HMIS Standard Intake – Recovery Kentucky Entry

Effective 10/01/2025

Intake Date MM/DD/YY

Entry Date MM/DD/YY

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/YY

☐ Full DOB reported

☐ Approx or Partial DOB

☐ Client doesn't know

☐ Client prefers not to answer

Veteran Status

☐ No

☐ Yes

Martial Status

☐ Divorced

☐ Married

☐ Partner/Significant Other

☐ Separated

☐ Single

☐ Widowed

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

Education

What is the highest level of school that you have completed?

No Schooling Completed ☐	Nursey School to 4th grade ☐	5th grade or 6th grade ☐	7th grade or 8th grade ☐
9th grade ☐	10th grade ☐	11th grade ☐	12th grade, no diploma ☐
High school diploma ☐	Post-secondary School ☐	GED ☐	Client Doesn't Know ☐
Client prefers not to answer ☐			

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
- ☐ 3 to 6 months ago
- ☐ Client doesn't know
- ☐ 1 year ago or more
- ☐ 6 months to 1 year ago
- ☐ Client prefers not to answer

If Yes, are you currently fleeing?

- ☐ No
- ☐ Client doesn't know
- ☐ Yes
- ☐ Client prefers not to answer

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 ☐	Yes ☐	Yes ☐	Yes ☐	N/A	N/A
Expected to substantially impair ability to live independently:	N/A	N/A	N/A	N/A	Yes ☐	Yes ☐

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 ☐ 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	**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

	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 _____

County of last residence:

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: _____

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:**
	☐☐/☐☐/☐☐

Before you entered this recovery center what substance(s) do you believe were the most problematic for you? LIST UP TO 3 CATEGORIES IN THE ORDER OF PROBLEMS YOU EXPERIENCED.

Drug 1

- ☐ Alcohol (e.g. beer wine, distilled spirits)
- ☐ Opiates
- ☐ Subutex®/Suboxone or buprenorphine
- ☐ Marijuana (e.g., Hashish/Pot)
- ☐ Methadone
- ☐ Heroin

☐ Sedatives, hypnotics, muscle relaxants, or tranquilizers
☐ Barbiturates
☐ Stimulants not prescribed for you (e.g. Methamphetamine, Dexedrine®, Adderall®)
☐ Cocaine/crack ☐ Hallucinogens/psychedelics
☐ Inhalants ☐ Synthetic/designer drugs
☐ Other: _____

Drug 2

☐ Alcohol (e.g. beer wine, distilled spirits) ☐ Marijuana (e.g., Hashish/Pot)
☐ Opiates ☐ Methadone
☐ Subutex®/Suboxone or buprenorphine ☐ Heroin
☐ Sedatives, hypnotics, muscle relaxants, or tranquilizers
☐ Barbiturates
☐ Stimulants not prescribed for you (e.g. Methamphetamine, Dexedrine®, Adderall®)
☐ Cocaine/crack ☐ Hallucinogens/psychedelics
☐ Inhalants ☐ Synthetic/designer drugs
☐ Other: _____

Drug 3

☐ Alcohol (e.g. beer wine, distilled spirits) ☐ Marijuana (e.g., Hashish/Pot)
☐ Opiates ☐ Methadone
☐ Subutex®/Suboxone or buprenorphine ☐ Heroin
☐ Sedatives, hypnotics, muscle relaxants, or tranquilizers
☐ Barbiturates
☐ Stimulants not prescribed for you (e.g. Methamphetamine, Dexedrine®, Adderall®)
☐ Cocaine/crack ☐ Hallucinogens/psychedelics
☐ Inhalants ☐ Synthetic/designer drugs
☐ Other: _____

Legal Information

Primary Source Referral?

Casey's Law ☐	Clinic/Hospital ☐	Community Health Program ☐	Court ☐
DOC/Pre-Trial Diversion ☐	Drug Court ☐	Drug Court referred thru DOC ☐	Family/Friend ☐
Needle Exchange Program ☐	Other ☐	Other RKY Center ☐	Probation/Parole-DOC ☐
Probation/Parole-Non DOC ☐	Scholarship ☐	Self ☐	Self-Help Group ☐
Sponsor ☐	Trtmt/Subst. Abuse Facility ☐		

Referred by DOC?
☐ No ☐ Yes

Have you ever been convicted of a felony?
☐ No ☐ Yes

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