HMIS Intake Form for PSH projects

Effective 10/01/25

Intake Date

| | | / | | | / | | |

Entry Date

| | | / | | | / | | |

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:

| | | / | | | / | | |

☐ Full DOB reported   ☐ Approx or Partial DOB
☐ Client doesn't know   ☐ Client prefers not to answer

Veteran Status   Relationship to Head of Household (Must be an adult)

☐ Self (Head of Household)

☐ No   ☐ Yes   ☐ HoH's child partner   ☐ HoH's spouse or

☐ HoH's other relation member   ☐ Other: non-relation member

Sex

☐ Female   ☐ Client doesn't know
☐ Male   ☐ Client prefers not to answer
☐ Data not collected

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/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)
- ☐ 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: _____

Housing Move-in Date	☐☐ / ☐☐ / ☐☐
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

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

Source:

- ☐ Medicaid
- ☐ State Children's Health Insurance (KCHIP)
- ☐ Employer-Provided Health Insurance
- ☐ Private Pay Health Insurance
- ☐ Indian Health Services Program
- ☐ Medicare
- ☐ Veteran's Health Administration (VHA)
- ☐ Health Insurance obtained through COBRA
- ☐ State Health Insurance for Adults
- ☐ 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	☐ 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: _____

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

☐ One month or more but less than 90 days ☐ 90 days or more but less than one year ☐ One year or longer	☐ 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)	☐ 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)	☐ 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)	
☐ **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) ☐ 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)	**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

On the night <u>before your previous stay</u>, was that on the streets, in an Emergency Shelter, or Safe Haven? ☐ No ☐ 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 ☐ One time ☐ Two times ☐ Three times ☐ Four times ☐ Client doesn't know ☐ 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? ☐ 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

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	☐ Luganda ☐ Mandarin ☐ Marathi ☐ Nepali ☐ Pashto ☐ Portuguese ☐ Russian

	☐ Dari ☐ Samoan ☐ English ☐ Serbian ☐ French ☐ Somali ☐ German ☐ Spanish ☐ Gujarati ☐ Swahili ☐ Haitian Creole ☐ Tamil ☐ Hawaiian ☐ Telugu ☐ Hindi ☐ Ukrainian ☐ Ilocano ☐ Vietnamese ☐ Japanese ☐ Wolof ☐ Karen ☐ Yiddish ☐ Kinyarwand ☐ Different Preferred ☐ Korean Language ☐ Lingala ☐ Client Doesn't Know ☐ Client Prefers Not to Answer ☐ Data Not Collected
If Different Preferred Language, please specify	

Sexual Orientation

☐ Heterosexual   ☐ Other
☐ Gay   ☐ Client doesn't know
☐ Lesbian   ☐ Client prefers not to answer
☐ Bisexual
☐ Questioning/Unsure
☐ If Other, Please Describe: _____

Foster Care	**Zip Code of Last Permanent Address**
☐ Yes ☐ No	☐☐☐☐☐

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

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

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