

HMIS INTAKE

Client Record

Project Start Date: _____

First Name _____ Middle Name _____ Last Name _____

Name Data Quality

Full Partial / Street / Code Name

Social Security _____ - _____ - _____ U.S. Military Veteran? Yes No

Social Security Data Quality

Full Doesn't Know/Doesn't Have Refused

Client Demographics

Date of Birth: _____ Date Of Birth Quality Full Doesn't Know

Gender: Female Male Transgender female (MTF or male to female) Transgender male (FTM or female to male)

Gender non-conforming (ie: not exclusively male or female) Refused

Primary Race:

American Indian or Alaska.

White

Asian

Client doesn't know

Black or African American

Client refused

Ethnicity:

Non-Hispanic/Non -Latino

Client doesn't know

Hispanic/Latino

Client refused

HUD- Universal Data Element

Zip code of Last Permanent address: _____ Zip Code Quality Full Doesn't Know

Does the client have a disabling condition? Yes No

Housing Status: (Retired)

Category-1 Homeless (HUD)

At risk of homeless (HUD)

Category-2 At imminent risk of losing housing (HUD)

Stably housed (HUD)

Category-3 Homeless only under other federal status (HUD)

Client doesn't know

Category-4 Fleeing domestic violence (HUD)

Client refused (HUD)

Data not collected (HUD)

Homeless Situations

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/ Airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven
- Interim/ Temporary Housing

Institutional Situations

- Foster care home or foster care group home
- Hospital or other residential non -psychiatric medical facility
- Jail, prison, or juvenile detention facility
- Long term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

Transitional & Permanent Housing Situations

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, , no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless person
- Rental by client, no ongoing subsidy
- Rental by client, with VASH subsidy
- Rental by client, with GPD TIP subsidy
- Rental by client, with other on -going housing subsidy (including RRH)
- Residential project or halfway house with no homeless criteria
- Staying or living in a family member’s room, apartment, or house
- Staying or living in a friend’s room, apartment, or house
- Transitional housing for homeless persons (including homeless youth)
- Owned by client with on-going housing subsidy
- Owned by client with no on-going housing subsidy
- Client doesn’t know
- Client refused

Length of Stay in Previous Place

- | | |
|--|--|
| <input type="checkbox"/> One Night or less | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client doesn’t know |

month or more, but less than 90 days
 Data not collected

Client refused

Residence Prior to Project Entry Entry/ Exit

HUD CoC & ESG Entry SO ES SH

Relationship to head of household

- Head of household spouse or partner
- Non relation member

- Self Head of household's child
- Head of household other relation
- Doesn't know / Data not collected

Client Location (CA-520)

Approximate date homelessness started: _____

Regardless of where they stayed last night-Number of times the client has been on the streets, In ES, or SH in the past three, years including today.

- 1 time (HUD) 2 times (HUD) 3 times (HUD) 4 times or more times (HUD)
- Client doesn't know Client refused Data not collected

Total number of months homeless on the street, in ES or SH in the past three years?

One month (this time is the first month) (HUD)

- 2 3 4 5 6 7 8 9 10 11 12

- More than 12 months (HUD) Client doesn't know (HUD)
- Client Refused (HUD) Data not collected

Do you have an income source? Yes No (If Yes Amount \$ _____) Start Date: _____

- Alimony or other Spousal Support (HUD) SSDI
- Child Support (HUD) SSI
- Earned income TANF
- General Assistance (HUD) Unemployment Insurance
- Other VA Non-Service Connected Disability Pension (HUD)
- Pension or retirement income from another job (HUD) VA Service Connected Disability Compensation (HUD)
- Private Disability Insurance
- Retirement income from Social Security
- Worker's Compensation

Are you receiving Non-Cash Benefits? Yes No (If yes, start date _____) Amount _____

- SNAP (Food Stamps / EBT) TANF Children's Services
- Other TANF Funded Services WIC
- TANF Transportation Services Other

Health Insurance

Does client have Health Insurance? Yes () No () Start Date_____

- () Medicaid
- () Medicare
- () State Children’s Health Insurance Program
- () Veteran’s (VA) Medical Services
- () Employer Provided Health Insurance
- () Other
- () Health Insurance obtained through COBRA
- () Private Pay Health Insurance
- () State Health Insurance For Adults Covered CA/ALLIANCE
- () Indian Health Services Program

Disabilities

- () Alcohol Abuse (HUD)
- () Chronic Health Condition (HUD)
- () Drug Abuse (HUD)
- () Mental Health Problem (HUD)
- () Both Alcohol and Drug Abuse (HUD)
- () Developmental (HUD)
- () HIV/AIDS (HUD)
- () Physical (HUD)

Do you have a disability of long duration? () Yes () No Start Date:_____

Domestic violence victim / survivor? () Yes () No

If yes, when did the experience occur?

- () within the past 3 months () 3-6 months () 6-12 months () more than a year
- () doesn’t know () refused

If yes, are you currently fleeing?

- () Yes () No