HMIS Intake Form for SNOFO PSH projects

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

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)
- ☐ 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

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 Current Living Situation – current to project entry			
	(Select one Living Situation and **answer the corresponding questions in the order in which they appear**)			
Start Date	**End Date**	**Information Date**		
/ /	/ /	/ /		
	(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
Is client going to have to leave their current living situation within 14 days?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer	**If yes, answer the following questions:**		

Has a subsequent residence been identified? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer	Does individual or family have resources or support networks to obtain other permanent housing? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer	Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer	Has the client moved 2 or more times in the past 60 days? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer	

	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 **Did you stay in the institutional situation 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 ☐ 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)	**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)	☐ Client doesn't know ☐ Client prefers not to answer

	☐ Yes (If YES – Complete SECTION III) ☐ No (If NO – End Homeless History Interview)	☐ No (If NO – End Homeless History Interview)	☐ 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 _____

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	☐ Luganda
☐ Arabic	☐ Mandarin
☐ Bosnian	☐ Marathi
☐ Burmese	☐ Nepali
☐ Cambodian	☐ Pashto
☐ Chinese	☐ Portuguese
☐ Croatian	☐ 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
☐ Gay
☐ Lesbian
☐ Bisexual
☐ Questioning/Unsure
☐ If Other, Please Describe: _____
☐ Other
☐ Client doesn't know
☐ Client prefers not to answer

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:**