

HMIS Intake Form for SNOFO PSH projects

Effective 04/01/2025

Intake Date

| | | | | | | | |
|--|--|---|--|--|---|--|--|
| | | / | | | / | | |
|--|--|---|--|--|---|--|--|

Entry Date

| | | | | | | | |
|--|--|---|--|--|---|--|--|
| | | / | | | / | | |
|--|--|---|--|--|---|--|--|

**ServicePoint
(HoH) ID:**

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Project Name

| |
|--|
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|--|

HoH First Name

| |
|--|
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|--|

Middle

| |
|--|
| |
|--|

Last

| |
|--|
| |
|--|

Suffix

| |
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| |
|--|

Alias

| |
|--|
| |
|--|

☐ 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 know

☐ Client prefers not to answer

Race and Ethnicity (Select all that apply)

☐ American Indian, Alaska Native, or Indigenous

☐ Native Hawaiian or Pacific Islander

☐ Asian or Asian American

☐ White

☐ Black, African American, or African

☐ Client doesn't know

☐ Hispanic/Latina/e/o

☐ Client prefers not to answer

☐ Middle Eastern or North African

☐ Additional Race and Ethnicity detail: _____

Gender (Select all that apply)

☐ Woman (Girl, if child)

☐ Questioning

☐ Man (Boy, if child)

☐ Different Identity

☐ Culturally Specific Identity (e.g., Two-Spirit)

☐ Client doesn't know

☐ Transgender

☐ Client prefers not to answer

☐ Non-Binary

☐ If Different Identity, Please Specify: _____

Veteran Status

Relationship to Head of Household (Must be an adult)

☐ Self (Head of Household)

☐ No

☐ Yes

☐ HoH's child

☐ HoH's spouse or partner

☐ HoH's other
relation member

☐ Other: non-relation
member

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| | | | | | | | | | |
|--|--|---|--|---|---|--|---|--|--|
| Housing Move-in Date | <table><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table> | | | / | | | / | | |
| | | / | | | / | | | | |
| Based on the housing move-in date above, what county was the client housed in? | | | | | | | | | |
| | | | | | | | | | |
| Unit Address | | | | | | | | | |
| | | | | | | | | | |
| Unit City | | | | | | | | | |
| | | | | | | | | | |
| Unit Zip | | | | | | | | | |
| | | | | | | | | | |
| Number of bedrooms in unit | | | | | | | | | |
| | | | | | | | | | |
| Number of people in unit | | | | | | | | | |
| | | | | | | | | | |

| | |
|--|--|
| Health Insurance | |
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes (identify source below) | <input type="checkbox"/> Client prefers not to answer |
| Source: | |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> State Children's Health Insurance (KCHIP) | <input type="checkbox"/> Veteran's Health Administration (VHA) |
| <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: _____ |

| | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|--|---|-----------------------------------|---|-----------------------------------|--|----------------------------------|---|--------------------------------|--|
| BoS Pre-Housing Survey: Medical Insurance | | | | | | | | | | | | | | | | | |
| Coverage Start Date: | Which forms of health insurance do you have? (select multiple options if it applies): | | | | | | | | | | | | | | | | |
| <table><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table> | | | / | | | / | | | <table><tr><td><input type="checkbox"/> Medicaid</td><td><input type="checkbox"/> Commercial Insurance</td></tr><tr><td><input type="checkbox"/> Medicare</td><td><input type="checkbox"/> I don't have insurance, but want it</td></tr><tr><td><input type="checkbox"/> Tricare</td><td><input type="checkbox"/> I don't know/need to figure it out</td></tr><tr><td><input type="checkbox"/> Other</td><td></td></tr></table> | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Medicare | <input type="checkbox"/> I don't have insurance, but want it | <input type="checkbox"/> Tricare | <input type="checkbox"/> I don't know/need to figure it out | <input type="checkbox"/> Other | |
| | | / | | | / | | | | | | | | | | | | |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Commercial Insurance | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> I don't have insurance, but want it | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Tricare | <input type="checkbox"/> I don't know/need to figure it out | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | |
| Enter the name of the Health Insurance carrier: | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Coverage Effective Date: | Enter Medicaid/Member ID: | | | | | | | | | | | | | | | | |
| <table><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table> | | | / | | | / | | | | | | | | | | | |
| | | / | | | / | | | | | | | | | | | | |
| Enter Member Group No: | Coverage End Date: | | | | | | | | | | | | | | | | |
| | <table><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table> | | | / | | | / | | | | | | | | | | |
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| 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 prefers not to answer | | |
| | 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"/> |

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

| 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 prefers not to answer |
| 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: \$ | |

| 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 prefers not to answer |
| 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: _____ | |

