HMIS Intake Form for Emergency Shelter projects

Effective 04/01/2025

Intake Date	Entry Date	ServicePoint (HoH) ID:
/ /	/ /	

Project Name

HoH Name First	Middle	Last

Suffix	Alias

Name Data Quality

- ☐ Full Name Reported
- ☐ Client doesn't know
- ☐ Partial, Street or Code Name
- ☐ Client prefers not to answer

Social Security Number	Date of Birth
	/ /
☐ Full SSN Reported (HUD) ☐ Approx or partial SSN reported (HUD) ☐ Client doesn't know (HUD) ☐ Client prefers not to answer (HUD) ☐ Data Not collected (HUD)	☐ Full DOB Reported (HUD) ☐ Approx or partial SSN reported (HUD) ☐ Client doesn't know (HUD) ☐ Client prefers not to answer (HUD) ☐ Data Not collected (HUD)

Race and Ethnicity (Select all that apply)

- ☐ American Indian, Alaska Native, or Indigenous
- ☐ Asian or Asian American
- ☐ Black, African American, or African
- ☐ Hispanic/Latina/e/o
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Additional Race and Ethnicity detail: _____

Gender (Select all that apply)

- ☐ Woman (Girl, if child)
- ☐ Man (Boy, if child)
- ☐ Culturally Specific Identity (e.g., Two-Spirit)
- ☐ Transgender
- ☐ Non-Binary
- ☐ Questioning
- ☐ Different Identity
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ If Different Identity, Please Specify: _____

Veteran Status	Relationship to HoH
☐ No ☐ Yes	☐ Self (Head of Household) ☐ HoH's child ☐ HoH's spouse or partner ☐ HoH's other relation member ☐ Other: non-relation member

Health Insurance	
☐ No	☐ Client doesn't know
☐ Yes (identify source below)	☐ Client prefers not to answer

Source	
☐ 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:

BoS Pre-Housing Survey: Medical Insurance	
Coverage Start Date:	**Which forms of health insurance do you have? (select multiple options if it applies):**
☐☐/☐☐/☐☐	☐ Medicaid ☐ Commercial Insurance ☐ Medicare ☐ I don't have insurance, but want it ☐ Tricare ☐ I don't know/need to figure it out ☐ Other
Enter the name of the Health Insurance carrier:	
Coverage Effective Date:	**Enter Medicaid/Member ID:**
☐☐/☐☐/☐☐	
Enter Member Group No:	**Coverage End Date:**
	☐☐/☐☐/☐☐

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?			
☐ No	☐ Yes (indicate type(s) below)	☐ Client doesn't know	☐ Client prefers not to answer

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	Physical ☐	Mental Health ☐	Chronic Health Condition ☐	☐ Alcohol ☐ Drugs ☐ Both	Developmental ☐	HIV/AIDS ☐
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

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 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, Host Home shelter ☐ Safe Haven	☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center	☐ Transitional housing for homeless persons (including homeless youth) ☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Host Home (non-crisis) ☐ Staying or living in a friend's room, apartment, or house ☐ Staying or living in a family member's room, apartment, or house	☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with ongoing housing subsidy ○ GPD TIP housing subsidy ○ VASH housing subsidy ○ RRH or equivalent subsidy ○ HCV voucher (tenant or project based) (not dedicated) ○ Public housing unit ○ 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	☐ Other ☐ Worker unable to determine ☐ Client doesn't know ☐ Client prefers not to answer
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	**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	**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	**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	☐ Client doesn't know ☐ Client prefers not to answer

☐ 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)	**Did you stay in the housing situation less than 7 nights?** ☐ Yes (If YES – Complete SECTION III) ☐ No (If NO – End Homeless History Interview)	**Did you stay in the housing situation less than 7 nights?** ☐ Yes (If YES – Complete SECTION III) ☐ No (If NO – End Homeless History Interview)	
☐ **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)	**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)	☐ Client doesn't know ☐ Client prefers not to answer

