

## HMIS Project Intake Form *Emergency Shelter & Street Outreach (Including PATH)*

### Step 1: Universal Data Collection

Please complete the following basic client information and note that all fields with an \* are required fields. Universal Data Elements are required for all project participants. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

#### Basic Client Information:\*

First Name:\* \_\_\_\_\_ Last Name:\* \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

<b>Name Data Quality:*</b> <input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, Street Name or Code Name Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Social Security Number:*</b> <input type="checkbox"/> _____ <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or Partial SSN Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Birthdate:*</b> _____ <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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<b>Ethnicity:*</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Race:*</b> <i>(Select All That Apply)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Gender:*</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Client Doesn't Identify Male, Female or Transgender <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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**If Female, Pregnancy Status:\***

Yes  
 Due Date: \_\_\_\_\_

No  
 Client Doesn't Know  
 Client Refused  
 Data Not Collected

<b>Disabling Condition:*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Veteran Status:*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Relationship to Head of Household:*</b> <input type="checkbox"/> Self <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Dependent Child <input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family Member
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#### Contact Information:

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

## Step 2: Project Enrollment

Complete the project enrollment information and please note all fields with an \* are required fields. Complete additional forms for each household member to be enrolled.

Assessment Date:\* \_\_\_\_\_ Street Outreach Project Entry Date:\* \_\_\_\_\_  
Case Assignment:\* \_\_\_\_\_ Street Outreach Engagement Date:\* \_\_\_\_\_

### **(ONLY REQUIRED FOR PATH PARTICIPANTS):**

Project Entry Date:\* \_\_\_\_\_ (Date of 1<sup>st</sup> Contact)  
Date of PATH Engagement: \_\_\_\_\_ (Interactive client relationship; results in deliberate assessment)  
Date of PATH Status Determined: \_\_\_\_\_  
Client Became Enrolled in PATH:  Yes  No (Client formally consents to participate in PATH program services)  
Reason Not Enrolled in PATH:  
 Client was found ineligible for PATH  
 Client not enrolled for other reason(s)

## Step 3: Entry Assessments

Complete the following entry assessments and please note all fields with an \* are required fields.

Housing Status\* (Based on housing condition just prior to project entry)

- |                                                                                  |                                              |
|----------------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Category 1 – Homeless                                   | <input type="checkbox"/> Stably Housed – Own |
| <input type="checkbox"/> Category 2 – At Imminent Risk of Losing Housing         | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Category 3 – Homeless Only Under Other Federal Statutes | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Category 4 – Fleeing Domestic Violence                  | <input type="checkbox"/> Other               |
| <input type="checkbox"/> At Risk of Homelessness                                 | <input type="checkbox"/> Data Not Collected  |
| <input type="checkbox"/> Stably Housed - Rent                                    |                                              |

Type of Residence:\*

### **HOMELESS SITUATION**

- Place not meant for habitation (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
- Safe Haven
- Interim Housing

### **INSTITUTIONAL SITUATION**

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, Prison or Juvenile Detention Center
- Long-term care facility or nursing home
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment Facility or Detox Center

### **TRANSITIONAL AND PERMANENT HOUSING SITUATION**

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy

- Owned by client, with ongoing housing subsidy
- Permanent Housing for Formerly Homeless Persons (a CoC project; HUD legacy programs; or HOPWA PH)
- Rental by client, with no ongoing housing subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with GPD TIP subsidy
- Rental by client, with other ongoing housing subsidy
- Residential project or halfway house with no homeless criteria
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Transitional Housing for Homeless Persons (Including Homeless Youth)
- Client Doesn't Know
- Client Refused
- Data Not Collected

Length of stay in the prior living situation:\*

- 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
- Client Doesn't Know
- Client Refused
- Data Not Collected

Approximate date homelessness started: \* \_\_\_\_\_

Regardless of where they stayed last night – number of times the client has been on the streets, in ES, or SH in the past three years including today:\*

- One Time
- Two Times
- Three Times
- Four Times
- Client Doesn't Know
- Client Refused
- Data Not Collected

Total number of months homeless on the street, in ES, or SH in the past three years:\*

- One month (this time is the first month)
- 2-12 months
  - Number of months (2-12):\* \_\_\_\_\_
- More than 12 months
- Client Doesn't Know
- Client Refused
- Data Not Collected

Covered by Health Insurance:\*

- Yes                       No  
 Client Doesn't Know     Client Refused  
 Data Not Collected

Type:\*

- Private - COBRA                                       Military Insurance  
 Private – Employer                                    Other Public  
 Private – Individual                                    State Funded (HIP or HIP 2.0)  
 Medicare                                                    Indian Health Service (Native American)  
 Medicaid                                                    Other \_\_\_\_\_  
 State Children's Health Insurance Program  
 (S-CHIP; not Medicaid or HIP)

