INTAKE / HMIS ENTRY FORM for Emergency Shelters (ES) and Safe Havens (SH)

HMIS DATA PRIVACY NOTICE, ACKNOWLEDGEMENT, AND CONSENT COMPLETED?  YES  NO

HEAD OF HOUSEHOLD (HoH) NAME (first, middle initial, last, suffix) EXISTING HOUSEHOLD INFO

|  |  |
| --- | --- |
|  full   partial | Is this form is adding client(s) to an existing household?  Yes  No If yes, HMIS Client ID (HoH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

SOCIAL SECURITY NUMBER (HoH) VETERAN STATUS (HoH)

|  |  |  |  |
| --- | --- | --- | --- |
| - - |  |  **Yes** | Served active duty in the US military |
|  |  |  **No** | Did not serve active duty in the US military |

PROJECT START DATE (date of first stay in bed or unit) DATE OF BIRTH (HoH)

|  |  |  |  |
| --- | --- | --- | --- |
| / / |  | / / |  full  approx. or partial |

RACE (HoH) Check all that apply. GENDER (HoH)

|  |  |  |
| --- | --- | --- |
|  American Indian or Alaskan Native (AI / AN) |  |  Male |
|  Black / African American (B) |  |  Female |
|  Native Hawaiian / Other Pacific Islander (NH) |  |  Transgender female to male (Transgender man) |
|  Asian (A) |  |  Transgender male to female (Transgender woman) |
|  White (W) |  |  Gender non-conforming |

ETHNICITY (HoH) CLIENT LOCATION COUNTY WHERE SERVED

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Non-Hispanic / Non-Latino |  |  BOS OH-507 |  |  |
|  Hispanic / Latino |  |  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

ADDITIONAL HOUSEHOLD MEMBERS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | SSN | DOB | Relationship  to HoH | Race(s)  Choose from above selections. | Hispanic  Latino  Y/N | Gender  Choose above selections. | Veteran  Y/N |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS

|  |  |
| --- | --- |
| Name | Disability of long duration that substantially limits the client's ability to live on their own |
|  |  Physical  Developmental  Chronic health condition  Mental health   HIV/AIDS  Drug abuse  Alcohol abuse  Alcohol and drug abuse |
|  |  Physical  Developmental  Chronic health condition  Mental health   HIV/AIDS  Drug abuse  Alcohol abuse  Alcohol and drug abuse |
|  |  Physical  Developmental  Chronic health condition  Mental health   HIV/AIDS  Drug abuse  Alcohol abuse  Alcohol and drug abuse |
|  |  Physical  Developmental  Chronic health condition  Mental health   HIV/AIDS  Drug abuse  Alcohol abuse  Alcohol and drug abuse |

PRIOR LIVING SITUATION

Complete separately for each adult if adults were living in different living situations.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| County of Residence Prior | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Client Name  (If different than HoH) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Homeless Situations | | | | | |
|  Place not meant for habitation | | | | | |
|  Emergency shelter, including hotel or motel paid for **with** emergency shelter voucher, or RHY-funded Host Home shelter | | | | | |
|  Safe Haven | | | | | |
| Institutional Situations | | | | |
|  Foster care home or foster care group home | | |  Long-term care facility or nursing home | |
|  Hospital or other residential non-psychiatric medical facility | | |  Psychiatric hospital or other psychiatric facility | |
|  Jail, prison, or juvenile detention facility | | |  Substance abuse treatment facility or detox center | |
| Temporary and Permanent Housing Situations | | | | |
|  Residential project or halfway house with no homeless criteria | | |  Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) | |
|  Hotel or motel paid for **without** emergency shelter voucher | | |  Rental by client, with RRH or equivalent subsidy | |
|  Transitional housing for homeless persons (including homeless youth) | | |  Rental by client, with HCV voucher (tenant or project based) | |
|  Host Home (non-crisis) | | |  Rental by client in a public housing unit | |
|  Staying or living in a friend’s room, apartment or house | | |  Rental by client, no ongoing housing subsidy | |
|  Staying or living in a family member’s room, apartment or house | | |  Rental by client, with other ongoing housing subsidy | |
|  Rental by client, with GPD TIP subsidy | | |  Owned by client, with housing subsidy | |
|  Rental by client, with VASH housing subsidy | | |  Owned by client, no housing subsidy | |

LENGTH OF STAY IN LITERALLY HOMELESS SITUATION

|  |  |  |
| --- | --- | --- |
|  1 night or less |  1 week or more, but less than 1 month |  90 days or more, but less than 1 year |
|  2 to 6 nights |  1 month or more, but less than 90 days |  1 year or longer |

TIME ON THE STREETS, EMERGENCY SHELTER, OR SAFE HAVEN

|  |  |
| --- | --- |
| Including this and any previous sheltered stays or unsheltered episodes, what is the approximate date that the client became homeless? (month / day / year) | / / |
| Including today, what is the number of times the client has been on the street, in ES or SH in the past 3 years? (Institutional stays of less than 90 days are not a break. Stays less than 7 days in other places are not a break.) |  1  2  3  4 or more |
| What is the total number of months the client has been homeless on the street, in ES or SH in past 3 years? |  1  2  3  4  5  6   7  8  9  10  11  12 or more |

ARE ANY ADULTS IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME?  YES  NO

Income for a child is recorded as income for the adult who receives the funds.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Source | Amount | Recipient(s) | Source | Amount | Recipient(s) |
|  Alimony or other spousal support | $ |  |  Social Security Income (SSI) | $ |  |
|  Cash assistance / TANF | $ |  |  Social Sec Disability Income (SSDI) | $ |  |
|  Child support | $ |  |  Unemployment | $ |  |
|  Earned income | $ |  |  VA Service Connected Disability Compensation | $ |  |
|  Pension from a former job | $ |  |  VA Non-Service Connected Disability Pension | $ |  |
|  Retirement from Social Security | $ |  |  Workers’ Compensation | $ |  |
|  Private Disability Insurance | $ |  |  General Assistance | $ |  |
|  Other sources \_\_\_\_\_\_\_\_\_ | $ |  |  Other sources \_\_\_\_\_\_\_\_\_ | $ |  |
| **TOTAL MONTHLY INCOME** (Record separately for each adult.) | | | | $ |

ARE ADULTS IN THE HOUSEHOLD CURRENTLY RECEIVING NON-CASH BENEFITS?  YES  NO

Income for a child is recorded as income for the adult who receives the funds.

|  |  |  |  |
| --- | --- | --- | --- |
| Source | Recipient(s) | Source | Recipient(s) |
|  SNAP (Food Stamps) |  |  TANF child care services |  |
|  WIC |  |  TANF transportation services |  |
|  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  Other TANF-funded services |  |

DOES ANYONE IN THE HOUSEHOLD HAVE HEALTH INSURANCE?  YES  NO

|  |  |  |  |
| --- | --- | --- | --- |
| Source | Recipient(s) | Source | Recipient(s) |
|  Medicaid |  |  Employer-provided Health Insurance |  |
|  Medicare |  |  Health insurance obtained through COBRA |  |
|  State Children’s Health Insurance Program (SCHIP) |  |  Private Pay Health Insurance |  |
|  Veterans Administration (VA) Medical Services |  |  State Health Insurance for Adults |  |
|  Indian Health Services Program |  |  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

ARE ANY ADULTS AFFECTED BY DOMESTIC VIOLENCE?  YES  NO

|  |  |
| --- | --- |
| Name | Extent of Domestic Violence |
|  |  Within the past 3 months  Within the past 6-12 months   Within the past 3-6 months  More than 1 year ago  **Currently Fleeing?  Yes  No** |
| Name | Extent of Domestic Violence |
|  |  Within the past 3 months  Within the past 6-12 months   Within the past 3-6 months  More than 1 year ago  **Currently Fleeing?  Yes  No** |