# HMIS Data: INTAKE FORM

## FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN “X”

**Fill out separate form for each household member and clip together.**

### PROGRAM ENTRY DATE (e.g. 10/24/2014) *[All clients]*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  | |  | | / | |  | |  | |  | |  | |
| Month | |  | Day | | | |  | | Year | | | | | | | |
| **CURRENT NAME** (first, middle, last name, suffix (e.g., Jr, Sr., III)) *[All clients]* | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Full Name** | **Partial, Street or Code Name** | **Client does not know** | Client refused to provide |
| First name | | | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle name | | | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Last name | | | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suffix | | | |  | |  | |  | |  | |  | | | | | | | | | | | | | | | |  |  |  |  |

## SOCIAL SECURITY NUMBER *[All clients]* DATE OF BIRTH (e.g., 10/23/1978) *[All clients]*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | - |  |  | - |  |  |  |  |  |  |  |  | / |  |  | / |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Month | |  | Day | |  | Year | | | |

### SOCIAL SECURITY NUMBER AND TYPE *[All clients]* DATE OF BIRTH AND TYPE *[All clients]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Full SSN reported |  |  | Full date of birth reported |
|  | Partial SSN reported |  |  | Approximate or partial date of birth reported |
|  | Client does not know or does not have SSN |  |  | Client does not know |
|  | Client refused to provide |  |  | Client refused to provide |
|  | Data not collected |  |  | Data not collected |

### RACE More than one race is permitted. *[All clients]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | American Indian or Alaskan Native |  |  | White |
|  | Asian |  |  | Client does not know |
|  | Black / African American |  |  | Client refused to provide |
|  | Native / Hawaiian or Other Pacific Islander |  |  | Data not collected |

### ETHNICITY *[All clients]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Hispanic / Latino |  |  | Client does not know |
|  | Non-Hispanic / Latino |  |  | Client refused to provide |
|  |  |  |  | Data not collected |

### GENDER *[All clients]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Male |  |  | Does not identify as male, female or transgender |
|  | Female |  |  | Client does not know |
|  | Transgendered male to female |  |  | Client refused to provide |
|  | Transgendered female to male |  |  | Data not collected |

## VETERAN STATUS *[All adults]* DISABLING CONDITION *[All clients]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | No |
|  | Yes |  |  | Yes |
|  | Client does not know |  |  | Client does not know |
|  | Client refused to provide |  |  | Client refused to provide |
|  | Data not collected |  |  | Data not collected |

### HOUSING STATUS AT ENTRY *[Heads of Household Only]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Category 1 - Homeless |  |  | Stably Housed - Rent |
|  | Category 2 – At Imminent risk of losing housing |  |  | Stably Housed - Own |
|  | Category 3 – Homeless under other federal statute |  |  | Client does not know |
|  | Category 4 – Fleeing domestic violence |  |  | Client refused to provide |
|  | At-risk of homelessness |  |  | Data not collected |

**LIVING SITUATION** *[All adults and Heads of Household]*

**Type of Residence**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Homeless Situation* |  |  |  |
|  | Emergency shelter, including hotel or motel paid for with emergency shelter voucher |  |  | Places not meant for habitation |
|  | Interim Housing |  |  | Safe Haven |
|  | *Institutional Situation* |  |  |  |
|  | Long-term care facility or nursing home |  |  | Foster care home or foster care group home |
|  | Substance abuse treatment facility or detox center |  |  | Hospital or other residential non-psychiatric medical facility |
|  | Jail, prison, or juvenile detention facility |  |  | Psychiatric hospital or other psychiatric facility |
|  | Transitional and Permanent Housing Situation |  |  |  |
|  | Transitional housing for homeless persons (including homeless youth) |  |  | Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) |
|  | Staying or living in a family member’s room, apartment, or house |  |  | Staying or living in a friend’s room, apartment, or house |
|  | Owned by client, with housing subsidy |  |  | Owned by client, with housing subsidy |
|  | Rental by client, no housing subsidy |  |  | Rental by client, with VASH subsidy |
|  | Rental by client, with other (non-VASH) housing subsidy |  |  | Rental by client, with GDP TIP subsidy |
|  | Residential project or half-way house with no homeless criteria |  |  | Client does not know |
|  | Hotel or motel paid for without emergency shelter voucher |  |  | Client refused to provide |
|  |  |  |  | Data not collected |
|  |  |  |  |  |

