

HMIS Standard Update – Recovery Kentucky Entry

Effective 10/01/2025

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

No

Yes

Martial Status

Divorced

Married

Partner/Significant Other

Separated

Single

Widowed

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: _____

HMIS Standard Update – Recovery Kentucky Entry

Effective 10/01/2025

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

Peer Mentor

Yes No

Education

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

No Schooling Completed	Nursery School to 4 th grade	5 th grade or 6 th grade	7 th grade or 8 th grade
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 th grade	10 th grade	11 th grade	12 th grade, no diploma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High school diploma	Post-secondary School	GED	Client Doesn't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client prefers not to answer <input type="checkbox"/>			

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?

<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

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 <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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Expected to substantially impair ability to live independently:	N/A	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>

HMIS Standard Update – Recovery Kentucky Entry

Effective 10/01/2025

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="radio"/> GPD TIP housing subsidy <input type="radio"/> VASH housing subsidy <input type="radio"/> RRH or equivalent subsidy <input type="radio"/> HCV voucher (tenant or project based) (not dedicated) <input type="radio"/> Public housing unit <input type="radio"/> Rental by client, with other ongoing housing subsidy <input type="radio"/> Emergency Housing Voucher <input type="radio"/> Family Unification Program Voucher (FUP) <input type="radio"/> Foster Youth to Independence Initiative (FYI) <input type="radio"/> Permanent Supportive Housing <input type="radio"/> 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)?	Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?	Length of Stay in Prior Living Situation (i.e. the housing situation identified above)?	Length of Stay in Prior Living Situation (i.e. the housing situation identified above)?	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<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	<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	<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	<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	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

HMIS Standard Update – Recovery Kentucky Entry

Effective 10/01/2025

	<p>Did you stay in the institutional situation less than 90 days?</p> <p><input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)</p>	<p>Did you stay in the housing situation less than 7 nights?</p> <p><input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)</p>	<p><input type="checkbox"/> One year or longer Did you stay in the housing situation less than 7 nights?</p> <p><input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)</p>							
<input type="checkbox"/> N/A (Complete SECTION IV Below)	<p>On the night before entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?</p> <p><input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)</p>	<p>On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?</p> <p><input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)</p>	<p>On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?</p> <p><input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)</p>	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer						
<p>On the night <u>before your previous stay</u>, was that on the streets, in an Emergency Shelter, or Safe Haven?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>Approximate date this episode of homelessness started:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td>/</td> <td></td> <td>/</td> <td></td> <td></td> </tr> </table>				/		/		
	/		/							
<p>Total number of times homeless on the street, in ES, or SH in the past three years</p> <p><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</p>		<p>Total number of months homeless on the street, in emergency shelter, or SH in the past three years</p> <p>_____</p>								

County of last residence:

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:

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

HMIS Standard Update – Recovery Kentucky Entry

Effective 10/01/2025

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

<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: _____

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

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

Drug 2

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

Drug 3

HMIS Standard Update – Recovery Kentucky Entry

Effective 10/01/2025

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

Legal Information

Primary Source Referral?

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

Referred by DOC?

No Yes

Have you ever been convicted of a felony?

No Yes

What RKY Program Component is the client in at exit?

<input type="checkbox"/> SOS
<input type="checkbox"/> MT1
<input type="checkbox"/> MT2
<input type="checkbox"/> Phase 1
<input type="checkbox"/> Phase 2

Staff Completing (Printed Name):

Date:

--	--