**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** |
|  |  |