

HMIS Intake Form - Child

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

Project Name (Enter Data As): _____

Child 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

Child 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 Client refused Data Not Collected

*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

*Length of stay in prior living situation

One night or less 90 days or more, but less than one year
 Two to six nights One year or longer
 One week or more, but less than one month Client doesn't know
 One month or more, but less than 90 days Client refused
 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

- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused
- Data Not Collected

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

- One month (this time is the first month)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months
- Client doesn't know
- Client refused
- Data Not Collected

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
- 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