

## **HMIS Interim (Annual Assessment) Form for Emergency Shelter projects**

Effective 10/01/2025

<b>Intake Date</b>	<b>Entry Date</b>	<b>ServicePoint (HoH) ID:</b>
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	

## Project Name

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## Gender (Select all that apply)

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

## 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: _____

## 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
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	Physical <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Chronic Health Condition <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"/>			

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<b>Client's Prior Living Situation - Prior to Project Entry</b> (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"> <li><input type="radio"/> GPD TIP housing subsidy</li> <li><input type="radio"/> VASH housing subsidy</li> <li><input type="radio"/> RRH or equivalent subsidy</li> <li><input type="radio"/> HCV voucher (tenant or project based) (not dedicated)</li> <li><input type="radio"/> Public housing unit</li> <li><input type="radio"/> Rental by client, with other ongoing housing subsidy</li> <li><input type="radio"/> Emergency Housing Voucher</li> <li><input type="radio"/> Family Unification Program Voucher (FUP)</li> <li><input type="radio"/> Foster Youth to Independence Initiative (FYI)</li> <li><input type="radio"/> Permanent Supportive Housing</li> <li><input type="radio"/> Other permanent housing dedicated for formerly homeless persons</li> </ul> <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
<b>Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)?</b> <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	<b>Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?</b> <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  <b>Did you stay in the institutional situation less than 90 days?</b> <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<b>Length of Stay in Prior Living Situation (i.e. the housing situation identified above)?</b> <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  <b>Did you stay in the housing situation less than 7 nights?</b> <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<b>Length of Stay in Prior Living Situation (i.e. the housing situation identified above)?</b> <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  <b>Did you stay in the housing situation less than 7 nights?</b> <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)	<b>On the night before entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?</b>	<b>On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?</b>	<b>On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?</b>	<input type="checkbox"/> Client doesn't know

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	<input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client prefers not to answer							
On the night <u>before your previous stay</u> , was that on the streets, in an Emergency Shelter, or Safe Haven?	Approximate date this episode of homelessness started: <table border="1" style="display: inline-table;"><tr><td></td><td></td><td style="background-color: #ccc; text-align: center;">/</td><td></td><td></td><td style="background-color: #ccc; text-align: center;">/</td><td></td></tr></table>						/			/	
		/			/						
Total <u>number of times</u> homeless 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 _____										

Are you, or have you been a survivor of domestic or intimate partner violence?	<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, how long ago did you have this experience?	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago <input type="checkbox"/> From six to twelve months ago <input type="checkbox"/> More than a 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

 **\*\*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"/> Client doesn't know	<input type="checkbox"/> Yes (identify source and amounts) <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

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<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
<b>Total Monthly Income:</b> \$ _____	
<b>Non-Cash Benefits</b>	
<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
<b>Source</b>	
<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: _____	

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

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

Staff Completing (Printed Name):

Date:

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