Intake Date Entry Date Project Name	ServicePoint (HoH) ID:
HoH First Name	Middle
Last Suffix	Alias
Total Name Daniel	Destin Otrest or Onde Name
☐ Full Name Reported	☐ Partial, Street or Code Name
☐ Client doesn't know	☐ Client prefers not to answer
Social Security Number: □ Full SSN reported □ Approx or Partial SSN □ Client doesn't know □ Client prefers not to answer	Date of Birth: ☐ Full DOB reported ☐ Approx or Partial DOB ☐ Client doesn't ☐ Client prefers not to answer
Race and Ethnicity (Select all that apply) American Indian, Alaska Native, or In Asian or Asian American Black, African American, or African Hispanic/Latina/e/o Middle Eastern or North African Additional Race and Ethnicity detail:	☐ White☐ Client doesn't know☐ Client prefers not to answer
Gender (Select all that apply) Woman (Girl, if child) Man (Boy, if child) Culturally Specific Identity (e.g., Two-Sp Transgender Non-Binary If Different Identity, Please Specify:	Questioning Different Identity Client doesn't know Client prefers not to answer
Veteran Status Relation	nship to Head of Household (Must be an adult)
☐ HoH☐ Yes☐ HoH☐	Self (Head of Household) I's child HoH's spouse or partner I's other Other: non-relation Ition member member

Но	ousing Move-in	Date			/ /		
Ва	Based on the housing move-in date above, what county was the client housed in?						
Un	Unit Address						
	Unit City						
Un	nit Zip						
Nu	ımber of bedro	oms in unit					
Nu	ımber of peopl	e in unit					
Health	Insurance						
☐ No	o es (identify sou	ırce below)		[[esn't know efers not to ans	swer
Source							
Sta	■ Medicaid ■ Medicare ■ State Children's Health Insurance (KCHIP) ■ Veteran's Health Administration (VHA) ■ Employer-Provided Health Insurance ■ Health Insurance obtained through COBRA ■ Private Pay Health Insurance ■ State Health Insurance for Adults ■ Indian Health Services Program ■ Other:						
D	isability						
	Disability Do you have a physical, mental or emotional Impairment, a post-traumatic stress disorder, or						
<u>Ľ</u>	brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem? ☐ No ☐ Yes (indicate type(s) below) ☐ Client doesn't know ☐ Client prefers not to answer						
	Physical Mental Health Chronic Alcohol Developmental HIV/AIDS Health Drugs Condition Both						
lor in a	xpected to be of ng-continued and idefinite duration and substantially mpairs ability to	Yes 📙	Yes □ No □	Yes □ No □	Yes 📗 No 🗎	Yes □ No □	Yes No

HMIS Standard Update Form for HOPWA – TBRA (PSH) projects

Effective 10/01/2023

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IF CLIENT IS A MINOR WHO IS NOT HEAD OF HOUSEHOLD STOP DATA ENTRY HERE

urce Amount:				
Earned income (i.e., employment income)	\$00			
Unemployment Insurance	\$00			
Supplemental Security Income (SSI)	\$00			
Social Security Disability Income (SSDI) \$ 00				
Retirement Income from Social Security	\$00			
☐ VA Service-Connected Disability \$ 00				
Compensation				
VA Non-Service-Connected Disability Pension	\$00			
Worker's Compensation	\$00			
☐ Temporary Assistance for Needy Families (TANF)	\$ 00			
General Assistance (GA)	\$ 00			
Private disability Insurance	\$ 00			
Pension or retirement income from a former ob	\$ 00			
Child Support	\$ 00			
Child Support Alimony or other spousal support	\$00			
	\$00 \$00			
Alimony or other spousal support	\$00			
Alimony or other spousal support Other source: Total Monthly Income: Non-Cash Benefits No/None at all	\$00 \$00 \$ Yes (Identify source below)			
Alimony or other spousal support Other source: Total Monthly Income: Non-Cash Benefits	\$00 \$00 \$			

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)					
Homeless Situations	Institutional Situations	Temporary Housing Situations	Permanent Housing Situation		
				Other	
☐ Place not meant for	☐ Foster care home or	☐ Transitional housing for homeless	Rental by client, no ongoing		
habitation (e.g., a vehicle,	foster care group home	persons (including homeless youth)	housing subsidy		
an abandoned building,		Residential project or halfway	Rental by client, with ongoing	☐ Other	
bus/train/subway	☐ Hospital or other	house with no homeless criteria	housing subsidy	☐ Worker	
station/airport or anywhere	residential non-psychiatric	☐ Hotel or motel paid for without	 GPD TIP housing subsidy 	unable to	
outside)	medical facility	emergency shelter voucher	 VASH housing subsidy 	determine	
,	,	☐ Host Home (non-crisis)	 RRH or equivalent subsidy 	☐ Client	
☐ Emergency shelter,	☐ Jail, prison or juvenile	☐ Staying or living in a friend's room,	 HCV voucher (tenant or 	doesn't know	
including hotel or motel paid	detention facility	apartment, or house	project based) (not	☐ Client	
for with emergency shelter	ĺ	☐ Staying or living in a family	dedicated)	prefers not to	
voucher, Host Home shelter		member's room, apartment, or house	 Public housing unit 	answer	