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| Client's Current Living Situation – current to project entry | | | | |
|--|---|--|--|---|
| (Select one Living Situation and answer the corresponding questions in the order in which they appear) | | | | |
| Start Date <div> <div></div> <div></div> <div>/</div> <div></div> <div></div> <div>/</div> <div></div> <div></div> </div> | End Date <div> <div></div> <div></div> <div>/</div> <div></div> <div></div> <div>/</div> <div></div> <div></div> </div> | Information Date <div> <div></div> <div></div> <div>/</div> <div></div> <div></div> <div>/</div> <div></div> <div></div> </div> | | |
| (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 |
| <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter <input type="checkbox"/> Safe Haven | <input type="checkbox"/> Foster care home or foster care 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"/> Transitional housing for homeless persons (including homeless youth) <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"/> Host Home (non-crisis) <input type="checkbox"/> 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, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <ul style="list-style-type: none"> <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRR or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy | <input type="checkbox"/> Other: <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| Is client going to have to leave their current living situation within 14 days? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | | If yes, answer the following questions: | |
| Has a subsequent residence been identified? | Does individual or family have resources or support networks to obtain other permanent housing? | Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? | Has the client moved 2 or more times in the past 60 days? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | |

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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) | | | | |
| Homeless Situations | Institutional Situations | Temporary Housing Situations | Permanent Housing Situation | Other |
| <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter <input type="checkbox"/> Safe Haven | <input type="checkbox"/> Foster care home or foster care 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"/> Transitional housing for homeless persons (including homeless youth) <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"/> Host Home (non-crisis) <input type="checkbox"/> 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, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <ul style="list-style-type: none"> <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy | <input type="checkbox"/> Other <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| 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) | 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 prefers not to answer |
| <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? <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview) | 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"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview) | 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"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview) | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |

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| <input type="checkbox"/> No (If NO – End Homeless History Interview) | | | | |
| On the night <u>before your previous stay</u> , was that on the streets, in an Emergency Shelter, or Safe Haven? <input type="checkbox"/> No <input type="checkbox"/> Yes | | Approximate date this episode of homelessness started: [] [] / [] [] / [] [] [] | | |
| Total <u>number of times homeless</u> on the street, in ES, or SH in the past three years <input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | | Total <u>number of months</u> homeless on the street, in emergency shelter, or SH in the past three years _____ | | |

| 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 prefers not to answer | |
| 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 prefers not to answer | |
| 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 prefers not to answer | |

| Translation Assistance Needed | |
|---|--|
| <input type="checkbox"/> No <input type="checkbox"/> Yes (identify preferred language(s)) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | |
| Preferred Language(s) | <input type="checkbox"/> Amharic <input type="checkbox"/> Luganda <input type="checkbox"/> Arabic <input type="checkbox"/> Mandarin <input type="checkbox"/> Bosnian <input type="checkbox"/> Marathi <input type="checkbox"/> Burmese <input type="checkbox"/> Nepali <input type="checkbox"/> Cambodian <input type="checkbox"/> Pashto <input type="checkbox"/> Chinese <input type="checkbox"/> Portuguese <input type="checkbox"/> Croatian <input type="checkbox"/> Russian <input type="checkbox"/> Dari <input type="checkbox"/> Samoan <input type="checkbox"/> English <input type="checkbox"/> Serbian <input type="checkbox"/> French <input type="checkbox"/> Somali <input type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Gujarati <input type="checkbox"/> Swahili <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Tamil <input type="checkbox"/> Hawaiian <input type="checkbox"/> Telugu <input type="checkbox"/> Hindi <input type="checkbox"/> Ukrainian <input type="checkbox"/> Ilocano <input type="checkbox"/> Vietnamese <input type="checkbox"/> Japanese <input type="checkbox"/> Wolof <input type="checkbox"/> Karen <input type="checkbox"/> Yiddish <input type="checkbox"/> Kinyarwanda <input type="checkbox"/> Different Preferred Language <input type="checkbox"/> Korean <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Lingala <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected |

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| | |
|--|--|
| If Different Preferred Language, please specify | |
|--|--|

| | |
|---|---|
| Sexual Orientation | |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Bisexual | |
| <input type="checkbox"/> Questioning/Unsure | |
| <input type="checkbox"/> If Other, Please Describe: _____ | |

| | |
|--|---|
| Foster Care | Zip Code of Last Permanent Address |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> |

| | |
|--|--|
| 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?: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| 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 <input type="checkbox"/> Client prefers not to answer |

| | |
|--------------------------------------|---|
| Moving On Assistance Provided | |
| Date of Moving On Assistance: | |
| Moving On Assistance: | <input type="checkbox"/> Subsidized housing application assistance <input type="checkbox"/> Financial assistance for Moving On (e.g., security deposit, moving expenses) <input type="checkbox"/> Non-financial assistance for Moving On (e.g., housing navigation, transition support) <input type="checkbox"/> Housing referral/placement <input type="checkbox"/> Other (please specify) |
| Other (please specify): | |

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Staff Completing (Printed Name):

Date:

| | |
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| | |
|--|--|