

HMIS Standard Intake Form for VA GPD projects

Effective 12/1/2020

Intake Date

Entry Date

ServicePoint

(HoH) ID:

Project Name

HoH First Name

Middle

Last

Suffix

Alias

Full Name Reported

Partial, Street or Code Name

Client doesn't know

Client Refused

Social Security Number:

Full SSN reported

Approx or Partial SSN

Client doesn't know

Client refused

Date of Birth:

Full DOB reported

Approx or Partial DOB

Client doesn't know

Client refused

Race (Select all that apply)

American Indian or Alaska Native

Black or African American

Native Hawaiian or Other Pacific Islander

Client doesn't know

Asian

Client refused

White

Gender

Female

Client doesn't know

Male

Client refused

Trans Female (MTF or male to female)

Trans Male (FTM or female to male)

Non-Conforming (not exclusively male or female)

Ethnicity

Non-Hispanic/Non-Latino

Client doesn't know

Hispanic/Latino

Client refused

Veteran Status

No

Yes

Relationship to Head of Household (Must be an adult)

Self (Head of Household)

HoH's child

HoH's spouse or partner

HoH's other relation member

Other: non-relation member

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Health Insurance	
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes (identify source below)	<input type="checkbox"/> Client
Source	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare
<input type="checkbox"/> State Children's Health Insurance (KCHIP)	<input type="checkbox"/> VA Medical Services
<input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance obtained through COBRA
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> Other: _____

Disability						
Do you have a physical, mental or emotional impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?						
<input type="checkbox"/> No	<input type="checkbox"/> Yes (indicate type(s) below)		<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused		
	Physical <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Chronic Health Condition <input type="checkbox"/>	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	Developmental <input type="checkbox"/>	HIV/AIDS <input type="checkbox"/>
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

****Only answer the following questions for Adults and HoH. ****

Income	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (identify source and amounts)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
Source	Amount:
<input type="checkbox"/> Earned income (i.e., employment income)	\$ _____ .00
<input type="checkbox"/> Unemployment Insurance	\$ _____ .00
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____ .00
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____ .00
<input type="checkbox"/> Retirement Income from Social Security	\$ _____ .00
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$ _____ .00
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$ _____ .00
<input type="checkbox"/> Worker's Compensation	\$ _____ .00
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$ _____ .00
<input type="checkbox"/> General Assistance (GA)	\$ _____ .00
<input type="checkbox"/> Private disability Insurance	\$ _____ .00
<input type="checkbox"/> Pension or retirement income from a former job	\$ _____ .00
<input type="checkbox"/> Child Support	\$ _____ .00
<input type="checkbox"/> Alimony or other spousal support	\$ _____ .00
<input type="checkbox"/> Other source: _____	\$ _____ .00
Total Monthly Income:	\$ _____

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Non-Cash Benefits	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (Identify source below)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
Source	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> TANF Child Care services <input type="checkbox"/> TANF transportation services <input type="checkbox"/> Other TANF-funded services <input type="checkbox"/> Other: _____	

Domestic Violence	
Are you, or have you been a survivor of domestic or intimate partner violence?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
If YES, how long ago did you have this experience?	
<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/> 1 year ago or more
<input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> 6 months to 1 year ago
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
If Yes, are you currently fleeing?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused

Foster Care	Zip Code of Last Permanent Address
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

In the last 2 years, have you lived anywhere other than this county/community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Where did you move from?	<input type="checkbox"/> A different Kentucky County <input type="checkbox"/> Another part of the US <input type="checkbox"/> Other
If a different Kentucky County, please specify:	
If Another part of the US, please specify state:	
If other location, please specify:	
Did you have housing when you came to this county/community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
What is the primary reason you came to this county/community?	<input type="checkbox"/> Access to service and resources <input type="checkbox"/> Fleeing an abusive situation <input type="checkbox"/> Job Opportunities <input type="checkbox"/> Other

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	<input type="checkbox"/> Client refused
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Client's Prior Living Situation - Prior to Project Entry			
(Select one Living Situation and answer the corresponding questions in the order in which they appear)			
Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Other
<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside). <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)? <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer	Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)? <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer Did you stay in the institutional situation less than 90 days? <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	Length of Stay in Prior Living Situation (i.e. the housing situation identified above) <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer Did you stay in the housing situation less than 7 nights? <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<input type="checkbox"/> N/A (Complete SECTION IV Below)	On the <u>night before</u> entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?	On the <u>night before</u> entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

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VAMC Station Number	
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SOAR Connection

Connection with SOAR

- No Yes
 Client doesn't know Client refused

Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know
Is the Veteran Active or Inactive?	<input type="checkbox"/> Active - ES/TH <input type="checkbox"/> Active – Unsheltered <input type="checkbox"/> Inactive (Non-Perm Housing) <input type="checkbox"/> Inactive (Permanently Housed) <input type="checkbox"/> Inactive (unknown/missing)
Does this veteran have a confirmed status?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Confirmed
Is this client VHA Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Confirmed
Is this client SSVF Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Confirmed
What date was the permanent housing plan created?	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the client permanent housing plan?	<input type="checkbox"/> SSVF – RRH <input type="checkbox"/> Other – RRH <input type="checkbox"/> HUD – VASH <input type="checkbox"/> Other – PSH <input type="checkbox"/> Other – PH <input type="checkbox"/> Self – Resolve/No Assist <input type="checkbox"/> None Currently
What is the expected permanent housing date?	<input type="text"/> / <input type="text"/> / <input type="text"/>
Is this client chronically homeless per HUD's definition?	<input type="checkbox"/> Chronic <input type="checkbox"/> Non-chronic <input type="checkbox"/> Unknown
Does this client has a total of 12+ months homeless in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this client been homeless 4 or more times in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this client entering TH to address a clinical need?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Staff Completing (Printed Name):	Date: