



<p><b>* Homeless Cause:</b></p> <p><input type="radio"/> Benefits Loss/Reduction      <input type="radio"/> Domestic Violence</p> <p><input type="radio"/> Job Income Loss/Reduction    <input type="radio"/> Asked to Leave Shared Residence</p> <p><input type="radio"/> Eviction                                <input type="radio"/> Drug/Alcohol Abuse</p> <p><input type="radio"/> Relocation                            <input type="radio"/> Other</p> <p><input type="radio"/> Release from Prison/Jail        <input type="radio"/> Natural Disaster</p> <p><input type="radio"/> Release from Hospital            <input type="radio"/> Not Currently Homeless</p> <p><input type="radio"/> Release from Psych. Facility    <input type="radio"/> Mortgage Foreclosure</p> <p><input type="radio"/> Illness                                <input type="radio"/> Injury                                <input type="radio"/> Don't Know</p>	<p><b>* Housing Status:</b></p> <p><input type="radio"/> Literally Homeless</p> <p><input type="radio"/> Imminently Losing Housing (within 2 weeks)</p> <p><input type="radio"/> Unstably Housed and At Risk of Losing Housing</p> <p><input type="radio"/> Stably Housed</p> <p><input type="radio"/> Don't Know</p> <p><input type="radio"/> Refused</p>	<p><b>* Homeless Duration:</b></p> <p><input type="radio"/> 0 to 30 days</p> <p><input type="radio"/> 31 to 60 days</p> <p><input type="radio"/> 61 to 90 days</p> <p><input type="radio"/> 91 to 180 days</p> <p><input type="radio"/> 6 to 12 Months</p> <p><input type="radio"/> 12 Months or Longer</p> <p><input type="radio"/> Unknown</p>
<p><b>* # of Episodes of Homelessness</b> (in the past 3 years): _____</p>		

<p><b>Marital Status:</b></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><b>* Individual / Family Type:</b> Note: These questions refer only to the people in the household being served by your program.</p> <p><input type="radio"/> Individual Male / Female</p> <p><input type="radio"/> Individual Male Youth (&lt;18)</p> <p><input type="radio"/> Individual Female Youth (&lt;18)</p> <p><input type="radio"/> Single Parent Family - Male Head</p> <p><input type="radio"/> Single Parent Family - Female Head</p> <p><input type="radio"/> Single Parent Family - Youth Head</p> <p><input type="radio"/> Two Parent Family - Adult Head</p> <p><input type="radio"/> Two Parent Family - Youth Head</p> <p><input type="radio"/> Adult Couple without Children</p>	<p><b>* Number of Adults in Household:</b> _____    <b>* Number of Children in Household:</b> _____</p> <p><b>Children's Details: (circle the appropriate gender and age for each child)</b> List additional children here:</p> <p><b>Child 1:</b> Male / Female    Age: Under 1, 1 to 5, 6 to 12, 13 to 17</p> <p><b>Child 2:</b> Male / Female    Age: Under 1, 1 to 5, 6 to 12, 13 to 17</p> <p><b>Child 3:</b> Male / Female    Age: Under 1, 1 to 5, 6 to 12, 13 to 17</p> <p><b>Child 4:</b> Male / Female    Age: Under 1, 1 to 5, 6 to 12, 13 to 17</p> <p><b>Child 5:</b> Male / Female    Age: Under 1, 1 to 5, 6 to 12, 13 to 17</p> <p><b>Child 6:</b> Male / Female    Age: Under 1, 1 to 5, 6 to 12, 13 to 17</p>
---	---	---

<p><b>* Income Received in Past 30 Days?</b>    <input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> Don't Know    <input type="radio"/> Refused</p>				<p>If "Yes", check off all that apply and list amounts:</p>			
<input type="checkbox"/> Earned Income:                    \$_____	<input type="checkbox"/> Unemployment Benefits:            \$_____	<input type="checkbox"/> Veteran's Pension:                    \$_____	<input type="checkbox"/> SSI:                                        \$_____	<input type="checkbox"/> SSDI:                                        \$_____	<input type="checkbox"/> Pension from a Former Job:            \$_____		
<input type="checkbox"/> Veteran's Disability Payment:    \$_____	<input type="checkbox"/> Private Disability Insurance:        \$_____	<input type="checkbox"/> Alimony / Spousal Support:            \$_____	<input type="checkbox"/> Worker's Compensation:                \$_____	<input type="checkbox"/> TANF:                                        \$_____	<input type="checkbox"/> Child Support                                \$_____		
<input type="checkbox"/> General Public Assistance:        \$_____	<input type="checkbox"/> Retirement Income from SSA:        \$_____	<input type="checkbox"/> Other                                        \$_____					

