

HMIS Standard Intake Form for VA SSVF projects

Effective 10/01/2021

Intake Date

		/			/		
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Entry Date

		/			/		
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**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 Refused

**Social Security
Number:**

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Full SSN reported

Approx or Partial SSN

Client doesn't know

Client refused

Date of Birth:

		/			/		
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Full DOB reported

Approx or Partial DOB

Client doesn't know

Client refused

Race (Select all that apply)

American Indian, Alaska Native, or Indigenous

Black, African American, or African

Native Hawaiian or Pacific Islander

Asian

White

Client doesn't know

Client refused

Gender

Female

Male

A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)

Transgender

Questioning

Client doesn't know

Client refused

Ethnicity

Non-Hispanic/Non-Latin(o)(a)(x)

Hispanic/Latin(o)(a)(x)

Client doesn't know

Client refused

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

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Housing Move-in Date	<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;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
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
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						
	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"/>

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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
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 refused
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)			
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"/> Client doesn't know <input type="checkbox"/> Client refused

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		<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	
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)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<input type="checkbox"/> 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? <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> 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? <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 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 start of homelessness: <table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
Total number of times 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 refused	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? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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 refused

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If Yes, are you currently fleeing?

No
 Yes
 Client doesn't know
 Client refused

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

SOAR Connection

Connection with SOAR

No
 Yes
 Client doesn't know
 Client refused

Education

What is the highest level of school that you have completed?

<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Associate degree <input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Grade 5-6 School program does not have grade levels <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Client refused	<input type="checkbox"/> Grades 7-8 <input type="checkbox"/> GED <input type="checkbox"/> Graduate degree	<input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Some college <input type="checkbox"/> Vocational certification
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Veteran Information

Year entered military service:

World War II / /

Year separated from military service:

Yes No Client refused

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Korean War	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
Vietnam War	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
Persian Gulf War	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
Afghanistan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
Iraq Freedom	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
Iraq Dawn	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
Other Peace-keeping Operations or Military Interventions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client refused

Branch of the Military

<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Navy
<input type="checkbox"/> Marines	<input type="checkbox"/> Coast Guard	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	
<input type="checkbox"/> Data not collected		

Discharge Status

<input type="checkbox"/> Honorable	
<input type="checkbox"/> General under honorable conditions	
<input type="checkbox"/> Under other than honorable conditions	
<input type="checkbox"/> Bad Conduct	
<input type="checkbox"/> Dishonorable	
<input type="checkbox"/> Uncharacterized	
<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

Percentage of AMI	<input type="checkbox"/> Less than 30%	<input type="checkbox"/> 30% to 50%
	<input type="checkbox"/> Greater than 50%	

Client's Residence/Last Permanent Address																		
Start Date:	End Date:																	
<table border="1"> <tr> <td> </td><td> </td><td>/</td><td> </td><td> </td><td>/</td><td> </td><td> </td> </tr> </table>			/			/			<table border="1"> <tr> <td> </td><td> </td><td>/</td><td> </td><td> </td><td>/</td><td> </td><td> </td> </tr> </table>				/			/		
		/			/													
		/			/													
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 refused	
If yes, Type of Employment	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Seasonal/sporadic (including day labor)
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Data not collected

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In No, Why not Employed	
<input type="checkbox"/> Looking for work	<input type="checkbox"/> Not looking for work
<input type="checkbox"/> Unable to 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
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
History of Literal Homelessness (street/shelter/transitional housing)	<input type="checkbox"/> 4 or more times or total of at least 12 months in past three years <input type="checkbox"/> 2-3 times in past three years <input type="checkbox"/> 1 time in past three years <input type="checkbox"/> None
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
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 age/gender mix)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population.	<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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