

# HMIS Standard Intake Form for VA GPD 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

☐ Additional Race and Ethnicity detail: \_\_\_\_\_

☐ Native Hawaiian or Pacific Islander

☐ White

☐ Client doesn't know

☐ Client prefers not to answer

# HMIS Standard Intake Form for VA GPD 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:

			/				/		
--	--	--	---	--	--	--	---	--	--

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:

			/				/		
--	--	--	---	--	--	--	---	--	--

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

	<b>Physical</b> <input type="checkbox"/>	<b>Mental Health</b> <input type="checkbox"/>	<b>Chronic Health Condition</b> <input type="checkbox"/>	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	<b>Developmental</b> <input type="checkbox"/>	<b>HIV/AIDS</b> <input type="checkbox"/>
--	---	--	---	---	--	---

# HMIS Standard Intake Form for VA GPD projects

Effective 10/01/2025

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"/>



**\*\*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
<b>Total Monthly Income: \$</b>	

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

# HMIS Standard Intake Form for VA GPD projects

Effective 10/01/2025

<b>If YES, how long ago did you have this experience?</b>	
<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
<b>If Yes, are you currently fleeing?</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

<b>Foster Care</b>	<b>Zip Code of Last Permanent Address</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </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

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"/> 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"> <li><input type="checkbox"/> GPD TIP housing subsidy</li> <li><input type="checkbox"/> VASH housing subsidy</li> <li><input type="checkbox"/> RRH or equivalent subsidy</li> <li><input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated)</li> <li><input type="checkbox"/> Public housing unit</li> <li><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</li> <li><input type="checkbox"/> Emergency Housing Voucher</li> </ul>	<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

*Effective 10/01/2025*

## Veteran Information

**Year separated from military service:**

		/			/		
--	--	---	--	--	---	--	--

☐ Client prefers not answer

☐ Client prefers not answer

*Effective 10/01/2025*

# HMIS Standard Intake Form for VA GPD projects

Effective 10/01/2025

What is the client permanent housing plan?	<input type="checkbox"/> SSVF – RRH <input type="checkbox"/> Other – RRH <input type="checkbox"/> HUD – VASH <input type="checkbox"/> Other – PSH <input type="checkbox"/> Other – PH <input type="checkbox"/> Self – Resolve/No Assist <input type="checkbox"/> None Currently
What is the expected permanent housing date?	<input type="text"/> / <input type="text"/> / <input type="text"/>
Is this client chronically homeless per HUD's definition?	<input type="checkbox"/> Chronic <input type="checkbox"/> Non-chronic <input type="checkbox"/> Unknown
Does this client has a total of 12+ months homeless in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this client been homeless 4 or more times in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this client entering TH to address a clinical need?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Staff Completing (Printed Name):

Date:

<input type="text"/>	<input type="text"/>
----------------------	----------------------