**HMIS INTAKE FORM**

**Adults**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Entry Date** |  | | |
| **Your full name** |  | | |
|  | | | |
| **Date of birth** |  | | |
|  | | | |
| **What is your Social Security number?** | |  | |
|  | | | |
| **Do you have a driver’s license or Photo ID?** | | Yes: Number and State:  No | |
|  | | | |
| **What is your ethnicity?** | | Non-Hispanic/ Non-Latino | Don’t Know |
| Hispanic/ Latino | Refused |
|  | | | |
| **What is your race?** | | American Indian or Alaska Native | White |
| Asian | Don’t Know |
| Black or African American | Refused |
| Native Hawaiian or Pacific Islander |  |
|  | | | |
| **What is your gender?** | | Female  Male | Other  Transgendered F to M |
| Transgendered M to F |  |
|  | |  |  |
| **Veteran status:** | | Not a Veteran | Veteran |

**Contact information**

**(Only complete one section per household unless information is different for each person)**

|  |  |
| --- | --- |
| **Street** |  |
|  | |
| **City** |  |
|  | |
| **Zip Code** |  |
|  | |
| **Phone Number** |  |

**Housing Status**

**(Only complete this section for each person if this information is different for each person)**

|  |  |  |
| --- | --- | --- |
| **Where did you stay last night?** | Emergency shelter, including hotel or motel paid for with emergency shelter voucher | Owned by client, no housing subsidy |
|  | Places not meant for habitation | Owned by client, with housing subsidy |
|  | Hotel or motel paid for without emergency shelter voucher | Foster care home or foster care group home |
|  | Transitional housing for homeless persons (including homeless youths) | Hospital or other residential non-psychiatric medical facility |
|  | Permanent housing for formerly homeless persons (SHP, S+C, or SRO Mod Rehab) | Psychiatric hospital or other psychiatric facility |
|  | Staying or living in a family member’s room, apartment or house  Staying or living in a friend’s room, apartment, or house  Rental by client, no housing subsidy  Rental by client, with VASH subsidy  Rental by client, with GDP TIP subsidy  Residential project or half-way house with no homeless criteria | Substance abuse treatment facility or detox center  Jail, prison, or juvenile detention facility  Long-term care facility or nursing home  Save Haven  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know  Refused |

|  |  |  |
| --- | --- | --- |
| **How long were you there for?** | One day or less  Two days to one week  More than 1 week, but less than 1 month  1 to 3 months  More than 3 months but less than 1 year | 1 year or longer  Don’t Know  Refused |
| **Where was the last place you had a fixed address?** |  | Refused to provide |

|  |  |  |
| --- | --- | --- |
| **Housing status at entry** | Category 1 – Homeless  Category 2 – At imminent risk of losing housing  Category 3 – Homeless under other federal statute  Category 4 – Fleeing domestic violence | At risk of homelessness  Stably Housed – Rent  Stably Housed – Own  Don’t Know  Refused |

**Client Location**

**(Only complete one section per household unless information is different for each person)**

|  |  |  |
| --- | --- | --- |
| **Have you been continuously homeless for one year?** | Yes  No | Don’t Know  Refused |
| **How many times have you been homeless in the past 3 years?** | 0 (Not homeless – prevention only)  1 (Homeless only this time)  2  3 | 4 or more\*  Don’t Know  Refused |
| **\**If 4 or more:***  **What are the total number of months you have been homeless in the past 3 years?** | 0-12 months **Record # of months: \_\_\_\_\_**  More than 12 months | Don’t Know  Refused |
| **Total number of months continuously homeless prior to project entry** | Total number of months: \_\_\_\_\_\_\_\_ |  |
| **Homeless status documented?** | Yes  No |  |

|  |  |  |
| --- | --- | --- |
| **RAPID RE-HOUSING PROJECTS ONLY:** | | |
| **Are you in permanent housing?** | Yes | No |
| **IF YES: Date of move-in** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |
| --- | --- | --- |
| **VA: SUPPORTIVE SERVICES FOR VETERAN SERVICES (SSVF) FUNDED PROJECTS ONLY:**  **(Only complete one section per household unless information is different for each person)** | | |
| **Household income as percent of AMI** | Less than 30%  30% to 50% | Greater than 50% |
| **What is your last permanent address?** | Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Domestic Violence**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you a domestic violence victim/survivor?** | Yes **🡪**  No | When did this experience occur? | Within the past 3 months  3 to 6 months ago  6 to 12 months ago  More than a year ago  Don’t know  Refused |

