HMIS Standard Interim Form for YHDP 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   ☐ 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: _____

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Gender (Select all that apply)

- [ ] Woman (Girl, if child)
- [ ] Man (Boy, if child)
- [ ] Culturally Specific Identity (e.g., Two-Spirit)
- [ ] Transgender
- [ ] Non-Binary
- [ ] Questioning
- [ ] Different Identity
- [ ] Client doesn't know
- [ ] Client prefers not to answer

- [ ] If Different Identity, Please Specify: _____

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: _____

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 ☐

SECTION 2: 🛑 IF CLIENT IS A MINOR WHO IS NOT HEAD OF HOUSEHOLD STOP DATA ENTRY HERE

Income	
☐ No/None at all ☐ Client doesn't know	☐ Yes (identify source and amounts) ☐ 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 ☐ Client doesn't know	☐ Yes (Identify source below) ☐ 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 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	☐ 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 　o GPD TIP housing subsidy 　o VASH housing subsidy 　o RRH or equivalent subsidy 　o HCV voucher (tenant or project based) (not dedicated) 　o Public housing unit 　o Rental by client, with other ongoing housing subsidy	☐ Other ☐ Worker unable to determine ☐ Client doesn't know ☐ Client prefers not to answer

	☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center		o Emergency Housing Voucher o Family Unification Program Voucher (FUP) o Foster Youth to Independence Initiative (FYI) o Permanent Supportive Housing o Other permanent housing dedicated for formerly homeless persons ☐ Owned by client, with ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy	
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?** ☐ Yes (If YES – Complete SECTION III) ☐ No (If NO – End Homeless History Interview)	**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) ☐ No (If NO – End Homeless History Interview)	**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) ☐ No (If NO – End Homeless History Interview)	☐ Client doesn't know ☐ Client prefers not to answer
☐ **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

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 | |

Date of Engagement (Street Outreach & Supportive Services Only)

Current school enrollment and attendance
☐ Not currently enrolled in any school or educational course
☐ Currently enrolled but NOT attending regularly (when school or the course is in session)
☐ Currently enrolled and attending regularly (when school or the course is in session)
☐ Client doesn't know
☐ Client prefers not to answer

Most Recent educational Status
☐ K12: Graduated from high school
☐ K12: Obtained GED
☐ K12: Dropped out
☐ K12: Suspended
☐ K12: Expelled
☐ Higher Education: Pursuing a credential but not currently attending
☐ Higher Education: Dropped out
☐ Higher Education: Obtained a credential/degree
☐ Client doesn't know
☐ Client prefers not to answer

Current Educational Status
☐ Pursuing a high school diploma or GED
☐ Pursuing Associate's Degree
☐ Pursuing Bachelor's Degree
☐ Pursuing Graduate's Degree
☐ Pursuing other post-secondary credential
☐ Client doesn't know
☐ Client prefers not to answer

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

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

Translation Assistance Needed
☐ No   ☐ Yes (identify preferred language(s))   ☐ Client doesn't know   ☐ Client prefers not to answer

Preferred Language(s)	
	☐ Amharic ☐ Arabic ☐ Bosnian ☐ Burmese ☐ Cambodian ☐ Chinese ☐ Croatian ☐ Dari ☐ English ☐ French ☐ German ☐ Gujarati ☐ Haitian Creole ☐ Hawaiian

	☐ Hindi
	☐ Ilocano
	☐ Japanese
	☐ Karen
	☐ Kinyarwand
	☐ Korean
	☐ Lingala
	☐ Luganda
	☐ Mandarin
	☐ Marathi
	☐ Nepali
	☐ Pashto
	☐ Portuguese
	☐ Russian
	☐ Samoan
	☐ Serbian
	☐ Somali
	☐ Spanish
	☐ Swahili
	☐ Tamil
	☐ Telugu
	☐ Ukrainian
	☐ Vietnamese
	☐ Wolof
	☐ Yiddish
	☐ Different Preferred Language
	☐ Client Doesn't Know
	☐ Client Prefers Not to Answer
	☐ Data Not Collected
If Different Preferred Language, please specify	

Sexual Orientation

☐ Heterosexual   ☐ Other

☐ Gay   ☐ Client doesn't know

☐ Lesbian   ☐ Client prefers not to answer

☐ Bisexual

☐ Questioning/Unsure

☐ If Other, Please Describe: _____

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