**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** |
|  |  |
|  |  |
|  |  |