Adult Intake Agency: Entry Date: HMIS ID:

First Name Middle Name Last Name

Social Security Number Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race (Check all that apply)

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or other Pacific Islander
* White

Gender

* Male
* Female

Veteran

Disabling Condition

Ethnicity

* Hispanic/Latino
* Non-Hispanic/Latino

Disabling Condition:

* Yes
* No

Veteran:

* Yes
* No
* Transgender Male to Female
* Transgender Female to Male
* Gender Non-Conforming

Relationship to Head of Household: (Self, Spouse, Son, etc.)

**Living Situation -** Residence the night before program admission, and length of stay at that residence.

*HOMELESS SITUATIONS*

* Place not meant for Habitation
* Emergency Shelter (or hotel paid for with emergency shelter voucher)Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Safe Haven
* Interim Housing

*INSTITUTIONAL SITUATION*

* 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 AND PERMANENT HOUSING SITUATION*

* 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 for formerly homeless persons (such as: A CoC project; HUD legacy programs; or HOPWA PH) Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Rental by client, no ongoing housing subsidy
* Rental by client, with VASH housing subsidy
* Rental by client, with GPD TIP subsidy
* Rental by client, with other ongoing housing subsidy
* Residential project or halfway house with no homeless criteria
* Staying or living with a family member’s room, apartment or house
* Staying or living with a friend’s room, apartment or house
* Transitional housing for homeless persons (including homeless youth) Agency Name

Approximate date started homelessness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of stay: \_\_\_\_\_ days

On the night before, did you stay on the streets, ES, or SH?: Yes 🞎 No 🞎

In the past 3 years, how many **different times** have you slept on the streets, in ES, or SH, including last night? \_\_

In the past 3 years, how many **months** homeless on the streets in ES, or SH in the past three years:

**CAUSE OF HOMELESSNESS**

 **Select ONLY ONE**

* Divorce/Break-up
* Domestic Violence
* Evicted from Home/Foreclosure
* Evicted from Shelter
* Foster Care – Aged Out
* House Fire/Natural Disaster
* Criminal Activity/Jail/Prison
* Lost Employment/Lack of Income/Public Assistance
* Mental Illness
* Personal Health/Medical Condition
* Healthy/Safety
* Relocation
* Stranded
* Substance Abuse

**HEALTH INSURANCE**

Client has active health insurance: Yes 🞎 No 🞎

(If answer is “Yes”, check which one(s) below)

* Private
* Private – Employer
* Private – Individual
* Medicare
* Medicaid
* State Children’s Health Insurance Program S-CHIP
* Military Insurance
* Other Public
* State Funded
* Combined Children’s Health Insurance / Medicaid Program
* Indian Health Service (HIS)
* Other

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disability** | Disability Present | ReceivingServices | Condition is Indefinite | Documentation of the Disability and Severity on File |
| Yes | No | Yes | No | Yes | No | Yes | No |
| Alcohol Abuse | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Developmental Disability | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Drug Abuse | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| HIV/AIDS | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Mental Health | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Physical Disability | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Chronic Health Condition | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Overview of Disability: |  |

**DOMESTIC VIOLENCE**

Domestic Violence Experience

* Yes
* No

Received/Need Counseling

* Yes
* No

Overview of Domestic Violence:

Currently Fleeing

* Yes
* No

When Experience Occurred

* Within the past three months
* Three to six months ago
* From six to twelve months ago
* More than a year ago

**MONTHLY NON-CASH BENEFITS**

* SNAP/Food Stamps
* TANF Child Care Services
* TANF Transportation Services
* Other TANF-funded Services
* Section 8, public housing, or other ongoing
* Other Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Temporary Rental Assistance

**TOTAL MONTHLY NON-CASH BENEFITS**: $\_\_\_\_\_\_\_\_

**MONTHLY CASH INCOME**

* Earned Income
* Unemployment Insurance
* Supplemental Security Income
* Social Security Disability Income
* VA Service – Disability Compensation
* VA Non-Service-Connected Disability
* Private disability insurance
* Workers Compensation
* TANF
* General Assistance
* Retirement Income from SS
* Pension or retirement from former job
* Child support
* Alimony
* Other source

**TOTAL MONTHLY CASH INCOME**: $\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_

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**EDUCATION INFORMATION**

Highest Level of Education

* Not old enough to be enrolled in school
* Less than grade 5
* Grade 5 -6
* Grade 7 - 8
* Grade 9 - 11
* Grade 12 / High School Diploma
* GED

Currently in school or working on any degree?

* YES
* Attending school regularly
* Attending school irregularly
* Suspended
* NO
* Graduated High School
* Obtained a GED
* Expelled
* Dropped out within the last 6 months
* Dropped out 6 months ago or more

**EMPLOYMENT INFORMATION**

Currently Employed? YES NO

Seeking Employment? YES NO

If No, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current/Most Recent Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours Per Week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current/Most Recent Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours Per Week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current/Most Recent Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours Per Week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEANS OF TRANSPORTATION**

* Bicycle
* Family/Friends
* Public Transportation
* Taxi
* Walks
* Owns Car

Valid Driver’s License: YES NO

Car Insurance? YES NO

**ADDITIONAL INFORMATION**

Are you pregnant? YES-Due Date:\_\_\_\_\_\_\_\_\_ NO N/A

Marital Status

* Single
* Married
* Separated
* Divorced
* Widowed

City/State of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code of Last Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSING SITUATION HISTORY**

This timeline table allows us to gather a history of your housing situation so we can better understand of your situation and how we can help you.

Please provide details up to 3 years of your housing history. **Please start with where you stayed last night.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date** | **End Date** | **Housing Situation** | **Whereabouts** |
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