□ Safe Haven	□ Long-term care facility or nursing home □ Psychiatric hospital or other psychiatric facility □ Substance abuse treatment facility or detox center			 Rental by client, with other ongoing housing subsidy Emergency Housing Voucher Family Unification Program Voucher (FUP) Foster Youth to Independence Initiative (FYI) Permanent Supportive Housing Other permanent housing dedicated for formerly homeless persons Owned by client, with ongoing housing subsidy Owned by client, no ongoing housing subsidy 		
Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)? One night or less Two to six nights One week or more but less than one month One month or more but less than 90 days 90 days or more but less than one year One year or longer	Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)? One night or less Two to six nights One week or more but less than one month One month or more but less than 90 days 90 days or more but less than one year One year or longer Did you stay in the institutional situation less than 90 days? Yes (If YES – Complete SECTION III) No (If NO – End Homeless History Interview)	one month One month or r 90 days 90 days or mor year One year or lor Did you stay in the situation less that Yes (If YES – C	housing situation ss ts ts ore but less than more but less than e but less than one ager e housing	Length of Stay in Prior Living Situation (i.e. the housing situation identified above)? One night or less Two to six nights One week or more but less than one month One month or more but less than 90 days 90 days or more but less than one year One year or longer Did you stay in the housing situation less than 7 nights? Yes (If YES – Complete SECTION III) No (If NO – End Homeless History Interview)	☐ Client doesn't knov ☐ Client prefers not t answer	
□ N/A (Complete SECTION IV Below)	On the night before entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven? Yes (If YES – Complete SECTION IV) No (If NO – End Homeless History Interview)	On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven? Yes (If YES – Complete SECTION IV) No (If NO – End Homeless History Interview)		the streets, in emergency shelter or a safe haven? ON Yes (If YES – Complete SECTION IV)		
Shelter, or Safe Haven? No Total number of times hom One time	evious stay, was that on the streets Yes eless on the street, in ES, or SH in to times Three to the street in t	the past three years		nate date this episode of homelessness started:	or SH in	

	Domestic Violence			
	Are you, or have you been a survivor of domestic or intimate partner violence?			
		pesn't know		
	If YES, how long ago did you have this experience?			
	☐ Within the past 3 months	1 year ago or more		
	3 to 6 months ago	☐ 6 months to 1 year ago		
	Client doesn't know	Client prefers not to answer		
	If Yes, are you currently fleeing?			
	☐ No ☐ Yes			
	Client doesn't know Client prefers not to answer			
	HOPWA Project: Medical Assistance			
	Receiving AIDS Drug Assistance Program (ADAP)?			
		esn't know Client prefers not to answer		
	If No, reason (for not receiving ADAP)?	Applied: alient not aligible		
	Applied; decision pending	Applied; client not eligible		
	Client did not apply	☐ Insurance type N/A for this client		
	Client doesn't know	Client prefers not to answer		
	Receiving Ryan White funded Medical or De			
		esn't know Client prefers not to answer		
	If No, reason (for not receiving Ryan White)			
	Applied; decision pending	Applied; client not eligible		
	Client did not apply	☐ Insurance type N/A for this client		
	Client doesn't know	Client prefers not to answer		
	Has the participate been prescribed anti-ret ☐ No ☐ Yes ☐ Client doe			
ШМ	//AIDS	esn't know Client prefers not to answer		
	rt Date:	End Date:		
Stai	t bate.	Eliu Date.		
If Ye	es for HIV/AIDS, does the client have a T-Cell	Yes No Client prefers not to answer		
	4) count available?			
	es for HIV/AIDS and a T-Cell (CD4) count is			
	lable, what is the T-Cell (CD4) count?			
	es for HIV/AIDs and a T-Cell (CD4) is recorded	☐ Medical report ☐ Client report		
	ve, how was the information obtained?	Other		
	es for HIV/AIDS, does the client have Viral Load	Not Available Available Undetectable Client doesn't know		
Into	rmation available?	Client prefers not to answer		
If Ye	es for HIV/AIDS and Viral Load Information is			
	lable, what is the Viral Load?			
	es for HIV/AIDS and Viral Load is recorded above,	☐ Medical report ☐ Client report		
how	was the information obtained?	Other		
	Staff Completing (Printed Name):	Date:		
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