**HMIS INTAKE FORM**

**Children under 14**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** |  | | |
|  | | | |
| **Date of birth** |  | | |
|  | | | |
| **Social Security number** | |  | |
|  | | | |
| **Ethnicity** | | Non-Hispanic/ Non-Latino | Don’t Know |
| Hispanic/ Latino | Refused |
|  | | | |
| **Race** | | American Indian or Alaska Native | White |
| Asian | Don’t Know |
| Black or African American | Refused |
| Native Hawaiian or Pacific Islander |  |
|  | | | |
| **Gender** | | Female  Male | Other  Transgendered F to M |
| Transgendered M to F |  |

**Housing situation**

**(Only complete this section for each person if this information is different from the head of household)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\*Where did the child stay last night?** | |  | | |
|  | | | | |
| **\*How long was the child there for?** |  | | | |
|  | | | | |
| **\*Where was the last place the child had a fixed address?** | | |  | Refused to provide |

**Domestic Violence**

|  |  |  |  |
| --- | --- | --- | --- |
| **Is the child a domestic violence victim/survivor?** | Yes **🡪**  No  Don’t know  Refused | 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 | |  |

**Education**

|  |  |
| --- | --- |
| **Current enrollment status** | Enrolled  Not enrolled Issues with enrollment: |
|  | |
| **Name of school** |  |
|  | |
| **Type of school** | Public  Private  Parochial |
| **Was/is the child connected to the McKinney-Vento Homeless Assistance Act school liaison?** | No  Yes  Don’t know  Refused |

**Health Insurance**

|  |  |
| --- | --- |
| **Does the child currently receive any source of health insurance?** | No  Yes |
| **If yes, what is the source of health insurance?** |  |

**Income**

**(Only complete this section for each person if this information is different from the head of household)**

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