

HMIS Standard Intake Form for VA SSVF- EHA Projects

Effective 10/01/2025

Intake Date

			/				/			
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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

Relationship to Head of Household (Must be an adult)

☐ No

☐ Yes

☐ 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

☐ 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)

- | | |
|--|---|
| <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: _____ | |

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

- | | |
|--|---|
| <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:

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Effective 10/01/2025

Coverage Effective Date:	Enter Medicaid/Member ID:
<div> <div></div> <div></div> <div>/</div> <div></div> <div></div> <div>/</div> <div></div> <div></div> </div>	
Enter Member Group No:	Coverage End Date:
	<div> <div></div> <div></div> <div>/</div> <div></div> <div></div> <div>/</div> <div></div> <div></div> </div>

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"/>
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <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: \$	

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Effective 10/01/2025

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 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"/> 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
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?	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?	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"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

HMIS Standard Intake Form for VA SSVF- EHA Projects

Effective 10/01/2025

	<input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	
<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 before your previous stay, 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: 0 auto;"></div>		
Total <u>number of times</u> homeless 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 _____		

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? <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3 to 6 months ago <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> 1 year ago or more <input type="checkbox"/> 6 months to 1 year ago <input type="checkbox"/> Client prefers not to answer </div> </div>	
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	

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

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- ☐ Job Opportunities
- ☐ Other
- ☐ Client prefers not to answer

SOAR Connection

Connection with SOAR

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

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 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grade 12 | School program does not have grade levels | GED | Some college |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Associate degree | Bachelor's degree | Graduate degree | Vocational certification |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Client doesn't know | Client prefers not to answer | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | |

Veteran Information

Year entered military service:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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World War II

Korean War

Vietnam War

Persian Gulf War

Afghanistan

Iraq Freedom

Iraq Dawn

Other Peace-keeping Operations or Military Interventions

Branch of the Military

Discharge Status

Year separated from military service:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Yes ☐ No ☐ Client prefers not to answer

☐ Yes ☐ No ☐ Client prefers not to answer

☐ Yes ☐ No ☐ Client prefers not to answer

☐ Yes ☐ No ☐ Client prefers not to answer

☐ Yes ☐ No ☐ Client prefers not to answer

☐ Yes ☐ No ☐ Client prefers not to answer

☐ Yes ☐ No ☐ Client prefers not to answer

☐ Yes ☐ No ☐ Client prefers not to answer

- ☐ Army
- ☐ Air Force
- ☐ Navy
- ☐ Marines
- ☐ Coast Guard
- ☐ Client doesn't know
- ☐ Space Force
- ☐ Client prefers not to answer
- ☐ Data not collected

- ☐ Honorable
- ☐ General under honorable conditions
- ☐ Under other than honorable conditions
- ☐ Bad Conduct

HMIS Standard Intake Form for VA SSVF- EHA Projects

Effective 10/01/2025

- ☐ Dishonorable
☐ Uncharacterized
☐ Client doesn't know
☐ Client prefers not to answer
- ☐ Data not collected

Percentage of AMI

- ☐ 30% or less
☐ 51% to 80%
- ☐ 31% to 50%
☐ 81% or greater

Client's Residence/Last Permanent Address		
Start Date:	End Date:	
<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
Client's Street Address:		
Client's Apartment Number:		
County of Residence:		
Client's City:	State:	Zip:
Home Phone Number:		

Employed?	
<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, Type of Employment	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal/sporadic (including day labor) <input type="checkbox"/> Data not collected
In No, Why not Employed	
<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work	<input type="checkbox"/> Not looking for work <input type="checkbox"/> Data not collected

VAMC Station Number	
SSVF HP Targeting Criteria	
Is Homelessness Prevention targeting screener required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current housing loss expected within...	<input type="checkbox"/> 0-6 days <input type="checkbox"/> 7-13 days <input type="checkbox"/> 14-21 days <input type="checkbox"/> More than 21 days
Current household income	<input type="checkbox"/> 0-14% of Area Median Income <input type="checkbox"/> 15-30% of AMI for household size <input type="checkbox"/> More than 30% of AMI for household size
History of literal homelessness (street/shelter/transitional housing) (any adult)	<input type="checkbox"/> Most recent episode occurred in the last year <input type="checkbox"/> Most recent episode occurred more than one year ago <input type="checkbox"/> None
Head of Household is not a current leaseholder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head of House (HoH) never been a leaseholder	<input type="checkbox"/> Yes <input type="checkbox"/> No

HMIS Standard Intake Form for VA SSVF- EHA Projects

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Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Evictions within the past 7 years (any adult)	<input type="checkbox"/> No prior rental evictions <input type="checkbox"/> 1 prior rental eviction <input type="checkbox"/> 2 or more rental evictions
Criminal record for arson, drug dealing or manufacture of felony offense against person or property (any adult)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incarcerated as adult (any adult in the household)	<input type="checkbox"/> Not incarcerated <input type="checkbox"/> Incarcerated once <input type="checkbox"/> Incarcerated two or more times
Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered sex offender (any household member)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head of Household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently pregnant (any household member)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single parent with minor child(ren)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household includes one of more young children (age six or under), or a child who requires significant care	<input type="checkbox"/> No <input type="checkbox"/> Youngest child is under one year <input type="checkbox"/> Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care
Household size of 5 or more requiring at least 3 bedrooms (due to household composition)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Households which may include one or more members meeting other criteria for targeting prevention determined by the CoC	<input type="checkbox"/> Yes <input type="checkbox"/> No
HP applicant total points (integer)	
Grantee targeting threshold score (integer)	

Staff Completing (Printed Name):

Date:

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