On the night before your previous stay, was that on the streets, in an Emergency Shelter, or Safe Haven? ☐ No ☐ Yes	Approximate date this episode of homelessness started: ☐☐/☐☐/☐☐
Total number of times homeless on the street, in ES, or SH in the past three years ☐ One time ☐ Two times ☐ Three times ☐ Four times ☐ Client doesn't know ☐ Client prefers not to answer	Total number of months homeless on the street, in emergency shelter, or SH in the past three years _____

Are you, or have you been a survivor of domestic or intimate partner violence?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer
If YES, how long ago did you have this experience?	☐ 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 prefers not to answer
If Yes, are you currently fleeing?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer

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

Income	
☐ No/None at all ☐ Yes (identify source and amounts) ☐ Client doesn't know ☐ Client prefers not to answer	
Source	**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 Compensation	$_____. 00
☐ 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 job	$_____. 00
☐ Child Support	$_____. 00
☐ Alimony or other spousal support	$_____. 00
☐ Other source: _____	$_____. 00
Total Monthly Income:	**$**

Non-Cash Benefits	
☐ No/None at all	☐ Yes (Identify source below)
☐ Client doesn't know	☐ Client prefers not to answer
Source	
☐ Supplemental Nutrition Assistance Program (SNAP)	
☐ Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)	
☐ TANF Child Care services	
☐ TANF transportation services	
☐ Other TANF-funded services	
☐ Other: _____	

In the last 2 years, in what Kentucky county did you become homeless? (If Out of State please indicate):	
If you have lived in multiple Kentucky counties in the last 2 years, please specify additional county:	
If you have lived in another part of the US in the last 2 years, please specify state:	
If other location in the last 2 years, please specify:	
In what Kentucky county are you currently staying?:	

Did you have housing when you came to this county/community?:	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer
What is the primary reason you came to this county/community?:	☐ Access to service and resources ☐ Fleeing an abusive situation ☐ Job Opportunities ☐ Other ☐ Client prefers not to answer

What are your top 3 reasons you are struggling to find stable, safe and appropriate housing? (number 1,2,3)	☐ Affordability ☐ Don't know where to look ☐ Household instability ☐ Size of household ☐ Poor credit ☐ Past evictions ☐ Registered sex offender ☐ New to the community ☐ Startup costs/deposits ☐ Criminal Background ☐ Owing money to previous landlord ☐ Owing money to Section 8/government housing ☐ Availability of rental units ☐ Other Reasons ☐ N/A
If you are struggling for another reason, please specify:	
If client is a Head of Household, have they been evicted?	☐ Yes ☐ No ☐ N/A
Pick top reason client was evicted?	☐ Change in property ownership ☐ Criminal Activity ☐ Lease Violation(s) ☐ Non-Payment of Rent ☐ Rental property foreclosed
If the client is a Veteran, do they have a copy of their DD-214 Form?	☐ Yes ☐ No ☐ N/A
Client ever in the foster care system?	☐ Yes ☐ No

Client Contact Information

Client Phone Number	
Alt. Client Phone Number	
Email address/other electronic communication (e.g. social media)	

On a regular day, where is it easiest to find you and what time of day is easiest to do so? (collect multiple locations)	

Translation Assistance Needed

☐ No ☐ Yes (identify preferred language(s))
☐ Client doesn't know ☐ Client prefers not to answer

Preferred Language(s)	☐ Amharic ☐ Arabic ☐ Bosnian ☐ Burmese ☐ Cambodian ☐ Chinese ☐ Croatian ☐ Dari ☐ English ☐ French ☐ German ☐ Gujarati ☐ Haitian Creole ☐ Hawaiian ☐ Hindi ☐ Ilocano ☐ Japanese ☐ Karen ☐ Kinyarwand ☐ Korean ☐ Lingala ☐ Luganda ☐ Mandarin ☐ Marathi ☐ Nepali ☐ Pashto ☐ Portuguese ☐ Russian ☐ Samoan ☐ Serbian ☐ Somali ☐ Spanish ☐ Swahili ☐ Tamil ☐ Telugu ☐ Ukrainian ☐ Vietnamese ☐ Wolof ☐ Yiddish ☐ Different Preferred Language ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected
If Different Preferred Language, please specify	

Staff Completing (Printed Name): **Date:**
