

HMIS INTAKE

Client Record

Project Start/ Entry 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/Doesn't Know

Primary Race:

American Indian or Alaska.

White

Client doesn't know

Black or African American

Asian

Client Refused

Native Hawaiian or Pacific Islander

Asian & White

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:

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

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

Temporary & Permanent Housing Situations

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host Home (Non-Crisis)
- 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, with GPD TIP subsidy
- Rental by client, with VASH subsidy
- Permanent housing (other than RRH) for formerly homeless person
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing subsidy
- Rental by client, with other on -going housing subsidy (including RRH)
- 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

- Self
- Head of household spouse or partner
- Non relation member
- 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)
- Child Support (HUD)
- Earned income
- General Assistance (HUD)
- Other
- Pension or retirement income from another job (HUD)
- Private Disability Insurance
- Retirement income from Social Security
- Worker's Compensation
- SSDI
- SSI
- TANF
- Unemployment Insurance
- VA Non-Service Connected Disability Pension (HUD)
- VA Service Connected Disability Compensation (HUD)

Are you receiving Non-Cash Benefits? Yes No (If yes, start date_____) Amount_____

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

For Housing Only

Housing move in date:_____

Referring Agency / Access Point:_____

Provider / Program:_____

