

HMIS Intake Form - Adult

Staff: _____ Project Start Date: ____/____/____ Name of Head of Household: _____

Project Name (Enter Data As): _____

Client Record

Name _____
First Middle Last Suffix

Name Data Quality Full Name Reported Partial, Street Name, or Code Name Reported
 Client doesn't know Client refused

Street Name/Alias _____

Social Security Number _____-_____-_____

Full SSN Reported Approximate or Partial SSN Reported Client doesn't know Client refused Data Not Collected

U.S. Veteran No Yes Client doesn't know Client refused Data Not Collected

Client Profile Additional Information [Optional]

Phone Number _____

Email Address _____

Client Demographics

Date of Birth ____/____/____

Full DOB Reported Approximate or Partial DOB Reported Client doesn't know Client refused Data Not Collected

Gender(s) Female Male Transgender Questioning
 A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)
 Client doesn't know Client refused Data Not Collected

Race(s) American Indian, Alaska Native, or Indigenous Asian or Asian American
 Native Hawaiian or Pacific Islander White
 Black, African American, or African
 Client doesn't know Data Not Collected
 Client refused

Ethnicity Non-Hispanic/Non-Latin(a)(o)(x) Hispanic/Latin(a)(o)(x) Client doesn't know Client refused Data Not Collected

Prior living situation (Where did the client stay last night?)

Homeless situations

Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY funded host home shelter
 Safe haven

Institutional situations

Foster care home or foster care group home Long-term care facility or nursing home
 Hospital or other residential non-psychiatric medical facility Psychiatric hospital or other psychiatric facility
 Jail, prison or juvenile detention facility Substance abuse treatment facility or detox center
 Residential project or halfway house with no homeless criteria Hotel or motel paid for without emergency shelter voucher

Temporary and Permanent Housing Situations

Transitional housing for homeless persons (inc homeless youth) Rental by client, with RRH or equivalent subsidy
 Host home (non-crisis) Rental by client, with HCV voucher (tenant or project based)
 Staying or living in a friend's room, apartment or house Rental by client in public housing unit
 Staying or living in a family member's room, apt or house Rental by client, no ongoing housing subsidy
 Rental by client, with GPD tip subsidy Rental by client, with other ongoing housing subsidy
 Rental by client, with VASH subsidy Owned by client, with ongoing housing subsidy
 Perm housing (other than RRH) for formerly homeless persons Owned by client, no ongoing housing subsidy

Other

Client doesn't know Client refused Data Not Collected

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Length of stay in prior living situation

- | | |
|--|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data Not Collected |

Approximate date homelessness started (this time): _____/_____/_____

Regardless of where they stayed last night, number of times on streets, in ES, or SH in the past 3 years including today

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> One time | <input type="checkbox"/> Three times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> Data Not Collected |

Total number of months homeless on the street, in ES, or SH in the past 3 years

- | | | | |
|---|----------------------------|-----------------------------|--|
| <input type="checkbox"/> One month (this time is the first month) | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> Data Not Collected |

Monthly Income (not collected for minors unless they are Head of Household)

Income from Any Source No Yes Client doesn't know Client refused Data Not Collected

- | | | |
|--|-----------------------------|--|
| Alimony and other spousal support | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| Child support | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| Earned income (i.e., employment income) | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| General Assistance (GA) | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| Other (specify): _____ | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| Pension or retirement income from a former job | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| Private disability insurance | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| Retirement Income from Social Security | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| Social Security Disability Insurance (SSDI) | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| Supplemental Security Income (SSI) | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| Unemployment Insurance | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| VA Non-Service-Connected Disability Pension | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| VA Service-Connected Disability Compensation | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |
| Worker's Compensation | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ |

i HUD requires that the client be asked about each individual source of income and requires an answer be recorded for each. For any income sources where income is received, the monthly amount must also be recorded.

i **Data Entry Tip:** Remember to end date old records and create new records each time a source of income changes.

Total Monthly Income \$ _____

Non-Cash Benefits (not collected for minors unless they are Head of Household)

Non-Cash Benefits from Any Source No Yes Client doesn't know Client refused Data Not Collected

- | | | | |
|--|-----------------------------|------------------------------|----------|
| Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | \$ _____ |
| Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | \$ _____ |
| TANF Child Care services | <input type="checkbox"/> No | <input type="checkbox"/> Yes | \$ _____ |
| TANF transportation services | <input type="checkbox"/> No | <input type="checkbox"/> Yes | \$ _____ |
| Other TANF-funded services | <input type="checkbox"/> No | <input type="checkbox"/> Yes | \$ _____ |
| Other (specify): _____ | <input type="checkbox"/> No | <input type="checkbox"/> Yes | \$ _____ |

i HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.

i **Data Entry Tip:** Remember to end date old records and create new records each time a source of non-cash benefit changes.

Health Insurance

Covered by Health Insurance No Yes Client doesn't know Client refused Data Not Collected

Medicaid (Medi-Cal, Partnership Health Plan of CA) No Yes _____

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- Medicare No Yes
- State Children’s Health Insurance Program No Yes
- Veteran’s Administration (VA) Medical Services No Yes
- Employer-Provided Health Insurance No Yes
- Health Insurance obtained through COBRA No Yes
- Private Pay Health Insurance No Yes
- State Health Insurance for Adults No Yes
- Indian Health Services Program No Yes
- Other (specify): _____ No Yes

i HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.

i **Data Entry Tip:**
Remember to end date old records and create new records each time a source of health insurance changes.

Disabilities

Disabling Condition No Yes Client doesn’t know Client Refused Data Not Collected

i If one or more of the options below with an asterisk (*) has been selected, the answer to “disabling condition” must be “yes.” If none of the answers below with an asterisk (*) has been selected, the answer to “disabling condition” may be “yes” or “no.”

Disability type	Disability determination	If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	Date of Disability Onset
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	____/____/____
Both Alcohol and Drug Use Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	____/____/____
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	____/____/____
Developmental Disability	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	<i>(“yes” is indefinite for this)</i>	
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	____/____/____
HIV/AIDS	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	<i>(“yes” is indefinite for this)</i>	
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	____/____/____
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> DNC	____/____/____

DK = Client doesn’t know; Ref = Client refused; DNC = Data Not Collected

Domestic Violence (not collected for minors unless they are Head of Household)

i “Domestic violence” is utilized here as shorthand for domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Domestic Violence Victim/Survivor? No Yes Client doesn’t know Client refused Data Not Collected

If yes, when experience occurred Within the past three months Three to six months ago
 From six to twelve months ago More than a year ago
 Client doesn’t know Client refused Data Not Collected

If yes, currently fleeing? No Yes Client doesn’t know Client refused Data Not Collected

Housing Move-In Date – Only Used For Rapid Re-Housing

i Record the date of the first night the head of household spent living in the unit for permanent housing projects. This must be on or after the project start date. Leave blank if the client is not yet housed.

Housing Move-In Date _____/_____/_____