

HMIS INTAKE FORM

Intake Date: _____

FORM CODES (Please Circle Answer) | **R** = Refused | **DK** = Client Doesn't Know | **N/A** = Not Available | **Y** = Yes | **N** = No

First Name: _____ **Middle Name:** _____ **Last Name:** _____

SSN: _____ **DOB:** _____ **Veteran** ^{Y N R DK} **Disabling Condition** ^{Y N R DK}

Residence Prior To Program Entry

- Emergency shelter including hotel or motel paid for with emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Hospital (non psychiatric)
- Jail, prison or juvenile detention facility
- Staying or living in family member's room, apartment, or house
- Staying or living in a friend's room, apartment or house
- Hotel or motel paid for without emergency shelter voucher
- Foster care home or foster care group home
- Place not meant for habitation (e.g. vehicle, abandoned building, bus/train station/airport or anywhere outside)
- Other: (describe) _____
- Safe haven
- Rental by client, with VASH housing subsidy
- Rental by client with other (Non-VASH housing subsidy)
- Owned by client, with ongoing housing subsidy
- Rental by client, no ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Client does not know
- Client refused to provide

Length of Stay In Previous Place

- One week or less
- More than one week but less than one month
- One to three months
- More than 3 months, but less than one year
- Longer than one year
- Client does not know
- Client refused to provide

Zip Code Of Last Permanent Housing Address

- Zip Code _____
- Full or partial zip code reported
 - Client does not know
 - Client refused to provide

Housing Status

- Literally homeless
- Imminently losing their housing
- Unstably housed and at-risk of losing housing
- Stably housed
- Client does not know
- Client refused to provide

Date client entered into HMIS _____

Entered by (Print Name) _____

Signature _____

Race: (Check All That Apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native/Hawaiian or Pacific Islander
- White
- Client does not know
- Client refused to provide

Ethnicity (Choose 1)

- Non-Hispanic/Non-Latino
- Hispanic/Latino
- Client does not know
- Client refused to provide

Gender

- Male
- Female
- Transgendered Male to Female
- Transgendered Female to Male
- Other
- Client does not know
- Client refused to provide

SHP & HPRP ONLY

Barriers

Physical Disability ?				Receiving Services ?			
Y	N	DK	R	Y	N	DK	R
Developmental Disability ?				Receiving Services ?			
Y	N	DK	R	Y	N	DK	R
Chronic Health Condition?				Receiving Services ?			
Y	N	DK	R	Y	N	DK	R
Mental Health Condition?				Receiving Services ?			
Y	N	DK	R	Y	N	DK	R

Have You Ever Been A Victim Of Domestic Violence?

- Yes
- No
- Client does not know
- Client refused to provide

If YES how long ago was the most recent experience?

- Within the past three months
- Three to six months ago
- From six to twelve months ago
- More than a year ago
- Client does not know
- Client refused to provide

Income and Sources (if YES please fill out Page 2)

Have you received any income from any source in last 30 days?

Y	N	DK	R
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Have you received any non-cash benefits in last 30 days?

Y	N	DK	R
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INCOME RECEIVED IN LAST 30 DAYS

Source Of Income	Receiving Income?		Description	Amount (Round to Dollar)
Earned Income(i.e. Employment Income)	Y	N		\$ _____ .00
Unemployment Insurance	Y	N		\$ _____ .00
Supplemental Security Income(SSI)	Y	N		\$ _____ .00
Social Security Disability Income(SSDI)	Y	N		\$ _____ .00
Veteran's Disability Payment	Y	N		\$ _____ .00
Private Disability Insurance	Y	N		\$ _____ .00
Worker's Compensation	Y	N		\$ _____ .00
Temporary Assistance For Needy Families (TANF)	Y	N		\$ _____ .00
General Assistnace (GA)	Y	N		\$ _____ .00
Retirement Income From Social Security	Y	N		\$ _____ .00
Veteran's Pension	Y	N		\$ _____ .00
Pension From A Former Job	Y	N		\$ _____ .00
Child Support	Y	N		\$ _____ .00
Alimony Or Other Spousal Support	Y	N		\$ _____ .00
Other Source	Y	N		\$ _____ .00
Total Monthly Income				\$ _____ .00

NON-CASH BENEFITS RECEIVED IN LAST 30 DAYS

Source of Non cash Benefit	Receiving Benefits?		Description	Amount if applicable (Round to Dollar)
SNAP (Food Stamps)	Y	N		\$ _____ .00
MEDICAID Health Insurance Program	Y	N		\$ _____ .00
MEDICARE Health Insurance Program	Y	N		\$ _____ .00
State Children's Health Ins. Program (SCHIP)	Y	N		\$ _____ .00
Women infant, children Nutrition Program (WIC)	Y	N		\$ _____ .00
Veteran's Administration (VA) Medical Services	Y	N		\$ _____ .00
TANF Child Care Services	Y	N		\$ _____ .00
TANF Transportation Services	Y	N		\$ _____ .00
Other TANF-Funded Services	Y	N		\$ _____ .00
Section 8, Public housing, or other rental Assistance	Y	N		\$ _____ .00
Other Source: _____	Y	N		\$ _____ .00
Temporary Rental Assistance.	Y	N		\$ _____ .00
Total Non-Cash Benefits				\$ _____ .00