



HMIS Paper Intake Form

* **INTAKE DATE** ____ / ____ / ____ * **SHELTER BED** _____ **PRIMARY WORKER** _____

REFERRED BY (choose one) Self Agency (Name) _____

* **FIRST NAME** _____ **MIDDLE NAME** _____ * **LAST NAME** _____ **SUFFIX** _____

ALIAS _____ * **BIRTH DATE** ____ / ____ / ____ * **SOCIAL SECURITY #** ____ - ____ - ____ * **SSN DATA QUALITY** Full SSN Don't Know
 Partial SSN Refused

<p>* GENDER</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Trans-Male</p> <p><input type="radio"/> Trans-Female</p> <p>* ETHNICITY</p> <p><input type="radio"/> Hispanic / Latino</p> <p><input type="radio"/> Non-Hispanic / Non-Latino</p>	<p>* RACE</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p>
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<p>* LAST PERMANENT ADDRESS</p> <p>* ZIP CODE _____</p> <p>CITY / TOWN _____</p> <p>TOWNSHIP _____</p> <p>DATE LEFT ____ / ____ / ____</p>
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<p>* ZIP CODE DATA QUALITY</p> <p><input type="radio"/> Full Zip Code Recorded</p> <p><input type="radio"/> Don't Know</p> <p><input type="radio"/> Refused</p> <p>LENGTH OF STAY AT PREVIOUS RESIDENCE</p> <p><input type="radio"/> <=1 Week</p> <p><input type="radio"/> > 1 Week and < 1 Month</p> <p><input type="radio"/> 1 to 3 Months</p> <p><input type="radio"/> > 3 Months and < 1</p> <p><input type="radio"/> >= 1 Year</p>

* **RESIDENCE PRIOR TO PROGRAM ENTRY: i.e. Where Did the Client Sleep Last Night? (Check One Only)**

<input type="radio"/> Emergency shelter (including a youth shelter, or hotel, motel, or campground paid for with emergency shelter voucher)	<input type="radio"/> Staying or living in a family member's room, apartment or house
<input type="radio"/> Transitional housing for homeless persons (including homeless youth)	<input type="radio"/> Staying or living in a friend's room, apartment or house
<input type="radio"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="radio"/> Hotel or motel paid for without emergency shelter voucher
<input type="radio"/> Substance abuse treatment facility or detox center	<input type="radio"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
<input type="radio"/> Hospital (non-psychiatric)	<input type="radio"/> Foster care home or foster care group home
<input type="radio"/> Jail, prison, or juvenile detention facility	<input type="radio"/> Other
<input type="radio"/> Apartment or house that you own	<input type="radio"/> Don't Know
<input type="radio"/> Room, apartment, or house that you rent	<input type="radio"/> Refused

<p>* HOMELESS CAUSE</p> <p><input type="radio"/> Benefits Loss/Reduction</p> <p><input type="radio"/> Job Income Loss/Reduction</p> <p><input type="radio"/> Eviction</p> <p><input type="radio"/> Relocation</p> <p><input type="radio"/> Release from Prison /Jail</p> <p><input type="radio"/> Release from Hospital</p> <p><input type="radio"/> Release from Psych Facility</p> <p><input type="radio"/> Illness</p> <p><input type="radio"/> Injury</p>	<p><input type="radio"/> Domestic Violence</p> <p><input type="radio"/> Asked to Leave a Shared Residence</p> <p><input type="radio"/> Drug / Alcohol Abuse</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Natural Disaster</p> <p><input type="radio"/> Not Currently Homeless</p> <p><input type="radio"/> Foreclosure</p> <p><input type="radio"/> Don't Know</p>	<p>* HOMELESS STATUS</p> <p><input type="radio"/> At Risk</p> <p><input type="radio"/> Homeless (HUD Defined)</p> <p><input type="radio"/> Not Currently Homeless</p> <p><input type="radio"/> Precariously Housed</p> <p>* HOMELESS DURATION</p> <p><input type="radio"/> 0 - 30 Days</p> <p><input type="radio"/> 31 - 60 Days</p> <p><input type="radio"/> 61 - 90 Days</p> <p><input type="radio"/> 91 -180 Days</p> <p><input type="radio"/> Between 6 & 12 months</p> <p><input type="radio"/> 12 months or longer</p> <p><input type="radio"/> Unknown</p>	<p>* EPISODES OF HOMELESSNESS IN PAST 3 YEARS</p> <p><input type="radio"/> 0</p> <p><input type="radio"/> 1 <input type="radio"/> 6</p> <p><input type="radio"/> 2 <input type="radio"/> 7</p> <p><input type="radio"/> 3 <input type="radio"/> 8</p> <p><input type="radio"/> 4 <input type="radio"/> 9</p> <p><input type="radio"/> 5 <input type="radio"/> 10 or more</p>
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<p>MARITAL STATUS</p> <p><input type="radio"/> Single</p> <p><input type="radio"/> Married</p> <p><input type="radio"/> Common Law</p> <p><input type="radio"/> Divorced</p> <p><input type="radio"/> Separated</p> <p><input type="radio"/> Remarried</p> <p><input type="radio"/> Widow(er)</p>	<p>* INDIVIDUAL / FAMILY TYPE</p> <p><input type="radio"/> Individual Male</p> <p><input type="radio"/> Individual Female</p> <p><input type="radio"/> Individual Male – Youth (<18)</p> <p><input type="radio"/> Individual Female – Youth (<18)</p> <p><input type="radio"/> Single Parent Family – Male Head</p> <p><input type="radio"/> Single Parent Family – Female</p> <p><input type="radio"/> Single Parent Family – Youth Head</p> <p><input type="radio"/> Two Parent Family – Adult</p> <p><input type="radio"/> Two Parent Family – Youth</p> <p><input type="radio"/> Adult Couple without Children</p>
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<p>* NUMBER OF CHILDREN: _____</p>					
<p>CHILD 1</p> <p>GENDER</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p>AGE</p> <p><input type="radio"/> Under 1</p> <p><input type="radio"/> 1 – 5</p> <p><input type="radio"/> 6 – 12</p> <p><input type="radio"/> 13 – 17</p>	<p>CHILD 2</p> <p>GENDER</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p>AGE</p> <p><input type="radio"/> Under 1</p> <p><input type="radio"/> 1 – 5</p> <p><input type="radio"/> 6 – 12</p> <p><input type="radio"/> 13 – 17</p>	<p>CHILD 3</p> <p>GENDER</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p>AGE</p> <p><input type="radio"/> Under 1</p> <p><input type="radio"/> 1 – 5</p> <p><input type="radio"/> 6 – 12</p> <p><input type="radio"/> 13 – 17</p>	<p>CHILD 4</p> <p>GENDER</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p>AGE</p> <p><input type="radio"/> Under 1</p> <p><input type="radio"/> 1 – 5</p> <p><input type="radio"/> 6 – 12</p> <p><input type="radio"/> 13 – 17</p>	<p>CHILD 5</p> <p>GENDER</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p>AGE</p> <p><input type="radio"/> Under 1</p> <p><input type="radio"/> 1 – 5</p> <p><input type="radio"/> 6 – 12</p> <p><input type="radio"/> 13 – 17</p>	<p>CHILD 6</p> <p>GENDER</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p>AGE</p> <p><input type="radio"/> Under 1</p> <p><input type="radio"/> 1 – 5</p> <p><input type="radio"/> 6 – 12</p> <p><input type="radio"/> 13 – 17</p>

