

HMIS Standard Intake Form for RHY projects

Effective 10/01/2025

Gender (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Woman (Girl, if child) | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Man (Boy, if child) | <input type="checkbox"/> Different Identity |
| <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Non-Binary | |
| <input type="checkbox"/> If Different Identity, Please Specify: _____ | |

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: _____ |

BoS Pre-Housing Survey: Medical Insurance

Coverage Start Date:

			/				/		
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Which forms of health insurance do you have? (select multiple options if it applies):

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Commercial Insurance |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> I don't have insurance, but want it |
| <input type="checkbox"/> Tricare | <input type="checkbox"/> I don't know/need to figure it out |
| <input type="checkbox"/> Other | |

Enter the name of the Health Insurance carrier:

Coverage Effective Date:

			/				/		
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Enter Medicaid/Member ID:

Enter Member Group No:

Coverage End Date:

			/				/		
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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?


- | | | | |
|-----------------------------|---|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes (indicate type(s) below) | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> 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"/>
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Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

****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	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
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 answer the corresponding questions in the order in which they appear)				
Start Date	End Date	Information Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
(Select one Living Situation and answer the corresponding questions in the order in which they appear)				

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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"> <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> 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?	Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<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 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"/> 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"> <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> 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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<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"/> 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"/> 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"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> 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"/> Client prefers not to answer
Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)? <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	Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)? <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 Did you stay in the institutional situation less than 90 days? <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	Length of Stay in Prior Living Situation (i.e. the housing situation identified above)? <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 Did you stay in the housing situation less than 7 nights? <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	Length of Stay in Prior Living Situation (i.e. the housing situation identified above)? <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 Did you stay in the housing situation less than 7 nights? <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> 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? <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> 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? <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> 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? <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes		Approximate date this episode of homelessness started: <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>		
Total <u>number of times homeless</u> on the street, in ES, or SH in the past three years <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		Total <u>number of months</u> homeless on the street, in emergency shelter, or SH in the past three years _____		

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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
<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>

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	<input type="checkbox"/> Self-Referral <input type="checkbox"/> Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual <input type="checkbox"/> Outreach Project <input type="checkbox"/> Temporary Shelter <input type="checkbox"/> Residential Project <input type="checkbox"/> Hotline <input type="checkbox"/> Child Welfare/CPS <input type="checkbox"/> Juvenile Justice

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	<input type="checkbox"/> Law 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 <input type="checkbox"/>	Grade 5-6 <input type="checkbox"/>	Grades 7-8 <input type="checkbox"/>	Grades 9-11 <input type="checkbox"/>
Grade 12/High School Diploma <input type="checkbox"/>	School program does not have grade levels <input type="checkbox"/>	GED <input type="checkbox"/>	Some college <input type="checkbox"/>
Associate degree <input type="checkbox"/>	Bachelor's degree <input type="checkbox"/>	Graduate degree <input type="checkbox"/>	Vocational certification <input type="checkbox"/>
Client doesn't know <input type="checkbox"/>	Client prefers not to answer <input type="checkbox"/>		

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School Status

Attending School
Regularly

☐

Suspended

☐

Attending School
Irregularly

☐

Expelled

☐

Graduated High
School

☐

Client doesn't know

☐

Obtained GED

☐

Client prefers not to
answer

☐

Dropped Out

☐

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

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

☐ Client doesn't know

☐ Client prefers not to answer

☐ Data not collected

Dental Health Status

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

☐ Client doesn't know

☐ Client prefers not to answer

☐ Data not collected

Mental Health Status

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

☐ Client doesn't know

☐ Client prefers not to answer

☐ 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

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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

		/			/		
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Staff Completing (Printed Name):

Date:

--	--