Status:\*

- Active                                                       No  
      Start Date: \_\_\_\_\_                               Applied; decision pending                       Client Doesn't Know  
      End Date: \_\_\_\_\_                                    Applied; client not eligible                       Client Refused  
                                                                                   Client did not apply                                    Data Not Collected  
                                                                                   Insurance type N/A for this client

Veterans Assessment:\*

Military Branch:\*

- Army                       Client Doesn't Know  
 Air Force                       Client Refused  
 Navy                       Data Not Collected  
 Marines  
 Coast Guard

Discharge Status:\*

- Honorable                                                       Uncharacterized  
 General under honorable conditions                       Client Doesn't Know  
 Bad Conduct                                                       Client Refused  
 Dishonorable                                                       Data Not Collected  
 Under Other Than Honorable Conditions (OTH)

Service Entry Date: \* \_\_\_\_\_ Service Exit Date: \_\_\_\_\_

Select Theatre(s) of Operation(s):\* (May not apply to client)

- World War II (September 1940-July 1947)  
 Vietnam War (August 1964-April 1975)  
 Persian Gulf War (Operation Desert Storm)  
 (August 1991-September 10, 2001)  
 Afghanistan (Operation Enduring Freedom)  
 Iraq (Operation Iraqi Freedom)  
 Iraq (Operation New Dawn)  
 Other Peace-keeping operations or military interventions  
 (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)  
 Korean War (June 1950-January 1955)

Status:\*

- Yes  
 No  
 Client Doesn't Know  
 Client Refused  
 Data Not Collected

<u>Barriers:*</u>	<u>Barrier Present?</u>	<u>Receiving Services/Treatment?</u>	<u>Condition is Indefinite?</u>	<u>Documentation on File?</u>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

**HMIS Barriers Assessment:\***

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

**How confirmed:**

- Unconfirmed; presumptive or self-report
- Confirmed through assessment and clinical evaluation
- Confirmed by prior evaluation or clinical records

**(ONLY REQUIRED FOR PATH PARTICIPANTS)**

Connection with SOAR:\*

- Yes                       No  
 Client Doesn't Know     Client Refused

**Domestic Violence Assessment of Victim:\***

Is client a victim of domestic violence:\*

- Yes                       No  
 Client Doesn't Know     Client Refused  
 Data Not Collected

Currently Fleeing:\*

- Yes                       No  
 Client Doesn't Know     Client Refused  
 Data Not Collected

If yes, when experience occurred:\*

- Within the past three months  
 Three to six months ago (excluding 6 months exactly)  
 Six months to one year ago (excluding 1 year exactly)  
 One year ago or more  
 Client Doesn't Know  
 Client Refused  
 Data Not Collected

**Financial Assessment:\*** Cash Income:\*

- Yes     No  
 Earned Income \$ \_\_\_\_\_  
 Private Disability Insurance \$ \_\_\_\_\_  
 Unemployment Insurance \$ \_\_\_\_\_  
 Worker's Compensation \$ \_\_\_\_\_  
 Pension From Former Job (VA Included) \$ \_\_\_\_\_  
 Supplemental Security Income \$ \_\_\_\_\_  
 Social Security Disability Income \$ \_\_\_\_\_  
 Retirement (Social Security) \$ \_\_\_\_\_  
 Alimony \$ \_\_\_\_\_  
 VA Service-Connected Disability \$ \_\_\_\_\_  
 VA Non Service-Connected Disability \$ \_\_\_\_\_  
 TANF \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_

**Non Cash Benefits:\***  Yes     No

- Food Stamps/Money for Food on Benefits Card \$ \_\_\_\_\_  
 Special Supplemental Nutrition Program (WIC)  
 TANF Child Care Services  
 TANF Transportation Services  
 Other TANF Funded Services  
 Section 8, Public Housing, Other Rental Asst. (PSH) \$ \_\_\_\_\_  
 Temporary Rental Assistance (RRH) \$ \_\_\_\_\_  
 Other Source

**(ONLY REQUIRED FOR PATH PARTICIPANTS)**

Date of Contact:\*

Contact with: \_\_\_\_\_

Enrollment:\*

Contact Service:\*

- Assessments: PATH Screening/Assessment
- Case Management: PATH – Case Management
- Health/Medical: PATH – Referral Primary Health Services
- Mental Health/Counseling: PATH – Referral Community Mental Health
- Prevention/Outreach: PATH – Outreach
- Substance Abuse: PATH – Referral Substance Abuse Treatment

Current Location:\*

- Place Not Meant for Habitation  
 Service Setting, Non-Residential  
 Service Setting, Residential