## LIVING SITUATION *[Adults and Heads of Household]*

## Length of stay in prior living situation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | One night or less |  |  | 1 year or longer |
|  | Two to six nights |  |  | Client does not know |
|  | One week or more, but less than one month |  |  | Client refused to provide |
|  | One month or more, but less than 90 days |  |  | Data not collected |
|  | 90 days or more, but less than one year |  |  |  |

ONLY ANSWER IF PROGRAM IS TH, PSH, RRH, HP, SSO and the Type of Residence is Institutional:

## LIVING SITUATION *[Adults and Heads of Household]*

**Institutional Situation Dependent**

**Did you stay less than 90 days?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  |  | No |

### [If Yes] On the night before did you stay on the streets, ES or SH:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  |  | No |

ONLY ANSWER IF PROGRAM IS TH, PSH, RRH, HP, SSO and Type of Residence is Transitional/Permanent:

## LIVING SITUATION *[Adults and Heads of Household]*

**Transitional and Permanent Housing Situation Dependent**

**Did you stay less than 7 days?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  |  | No |

### [If Yes] On the night before did you stay on the streets, ES or SH:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  |  | No |

ONLY ANSWER LAST 3 LIVING SITUATION ELEMENTS IF PROGRAM IS ES, SO or SH OR PROGRAM IS NOT ES, SO or SH AND TYPE OF RESIDENCE IS HOMELESS SITUATION OR THE ANSWER IS YES TO DEPENDANT QUESTIONS BASED ON THE TYPE OF RESIDENCE (On the night before did you stay on the streets, ES or SH)

## LIVING SITUATION *[Adults and Heads of Household]*

## Approximate date homelessness started:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |
| Month | |  | Day | |  | Year | | | |

## LIVING SITUATION *[Adults and Heads of Household]*

**Number of Times the client has been on the streets, in ES or SH in the past three years including today:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | One time |  |  | Client does not know |
|  | Two times |  |  | Client refused to provide |
|  | Three times |  |  | Data not collected |
|  | Four or more times |  |  |  |

### [If 4 or more times] Total number of months homeless on the streets, in ES or SH in the past three years:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | One Month (this time is the first month) | |  |  | Client does not know |
|  | 2 – 12 Months 🡪 | # of Months = |  |  | Client refused to provide |
|  | More than 12 months | |  |  | Data not collected |

## CLIENT LOCATION *[Heads of Household Only]*

|  |  |
| --- | --- |
| Continuum of Care Code (i.e. 507 or Southwest) |  |

*\*Indicate the CoC where the client is being served*

***PERMANENT SUPPORTIVE HOUSING AND RAPID REHOUSING PROJECTS ONLY:***

*\*if Household is not in a permanent housing unit/environment at enrollment this element should be updated for the Head of Household as soon as permanent housing is moved into.*

## HOUSING MOVE-IN DATE *[Heads of Household Only]*

## In permanent housing:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Yes |



**[If yes] Date of move-in:** (e.g., 10/23/2014)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  | |  | / |  | |  |  |  |
| Month | |  | | Day | |  | | Year | | | | |

**PATH: PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS AND SSVF: SUPPORTIVE SERVICE FOR VETERAN FAMILES FUNDED PROJECTS ONLY:**

**Connection to SOAR** *(Adults and Head of Household)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  |  | No |
|  | Client does not know |  |  | Client refused |
|  |  |  |  | Data not collected |

**VA: SUPPORTIVE SERVICES FOR VETERAN SERVCES (SSVF) FUNDED PROJECTS ONLY:**

**HOUSEHOLD INCOME AS PERCENT OF AMI** *(Heads of Households Only)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Less than 30% |  |  | Greater than 50% |
|  | 30% to 50% |  |  |  |

**VAMC STATION NUMBER** *(Heads of Households Only)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Station Number 🡪 |  |  |

**LAST PERMANENT ADDRESS** *(All Adults and Heads of Household)*

|  |  |  |
| --- | --- | --- |
|  | Street Address |  |
|  | City |  |
|  | State |  |
|  | Zip Code |  |

**ADDRESS DATA QUALITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Full address completed |  |  | Client does not know |
|  | Incomplete or estimated address |  |  | Client refused to provide |
|  |  |  |  | Data not collected |

**COMPLETE ACCOMPANYING HEALTH INSURANCE, INCOME AND BENEFITS SOUCES AND HEALTH BARRIERS, EMPLOYMENT AND EDUCATION FORMS FOR EACH CLIENT PER INTAKE FOR ENTRY**