HMIS Standard Intake Form for HOPWA – PREV & SSO projects

Effective 10/01/25

Intake Date MM / DD / YYYY

Entry Date MM / DD / YYYY

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 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: MM / DD / YYYY

☐ Full DOB reported ☐ Approx or Partial DOB

☐ Client doesn't know ☐ Client prefers not to answer

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

Sex

☐ Female

☐ Male

☐ Client doesn't know

☐ Client prefers not to answer

☐ Data not collected

Race and Ethnicity (Select all that apply)

☐ American Indian, Alaska Native, or Indigenous

☐ Asian or Asian American

☐ Black, African American, or African

☐ Hispanic/Latina/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)	☐ 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)
☐ 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						
	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 ☐

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 ☐ Client doesn't know	☐ Yes (Identify source below) ☐ 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: _____	

	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 o GPD TIP housing subsidy o VASH housing subsidy o RRH or equivalent subsidy o HCV voucher (tenant or project based) (not dedicated) o Public housing unit o Rental by client, with other ongoing housing subsidy o Emergency Housing Voucher o Family Unification Program Voucher (FUP) o Foster Youth to Independence Initiative (FYI) o Permanent Supportive Housing o 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 ☐ 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)	**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)	**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 know ☐ Client prefers not to answer
☐ **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?** ☐ Yes (If YES – Complete SECTION IV)	**On the <u>night before</u> 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 <u>night before</u> 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

	☐ No (If NO – End Homeless History Interview)			

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 _____

Domestic Violence
Are you, or have you been a survivor of domestic or intimate partner violence? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer
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

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

HOPWA Project: Medical Assistance
Receiving AIDS Drug Assistance Program (ADAP)? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

If No, reason (for not receiving ADAP)? ☐ 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 Dental Assistance? ☐ No ☐ Yes ☐ Client doesn'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-retrovial drugs? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

HIV/AIDS	
Start Date: ☐☐/☐☐/☐☐	**End Date:** ☐☐/☐☐/☐☐
If Yes for HIV/AIDS, does the client have a T-Cell (CD4) count available?	☐ Yes ☐ No ☐ Client prefers not to answer
If Yes for HIV/AIDS and a T-Cell (CD4) count is available, what is the T-Cell (CD4) count?	
If Yes for HIV/AIDs and a T-Cell (CD4) is recorded above, how was the information obtained?	☐ Medical report ☐ Client report ☐ Other
If Yes for HIV/AIDS, does the client have Viral Load Information available?	☐ Not Available ☐ Available ☐ Undetectable ☐ Client doesn't know ☐ Client prefers not to answer
If Yes for HIV/AIDS and Viral Load Information is available, what is the Viral Load?	
If Yes for HIV/AIDS and Viral Load is recorded above, how was the information obtained?	☐ Medical report ☐ Client report ☐ Other

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