast Guard

☐ Client doesn't know

☐ Space Force

☐ Client prefers not to answer

☐ Data not collected

☐ Honorable

☐ General under honorable conditions

☐ Under other than honorable conditions

☐ Bad Conduct

☐ Dishonorable

☐ Uncharacterized

☐ Client doesn't know

☐ Client prefers not to answer

☐ Data not collected

Percentage of AMI

☐ 30% or less

☐ 31% to 50%

☐ 51% to 80%

☐ 81% or greater

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Client's Residence/Last Permanent Address		
Start Date:	End Date:	
<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	
Client's Street Address:		
Client's Apartment Number:		
County of Residence:		
Client's City:	State:	Zip:
Home Phone Number:		

Employed?	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
If yes, Type of Employment	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Seasonal/sporadic (including day labor)
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Data not collected
In No, Why not Employed	
<input type="checkbox"/> Looking for work	<input type="checkbox"/> Not looking for work
<input type="checkbox"/> Unable to work	<input type="checkbox"/> Data not collected

VAMC Station Number	
SSVF HP Targeting Criteria	
Is Homelessness Prevention targeting screener required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current housing loss expected within...	<input type="checkbox"/> 0-6 days <input type="checkbox"/> 7-13 days <input type="checkbox"/> 14-21 days <input type="checkbox"/> More than 21 days
Current household income	<input type="checkbox"/> 0-14% of Area Median Income <input type="checkbox"/> 15-30% of AMI for household size <input type="checkbox"/> More than 30% of AMI for household size
History of literal homelessness (street/shelter/transitional housing) (any adult)	<input type="checkbox"/> Most recent episode occurred in the last year <input type="checkbox"/> Most recent episode occurred more than one year ago <input type="checkbox"/> None
Head of Household is not a current leaseholder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head of House (HoH) never been a leaseholder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Evictions within the past 7 years (any adult)	<input type="checkbox"/> No prior rental evictions <input type="checkbox"/> 1 prior rental eviction <input type="checkbox"/> 2 or more rental evictions
Criminal record for arson, drug dealing or manufacture of felony offense against person or property (any adult)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incarcerated as adult (any adult in the household)	<input type="checkbox"/> Not incarcerated <input type="checkbox"/> Incarcerated once <input type="checkbox"/> Incarcerated two or more times

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Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registered sex offender (any household member)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Head of Household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Currently pregnant (any household member)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Single parent with minor child(ren)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household includes one of more young children (age six or under), or a child who requires significant care	<input type="checkbox"/> No <input type="checkbox"/> Youngest child is under one year <input type="checkbox"/> Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care	
Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HP applicant total points (integer)		
Grantee targeting threshold score (integer)		

**Staff Completing (Printed Name):**

**Date:**

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