*Required Fields: Agencies may elect to require more fields.

= Select one only; =Select all that apply

*** MONTHLY INCOME SOURCES** (Enter Monthly Income in Each Applicable Box)

	Amount		Amount		Amount
Earned Income	\$ _____	Unemployment Benefits	\$ _____	SSI	\$ _____
SSDI	\$ _____	Veteran's Disability Payment	\$ _____	Private Disability Insurance	\$ _____
Worker's Compensation	\$ _____	TANF	\$ _____	General Public Assistance	\$ _____
Retirement Income from SSA	\$ _____	Veteran's Pension	\$ _____	Pension from a former job	\$ _____
Child Support	\$ _____	Alimony or Other Spousal Support	\$ _____	Other: _____	\$ _____
None	\$ 0				

***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
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***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:	MENTAL ILLNESS:
<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

* GENERAL HEALTH	* DISABLING CONDITION	* CURRENTLY PREGNANT
<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> Don't Know	<input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused <input type="radio"/> Yes (not Specified) <input type="radio"/> Yes, Diagnosable Substance Use Disorder <input type="radio"/> Yes, Serious Mental Illness <input type="radio"/> Yes, Developmental Disability <input type="radio"/> Yes, Chronic Physical Illness or Disability	<input type="radio"/> Yes <input type="radio"/> No DUE DATE ___ / ___ / ___

* CURRENTLY EMPLOYED	EMPLOYMENT TENURE
<input type="radio"/> Yes <input type="radio"/> No NUMBER OF HOURS WORKED IN PAST WEEK _____	<input type="radio"/> Permanent <input type="radio"/> Temporary <input type="radio"/> Seasonal LOOKING FOR WORK <input type="radio"/> YES <input type="radio"/> 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	* CURRENT STUDENT
<input type="radio"/> No schooling completed <input type="radio"/> Nursery school to 4th Grade <input type="radio"/> 5 th or 6th Grade <input type="radio"/> 7 th or 8th Grade <input type="radio"/> 9 th Grade <input type="radio"/> 10th Grade <input type="radio"/> 11th Grade <input type="radio"/> 12th Grade – No Diploma <input type="radio"/> High School Diploma <input type="radio"/> GED <input type="radio"/> Post-secondary school	<input type="radio"/> Yes <input type="radio"/> No * POST-SECONDARY DEGREE <input type="radio"/> Associates <input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Doctorate <input type="radio"/> Other graduate/professional degree <input type="radio"/> None * RECEIVED VOCATIONAL TRAINING OR APPRENTICESHIP CERTIFICATE? <input type="radio"/> Yes <input type="radio"/> No

* VETERAN	SERVICES SOUGHT
<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know <input type="radio"/> Refused BIRTH PLACE _____ CITIZEN <input type="radio"/> US Citizen <input type="radio"/> Registered Alien: Alien Registration _____ <input type="radio"/> Undocumented Alien	<input type="checkbox"/> Shelter / Housing <input type="checkbox"/> Mental Health Care <input type="checkbox"/> Legal Aid - CRJS /Civil <input type="checkbox"/> Drug Treatment <input type="checkbox"/> Medical Care <input type="checkbox"/> Legal Aid - Immigration

Emergency Contact _____ Address _____ Relation _____ Phone _____

*Required Fields: Agencies may elect to require more fields.

= Select one only; =Select all that apply