

HMIS Paper Intake Form

***NON-CASH BENEFITS**

- | | |
|--|--|
| <input type="checkbox"/> Food Stamps or money for food on a benefits card
<input type="checkbox"/> MEDICARE Health Insurance program
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, infants and Children (WIC)
<input type="checkbox"/> TANF Child Care Services
<input type="checkbox"/> Other TANF-funded services
<input type="checkbox"/> Other Source
<input type="checkbox"/> None | <input type="checkbox"/> MEDICAID health insurance program
<input type="checkbox"/> State Children's Health Insurance Program
<input type="checkbox"/> Veteran's Administration (VA) Medical Services
<input type="checkbox"/> TANF transportation services
<input type="checkbox"/> Section 8, public housing, or other rental assistance
<input type="checkbox"/> Private Health Insurance
<input type="checkbox"/> Other Health Insurance |
|--|--|

***SPECIAL NEEDS**

-
- Mental Illness
-
-
- Drug Abuse
-
-
- MRDD
-
-
- Domestic Violence
-
-
- Alcohol Abuse
-
-
- HIV/AIDS
-
-
- Physical Disability
-
-
-
- None

DOMESTIC VIOLENCE: IF YES, WHEN EXPERIENCE OCCURRED

-
- Within the past 3 Months
-
-
- 3-6 Months Ago
-
-
- 6-12 Months Ago
-
-
- More than a Year Ago
-
-
- Don't Know
-
-
- Refused

FOR THE FOLLOWING QUESTIONS, PLEASE NOTE IF IT IS EXPECTED TO BE OF LONG-CONTINUED AND INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY:

DRUG / ALCOHOL ABUSE:

-
- Yes
-
-
- No

MENTAL ILLNESS:

-
- Yes
-
-
- No

***GENERAL HEALTH**

-
- Excellent
-
-
- Very Good
-
-
- Good
-
-
- Fair
-
-
- Poor
-
-
- Don't Know

***DISABLING CONDITION**

-
- No
-
-
- Don't Know
-
-
- Refused
-
-
- Yes (not Specified)
-
-
- Yes, Diagnosable Substance Use Disorder
-
-
- Yes, Serious Mental Illness
-
-
- Yes, Developmental Disability
-
-
- Yes, Chronic Physical Illness or Disability

***CURRENTLY PREGNANT**

-
- Yes
-
-
- No

DUE DATE

___ / ___ / ___

***CURRENTLY EMPLOYED**

-
- Yes
-
-
- No

NUMBER OF HOURS WORKED IN PAST WEEK

EMPLOYMENT TENURE

-
- Permanent
-
-
- Temporary
-
-
- Seasonal

LOOKING FOR WORK

-
- YES
-
-
- No

PRIMARY LANGUAGE

- | | |
|-------------------------------------|----------------------------------|
| <input type="radio"/> English | <input type="radio"/> Creole |
| <input type="radio"/> Spanish | <input type="radio"/> Greek |
| <input type="radio"/> French | <input type="radio"/> Italian |
| <input type="radio"/> Chinese | <input type="radio"/> Japanese |
| <input type="radio"/> Arabic | <input type="radio"/> Vietnamese |
| <input type="radio"/> Hebrew | <input type="radio"/> Braille |
| <input type="radio"/> Hindi | <input type="radio"/> Tagalog |
| <input type="radio"/> Russian | |
| <input type="radio"/> Sign Language | |
| <input type="radio"/> Other | |

***HIGHEST LEVEL OF SCHOOL COMPLETED**

-
- No schooling completed
-
-
- Nursery school to 4th Grade
-
-
- 5
- th
- or 6th Grade
-
-
- 7
- th
- or 8th Grade
-
-
- 9
- th
- Grade
-
-
- 10th Grade
-
-
- 11th Grade
-
-
- 12th Grade – No Diploma
-
-
- High School Diploma
-
-
- GED
-
-
- Post-secondary school

***CURRENT STUDENT**

-
- Yes
-
-
- No

***POST-SECONDARY DEGREE**

-
- Associates
-
-
- Bachelors
-
-
- Masters
-
-
- Doctorate
-
-
- Other graduate/professional degree
-
-
- None

***RECEIVED VOCATIONAL TRAINING OR APPRENTICESHIP CERTIFICATE?**

-
- Yes
-
-
- No

***VETERAN**

-
- No
-
-
- Yes
-
-
- Don't Know
-
-
- Refused

BIRTH PLACE

CITIZEN

-
- US Citizen
-
-
- Registered Alien: Alien Registration _____
-
-
- Undocumented Alien

SERVICES SOUGHT

-
- Shelter / Housing
-
-
- Mental Health Care
-
-
- Legal Aid - CRJS /Civil
-
-
- Drug Treatment
-
-
- Medical Care
-
-
- Legal Aid - Immigration

Emergency Contact _____ **Address** _____ **Relation** _____ **Phone** _____