

Intake – Client Information

Date of Intake: _____ Staff: _____		
Intake information entered into client track by _____ on _____		
Last Name: _____ First Name: _____ MI: _____ Phone #: _____		
Alias': (may include maiden names, nicknames) _____		
Soc. Sec. #: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Refused Date of Birth: _____ Date of Birth Quality: <input type="checkbox"/> Approximate or partial DOB reported <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Don't know <input type="checkbox"/> Refused Age at Program Entry _____	Gender? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Won't Answer	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Married & living w/spouse <input type="checkbox"/> Married & not living w/spouse <input type="checkbox"/> Common law <input type="checkbox"/> Living together <input type="checkbox"/> Widowed <input type="checkbox"/> Other Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Due date: _____
Dependent Information: (client must have custody – use extra sheet, if needed) Name: _____ Name: _____ Date of birth: _____ Age: _____ Date of birth: _____ Age: _____ Grade in school: Disabled: Yes No Grade in school: Disabled: Yes No		Does client have State issued ID? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact Information Name: _____ Relationship: _____ Phone: _____ Alternate Phone: _____	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Veteran Status Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Branch served: _____ <input type="checkbox"/> Don't know Length of service: _____ year <input type="checkbox"/> Refused Verification: <input type="checkbox"/> VA Health Card <input type="checkbox"/> DD214 <input type="checkbox"/> Other Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Residence <input type="checkbox"/> Emergency shelter (include hotel or motel pd. w/emergency funds) <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Permanent housing for formerly homeless persons (SHP, S+C, SRO Mod Rehab) <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's member's room, apartment or house <input type="checkbox"/> Hotel or motel paid without emergency shelter voucher <input type="checkbox"/> Place not meant for habitation (vehicle/abandoned house) <input type="checkbox"/> Safe Haven <input type="checkbox"/> Rental by client, VASH subsidy <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Rental by client, with other (non-VASH) ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Jail, prison, juvenile detention facility <input type="checkbox"/> Domestic Violence Shelter <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Length of Stay in Prior Residence <input type="checkbox"/> One week or less <input type="checkbox"/> More than 1 wk., less than 1 mos. <input type="checkbox"/> 1 to 3 mos. <input type="checkbox"/> More than 3 mos., less than 1 yr. <input type="checkbox"/> 1 yr. or longer <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	Chronic Homelessness Assessment: Must meet requirements in all three categories. <input type="checkbox"/> Unaccompanied individual Housing Status <input type="checkbox"/> Continuously homeless for a year or more <input type="checkbox"/> 4 episodes of homelessness in the past 3 years Disabling Condition <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> Serious Mental Illness <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Chronic Physical Illness or Disability	
Housing Status <input type="checkbox"/> Literally homeless <input type="checkbox"/> Imminently losing housing <input type="checkbox"/> Unstably housed and at risk of losing housing <input type="checkbox"/> Stably housed <input type="checkbox"/> Don't know <input type="checkbox"/> Refused Prior Zip Code _____ City _____ State _____		

Name: _____

Special Needs/HMIS Barriers

- Alcohol abuse
 - Rec'ing Services/Treatment __Yes __No
 - Condition is indefinite? __Yes __No
- Drug abuse
 - Rec'ing Services/Treatment __Yes __No
 - Condition is indefinite? __Yes __No
- Mental Health
 - Rec'ing Services/Treatment __Yes __No
 - Condition is indefinite? __Yes __No
- Chronic Health Condition
- Developmental disability
- HIV/AIDS
- Physical Disability
- Felony Conviction
- History of Foster Care
- Other

Domestic violence experience?

- Yes
- No
- Don't Know
- Refused

If yes, how long ago?

Income received from any source in past 30 days?
__Yes __No __Don't Know __Refused

Non-cash benefit received from any source in past
30 days? __Yes __No __Don't Know __Refused

Source of Income at Entrance (amount/month)

Source of Income at Entrance (amount/month)

Cash income:

- Social Security \$ _____
- Child support \$ _____
- Employment \$ _____
- State Children's Health Insurance \$ _____
- Other income \$ _____
- Social Security Disability \$ _____
- Supplemental Security Income \$ _____
- TANF \$ _____
- Unemployment \$ _____
- Alimony \$ _____
- Private Disability Insurance \$ _____
- Veterans Disability \$ _____
- Veterans Pension \$ _____
- Workers Comp. \$ _____

Non-cash Income:

- Food stamps (SNAP) \$ _____
- Hoosier Healthwise _____
- Special Supp. Nutrition (WIC) _____
- Medicaid _____
- Medicare _____
- Section 8, Public Housing _____
- Temporary Rental Asst. \$ _____
- Veterans Benefits _____
- Veterans Healthcare _____
- Other non-cash _____
- Other source _____

Highest Level of Education Completed:

- No school completed
- Nursery school to 4th grade
- 5th or 6th grade
- 7th or 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade, no diploma
- High school diploma
- GED
- Post-secondary school
 - Associates Degree
 - Bachelor's
 - Masters
 - Doctorate
 - Other graduate/professional
 - Certificate or advanced training or skilled artisan
 - Don't know
 - Refused
- Don't Know
- Refused

Notes: