

# HMIS Intake Form for Emergency Shelter projects

Effective 10/01/2021

Intake Date	Entry Date	ServicePoint (HoH) ID:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Project Name
<input type="text"/>

HoH Name First	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suffix	Alias
<input type="text"/>	<input type="text"/>

Name Data Quality	
<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Partial, Street or Code Name
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client Refused

Social Security Number	Date of Birth
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<input type="checkbox"/> Full SSN Reported (HUD) <input type="checkbox"/> Approx or partial SSN reported (HUD) <input type="checkbox"/> Client doesn't know (HUD) <input type="checkbox"/> Client refused (HUD) <input type="checkbox"/> Data Not collected (HUD)	<input type="checkbox"/> Full DOB Reported (HUD) <input type="checkbox"/> Approx or partial SSN reported (HUD) <input type="checkbox"/> Client doesn't know (HUD) <input type="checkbox"/> Client refused (HUD) <input type="checkbox"/> Data Not collected (HUD)
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Gender	
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Race (select all that apply)	
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> White	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Ethnicity	
<input type="checkbox"/> Non-Hispanic/Non-Latino(a)(o)(x) <input type="checkbox"/> Hispanic/Latino(a)(o)(x)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

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Veteran Status		Relationship to HoH	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Self (Head of Household)	<input type="checkbox"/> HoH's spouse or partner
		<input type="checkbox"/> HoH's child	<input type="checkbox"/> Other: non-relation member
		<input type="checkbox"/> HoH's other relation member	<input type="checkbox"/> Client
Health Insurance			
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know		
<input type="checkbox"/> Yes (identify source below)	<input type="checkbox"/> Client		
Source			
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare		
<input type="checkbox"/> State Children's Health Insurance (KCHIP)	<input type="checkbox"/> VA Medical Services		
<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: _____		

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 refused						
	<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"/>
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"/>

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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)			
Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Other
<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside).  <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher  <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster 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"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) 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, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)?</b>  <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	<b>Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?</b>  <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights	<b>Length of Stay in Prior Living Situation (i.e. the housing situation identified above)</b>  <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"/> Client doesn't know <input type="checkbox"/> Client refused

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<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	<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  <b>Did you stay in the institutional situation less than 90 days?</b>  <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<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  <b>Did you stay in the housing situation less than 7 nights?</b>  <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	
<input type="checkbox"/> <b>N/A</b> (Complete SECTION IV Below)	<b>On the <u>night before</u> entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?</b>  <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<b>On the <u>night before</u> entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?</b>  <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 refused
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 start of homelessness: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
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 refused	Total <u>number of months homeless</u> on the street, in emergency shelter, or SH in the past three years _____		

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<b>Domestic violence victim/survivor?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>If yes for Domestic violence victim/survivor, when experience occurred</b>	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago <input type="checkbox"/> From six to twelve months ago <input type="checkbox"/> More than a year ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>If yes for Domestic violence victim/survivor, are you currently fleeing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

**\*\*Complete the following questions for ALL HOUSEHOLD MEMBERS AGE 18 AND OVER \*\***

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 refused	
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>	<b>\$</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 refused	
Source	

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<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: _____

<b>In the last 2 years, have you lived anywhere other than this county/community?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>Where did you move from?</b>	<input type="checkbox"/> A different Kentucky County <input type="checkbox"/> Another part of the US <input type="checkbox"/> Other
<b>If a different Kentucky County, please specify:</b>	
<b>If Another part of the US, please specify state:</b>	
<b>If other location, please specify:</b>	
<b>Did you have housing when you came to this county/community?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>What is the primary reason you came to this county/community?</b>	<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 refused

<b>What are your top 3 reasons you are struggling to find stable, safe and appropriate housing? (number 1,2,3)</b>	<input type="checkbox"/> Affordability <input type="checkbox"/> Don't know where to look <input type="checkbox"/> Household instability <input type="checkbox"/> Size of household <input type="checkbox"/> Poor credit <input type="checkbox"/> Past evictions <input type="checkbox"/> Registered sex offender <input type="checkbox"/> New to the community <input type="checkbox"/> Startup costs/deposits <input type="checkbox"/> Criminal Background <input type="checkbox"/> Owing money to previous landlord <input type="checkbox"/> Owing money to Section 8/government housing <input type="checkbox"/> Availability of rental units <input type="checkbox"/> Other Reasons <input type="checkbox"/> N/A
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If you are struggling for another reason, please specify:	
If client is a Head of Household, have they been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Pick top reason client was evicted?	<input type="checkbox"/> Change in property ownership <input type="checkbox"/> Criminal Activity <input type="checkbox"/> Lease Violation(s) <input type="checkbox"/> Non-Payment of Rent <input type="checkbox"/> Rental property foreclosed
If the client is a Veteran, do they have a copy of their DD-214 Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Client ever in the foster care system?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Client Contact Information

In what language do you feel best to express yourself?	<input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other
Client Phone Number	
Alt. Client Phone Number	
Email address/other electronic communication (e.g. social media)	
On a regular day, where is it easiest to find you and what time of day is easiest to do so? (collect multiple locations)	

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## Coordinated Entry Assessment

Date of Assessment	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; background-color: #cccccc;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; background-color: #cccccc;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			/			/		
		/			/				
Assessment Location	<input type="checkbox"/> UnSheltered/Street Outreach <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Permanent Housing Provider <input type="checkbox"/> Supportive Services Provider <input type="checkbox"/> Transitional Housing Provider <input type="checkbox"/> Victim Service Provider								
Assessment Type	<input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> In person								
Assessment Level	<input type="checkbox"/> Crisis Needs Assessment <input type="checkbox"/> Housing Needs Assessment								
Prioritization Status	<input type="checkbox"/> Placed on Prioritization List <input type="checkbox"/> Not placed on Prioritization list								

## Coordinated Entry Event

Start Date	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; background-color: #cccccc;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; background-color: #cccccc;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			/			/		
		/			/				
Date of Event	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; background-color: #cccccc;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; background-color: #cccccc;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			/			/		
		/			/				
Event	<p><b>Access Event</b></p> <input type="checkbox"/> Referral to Prevention Assistance project <input type="checkbox"/> Problem Solving/Diversion/Rapid Resolution intervention or service <input type="checkbox"/> Referral to scheduled Coordinated Entry Crisis Needs Assessment <input type="checkbox"/> Referral to scheduled Coordinated Entry Housing Needs Assessment <p><b>Referral Events</b></p> <input type="checkbox"/> Referral to post-placement/follow-up case management <input type="checkbox"/> Referral to Street Outreach project or services <input type="checkbox"/> Referral to Housing Navigation project or services <input type="checkbox"/> Referral to Non-continuum services: Ineligible for continuum services <input type="checkbox"/> Referral to Non-continuum services: No availability in continuum services <input type="checkbox"/> Referral to Emergency Shelter bed opening <input type="checkbox"/> Referral to Transitional Housing bed/unit opening <input type="checkbox"/> Referral to Joint TH-RRH project/unit/resource opening								



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	<input type="checkbox"/> Referral to RRH project resource opening <input type="checkbox"/> Referral to PSH project resource opening <input type="checkbox"/> Referral to Other PH project/unit/resource opening								
<b>If: Problem Solving/Diversion/Rapid Resolution intervention or service result:</b>									
<b>Client housed/re-housed in a safe alternative</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>If Referral to post-placement/follow-up case management result:</b>									
<b>Enrolled in Aftercare project</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>If Referral to an ES, TH, Joint TH-RRH, PSH, or Other PH opening:</b>									
<b>Location of Crisis Housing or Permanent Housing Referral</b>									
<b>Referral Result</b>	<input type="checkbox"/> Successful referral: client accepted <input type="checkbox"/> Unsuccessful referral: client rejected <input type="checkbox"/> Unsuccessful referral: provider rejected								
<b>Date of Result</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			/			/		
		/			/				

**Staff Completing (Printed Name):**

**Date:**

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