<p><b>* Non-Cash Benefits Received in Past 30 Days?</b>    <input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> Don't Know    <input type="radio"/> Refused</p>				<p>If "Yes", check off all that apply:</p>			
<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> MEDICAID health insurance	<input type="checkbox"/> Temporary Rental Assistance	<input type="checkbox"/> MEDICARE health insurance	<input type="checkbox"/> State Children's Health Insurance Program	<input type="checkbox"/> Other Source		
<input type="checkbox"/> Supplemental Nutrition Program (WIC)	<input type="checkbox"/> Veteran's Administration Medial Services		<input type="checkbox"/> TANF Child-Care Services	<input type="checkbox"/> TANF Transportation Service			
<input type="checkbox"/> Other TANF-Funded Services	<input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance						



# HMIS Paper Intake Form

<b>* General Health:</b> <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"/> Refused	<b>* Employment Status:</b> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know <input type="radio"/> Refused  <b>Employment Tenure:</b> <input type="radio"/> Permanent <input type="radio"/> Temporary <input type="radio"/> Seasonal <input type="radio"/> Don't Know <input type="radio"/> Refused	<b>Number of Hours Worked in the Past Week:</b> _____
<b>Currently Pregnant:</b> <input type="radio"/> Yes <input type="radio"/> No Due Date: ___ / ___ / ___	<b>Looking For Work:</b> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know <input type="radio"/> Refused	

<b>* Highest Level of School Completed:</b> <input type="radio"/> No schooling completed <input type="radio"/> Nursery School to 4th Grade <input type="radio"/> 5th or 6th Grade <input type="radio"/> 7th or 8th Grade <input type="radio"/> 9th Grade <input type="radio"/> 10th Grade <input type="radio"/> 11th Grade <input type="radio"/> 12th Grade but No Diploma <input type="radio"/> High School Diploma <input type="radio"/> GED <input type="radio"/> Post-Secondary School <input type="radio"/> Don't Know <input type="radio"/> Refused	<b>* Post-Secondary Degree:</b> <input type="checkbox"/> None <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other Graduate/Professional Degree <input type="checkbox"/> Certificate of Advanced Training or skilled artisan <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused  <b>Received Vocational Training or Apprenticeship Certificate:</b> <input type="radio"/> Yes <input type="radio"/> Don't Know <input type="radio"/> No <input type="radio"/> Refused	<b>Current Student:</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
--	--	---

<b>* Veteran Status:</b> <input type="radio"/> Yes <input type="radio"/> Don't Know <input type="radio"/> No <input type="radio"/> Refused
--

<b>* Disabling Condition:</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes - Diagnosable Substance Abuse Disorder <input type="radio"/> Yes - Serious Mental Illness <input type="radio"/> Yes - Developmental Disability <input type="radio"/> Yes - Chronic Physical Disability or Illness <input type="radio"/> Yes - Dually Diagnosed <input type="radio"/> Don't Know <input type="radio"/> Refused
---

<b>Special Needs</b>	Does the client have this condition:	If Yes, is the Client receiving services or treatment for this condition:
<b>* Physical Disability:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
<b>* Developmental Disability:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
<b>* Chronic Health Condition:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
<b>* HIV / AIDS:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
<b>* Mental Health:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
<b>* Substance Abuse Problem:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused
	If "Yes" select type: <input type="radio"/> Alcohol Abuse <input type="radio"/> Drug Abuse <input type="radio"/> Both Drug & Alcohol Abuse	
<b>* Domestic Violence Victim:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	If Yes, how long ago did the experience occur: <input type="radio"/> Within the past 3 months <input type="radio"/> 3 to 6 months ago <input type="radio"/> 6 to 12 months ago <input type="radio"/> More than 12 months <input type="radio"/> Don't Know <input type="radio"/> Refused
* Note: A serious disability is expected to be of a long-continued and indefinite duration and substantially impair the client's ability to live independently. The client may have special needs that do not qualify as disabling conditions.		



# HMIS Paper Intake Form

## Optional Questions

**Birth Place:** \_\_\_\_\_, \_\_\_\_\_

**Citizenship:**

- US Citizen
- Registered Alien - Alien Registration #: \_\_\_\_\_
- Undocumented Alien

**Last Permanent Address** - Supplemental Questions. (A permanent address is a room, house or apartment that client lived in for 3 months or longer)

**City/Town:** \_\_\_\_\_, \_\_\_\_\_ **Indiana County:** \_\_\_\_\_ **Township:** \_\_\_\_\_

**Primary Language:**  English  Spanish  Other: \_\_\_\_\_

**Services Sought:**

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

**Emergency Contact:**

Name: \_\_\_\_\_ Address (street, city, state, zip): \_\_\_\_\_

Phone #: \_\_\_\_\_  Home  Work  Cell

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  Home  Work  Cell

Staff / Volunteer that collected this information: \_\_\_\_\_

This form may be modified to add additional questions, however the content of the existing questions should not be changed. Instructional material and definitions for all questions can be found on our website: <http://www.in.gov/ihcda/3120.htm>