

HMIS Standard Intake Form for RHY projects

Effective 10/01/2025

Intake Date

			/				/			
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Entry Date

			/				/			
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ServicePoint
(HoH) ID:

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Project Name

--

HoH First Name

--

Middle

--

Last

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Suffix

--

Alias

--

Full Name Reported

Partial, Street or Code Name

Client doesn't know

Client prefers not to answer

Social Security
Number:

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Full SSN reported

Approx or Partial SSN

Client doesn't know

Client prefers not to
answer

Date of Birth:

			/				/			
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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

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
 Asian or Asian American
 Black, African American, or African
 Hispanic/Latina/o
 Middle Eastern or North African
 Additional Race and Ethnicity detail: _____

Native Hawaiian or Pacific Islander
 White
 Client doesn't know
 Client prefers not to answer

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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: _____

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

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Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes <input type="checkbox"/> No <input type="checkbox"/>					
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****SECTION 2:  IF CLIENT IS A MINOR WHO IS NOT HEAD OF HOUSEHOLD STOP DATA ENTRY HERE****

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	
<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
Source	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	
<input type="checkbox"/> TANF Child Care services	
<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Other: _____	

	Client's Current Living Situation – current to project entry		
	(Select one Living Situation and <u>answer the corresponding questions in the order in which they appear</u>)		
Start Date	End Date	Information Date	
<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	
	(Select one Living Situation and <u>answer the corresponding questions in the order in which they appear</u>)		

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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"> ○ 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 <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
Is client going to have to leave their current living situation within 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	If yes, answer the following questions:		
Has a subsequent residence been identified?	Does individual or family have resources or support networks to obtain other permanent housing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	Has the client moved 2 or more times in the past 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	

Client's Prior Living Situation - Prior to Project Entry				
(Select one Living Situation and <u>answer the corresponding questions in the order in which they appear</u>)				
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"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<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"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <ul style="list-style-type: none"> ○ GPD TIP housing subsidy ○ VASH housing subsidy ○ RRH or equivalent subsidy 	<input type="checkbox"/> Other <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know

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Domestic Violence			
Are you, or have you been a survivor of domestic or intimate partner violence?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> 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		

Zip Code of Last Permanent Address

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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?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
What is the primary reason you came to this county/community?:	<input type="checkbox"/> Access to service and resources <input type="checkbox"/> Fleeing an abusive situation <input type="checkbox"/> Job Opportunities <input type="checkbox"/> Other <input type="checkbox"/> Client prefers not to answer

RHY Required Questions:

Referral Source

- Self-Referral
- Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual
- Outreach Project
- Temporary Shelter
- Residential Project
- Hotline
- Child Welfare/CPS
- Juvenile Justice

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	<input type="checkbox"/> Law <input type="checkbox"/> Enforcement/Police <input type="checkbox"/> Mental Hospital <input type="checkbox"/> School <input type="checkbox"/> Other Organization <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
If Outreach Project is selected, Number of times approached by outreach prior to entering the project	
Youth Eligible for RHY Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No for "Youth Eligible for RHY Services", Reason why services are not funded by BCP grant	<input type="checkbox"/> Out of Age range <input type="checkbox"/> Ward of the State – Immediate Reunification <input type="checkbox"/> Ward of the Criminal Justice System – Immediate Reunification <input type="checkbox"/> Other
If Yes, for "Youth Eligible for RHY Services", Runaway youth	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data not collected <input type="checkbox"/> Client doesn't know
Date of BCP Status Determination	
Sexual Orientation	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Other <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
If Other, please describe	

Education

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

Less than Grade 5

Grade 5-6

Grades 7-8

Grades 9-11

Grade 12/High School Diploma

School program does not have grade levels

GED

Some college

Associate degree

Bachelor's degree

Graduate degree

Vocational certification

Client doesn't know

Client prefers not to answer

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School Status

Attending School Regularly	Attending School Irregularly	Graduated High School	Obtained GED	Dropped Out
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspended	Expelled	Client doesn't know	Client prefers not to answer	Data not collected

Employment

Are you presently employed?

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

If employed, is this permanent, temporary, or seasonal work?

Full-time Part-time Seasonal/sporadic (including day labor)
 Data not collected

If No, why not Employed?

Looking for work Unable to work Not Looking for work Data not collected

Health Status

General Health Status	<input type="checkbox"/> Excellent	<input type="checkbox"/> Poor
	<input type="checkbox"/> Very good	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Good	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Fair	<input type="checkbox"/> Data not collected
Dental Health Status	<input type="checkbox"/> Excellent	<input type="checkbox"/> Poor
	<input type="checkbox"/> Very good	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Good	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Fair	<input type="checkbox"/> Data not collected
Mental Health Status	<input type="checkbox"/> Excellent	<input type="checkbox"/> Poor
	<input type="checkbox"/> Very good	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Good	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Fair	<input type="checkbox"/> Data not collected

Are you pregnant?

Yes No

Formerly a Ward of Child Welfare/Foster Care Agency?

Yes No

Formerly Juvenile Justice System?

Yes No

If yes, projected birth date

/ / / / /

If yes, number of years or months (if less than years)

If yes, number of years or months (if less than years)

Family Critical Issues

Unemployment – Family member

Yes No Client doesn't know
 Client prefers not to answer Data not collected

Mental Health Disorder – Family member

Yes No Client doesn't know
 Client prefers not to answer Data not collected

Physical Disability – Family Member

Yes No Client doesn't know
 Client prefers not to answer Data not collected

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Alcohol or Substance Use Disorder – Family Member

Yes No Client doesn't know
 Client prefers not to answer Data not collected

Insufficient Income to Support Youth – Family Member

Yes No Client doesn't know
 Client prefers not to answer Data not collected

Incarcerated Parent of Youth – Family Member

Yes No Client doesn't know
 Client prefers not to answer Data not collected

Date of Engagement – Street Outreach Only & Supportive Services Only

/ / / /

Staff Completing (Printed Name):

Date:

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