**Health Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Physical Disability** | No | 1. Substantially impairs ability to live independently and is of such a nature that such ability could be improved by more suitable housing conditions? | No  Yes  Don’t know  Refused |
| Yes **🡪** |
| Don’t know |
| Refused |
| 2. Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program? | No  Yes  Don’t know  Refused |
| 3. Documentation of the disability and severity on file? | No  Yes  Don’t know  Refused |
|  | | | |
| **Developmental Disability** | No | 1. Substantially impairs ability to live independently and is of such a nature that such ability could be improved by more suitable housing conditions? | No  Yes  Don’t know  Refused |
| Yes **🡪** |
| Don’t know |
| Refused |
| 2. Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program? | No  Yes  Don’t know  Refused |
| 3. Documentation of the disability and severity on file? | No  Yes  Don’t know  Refused |
|  | | | |
| **Chronic Health Condition** | No | 1. Substantially impairs ability to live independently and is of such a nature that such ability could be improved by more suitable housing conditions? | No  Yes  Don’t know  Refused |
| Yes **🡪** |
| Don’t know |
| Refused |
| 2. Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program? | No  Yes  Don’t know  Refused |
| 3. Documentation of the disability and severity on file? | No  Yes  Don’t know  Refused |
|  | | | |
| **HIV/AIDS** | No | 1. Substantially impairs ability to live independently and is of such a nature that such ability could be improved by more suitable housing conditions? | No  Yes  Don’t know  Refused |
| Yes **🡪** |
| Don’t know |
| Refused |
| 2. Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program? | No  Yes  Don’t know  Refused |
| 3. Documentation of the disability and severity on file? | No  Yes  Don’t know  Refused |
|  | | | |
| **Mental Health Problem** | No  Yes **🡪**  Don’t know  Refused | 1. Substantially impairs ability to live independently and is of such a nature that such ability could be improved by more suitable housing conditions? | No  Yes  Don’t know  Refused |
| 2. Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program? | No  Yes  Don’t know  Refused |
| 3. Documentation of the disability and severity on file? | No  Yes  Don’t know  Refused |
|  | | | |
| **Substance abuse problem** | No  Alcohol **🡪**  Drug **🡪**  Both D&A **🡪**  Don’t know  Refused | 1. Substantially impairs ability to live independently and is of such a nature that such ability could be improved by more suitable housing conditions? | No  Yes  Don’t know  Refused |
| 2. Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program? | No  Yes  Don’t know  Refused |
| 3. Documentation of the disability and severity on file? | No  Yes  Don’t know  Refused |
|  | | | |
| **General Health** | Excellent | Good  Poor | |
| Very good | Fair  Don’t know |  |
| **Pregnancy status (women only)** | Pregnant Due: Date  Not pregnant | |  |

**Employment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you working right now?** | | No  Yes | |  |
|  | | | | |
|  | **About how many hours do you get a week?** | | |  |
| **Is this a temporary, seasonal, or a permanent job?** | | | Permanent  Temporary  Seasonal |
|  | | | | |
| **Are you looking work?** | | | No  Yes | Unable to work  Don’t know |

**Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Status** | Attending school regularly  Attending school irregularly  Graduated from high school |  | | Obtained GED  Dropped out  Suspended  Expelled  Don’t know  Refused |
| **Currently in school or working on any degree or certificate** | No  Don’t know  Yes  Refused | | | |
|  | | | | |
| **Received vocational training or other apprenticeship certificate** | No  Don’t know  Yes  Refused | | | |
|  | | | | |
| **Highest level of school completed** | No schooling  Nursery school to 4th  5th to 6th  7th or 8th  9th  10th  11th | | | 12th, no diploma  High school diploma  GED  Post-secondary school  Don’t know  Refused |
|  | | | | |
| **If you have received a high school diploma, GED or enrolled in post-secondary education, what degree(s) has the client earned** | Associate’s  Bachelor’s  Master’s  Doctorate | | Other graduate/ professional degree | |

**Health Insurance**

|  |  |
| --- | --- |
| **Sources of Health Insurance** | **Check if received** |
| None |  |
| Medicaid |  |
| Medicare |  |
| State Children’s Health Insurance Program |  |
| Veteran’s Administration (VA) Medical Service |  |
| Employer- Provided Health Insurance |  |
| Health Insurance through COBRA |  |
| Private Pay Health Insurance |  |
| State Health Insurance for Adults |  |
| Other: |  |

**Non-Cash Benefits**

|  |  |
| --- | --- |
| **Non-Cash Benefit Type** | **Check if received** |
| No benefits in last 30 days |  |
| Food Stamps |  |
| TANF child care services |  |
| TANF transportation services |  |
| Other TANF-Funded services |  |
| WIC |  |
| Section 8, Public Housing, or other on-going rental assistance |  |
| Temporary Rental Assistance |  |
| Other: |  |

**Income**

|  |  |
| --- | --- |
| **Source of Income** | **Amount received in the last 30 days** |
|  |  |
|  |  |
|  |  |