

**Client Intake Form**

Adult Intake Agency: \_\_\_\_\_ Entry Date: \_\_\_\_\_ HMIS ID: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_

**Race and Ethnicity (Check all that apply)**

- American Indian, Alaska Native or Indigenous
- Asian or Asian American
- Black, African American or African
- Native Hawaiian or Pacific Islander
- White
- Hispanic/Latina/e/o
- Middle Eastern or North African
- Client doesn't know
- Client prefers not to answer
- \_\_\_\_\_

**Gender**

- Man (boy, if child)
- Woman (girl, if child)
- Transgender
- Culturally Specific Identity
- Non-Binary
- Questioning
- Different Identify
- Client doesn't know
- Client prefers not to answer

**Veteran:**

- Yes
- No

**Relationship to Head of Household: (Self, Spouse, Son, etc.)**

**Living Situation –**

**Residence the night before program admission, and length of stay at that residence.**

*HOMELESS SITUATIONS*

- Place not meant for Habitation
- Emergency Shelter (or hotel paid for with emergency shelter voucher) Agency Name: \_\_\_\_\_
- Safe Haven

*INSTITUTIONAL SITUATION*

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

*TEMPORARY HOUSING SITUATION*

- Transitional housing for homeless persons (including homeless youth) AGENCY NAME: \_\_\_\_\_
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Host Home (non-crisis)
- Staying or living with a family member's room, apartment or house
- Staying or living with a friend's room, apartment or house

*PERMANENT HOUSING SITUATION*

- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy SUBSIDY TYPE: \_\_\_\_\_
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy SUBSIDY TYPE: \_\_\_\_\_
- Permanent housing for formerly homeless persons AGENCY NAME: \_\_\_\_\_

Approximate date started homelessness? \_\_\_\_\_ Length of stay: \_\_\_\_\_

On the night before, did you stay on the streets, ES, or SH?: Yes  No

In the past 3 years, how many **different times** have you slept on the streets, in ES, or SH, including last night? \_\_\_\_\_

In the past 3 years, how many **months** homeless on the streets in ES, or SH in the past three years: \_\_\_\_\_

<p><b><u>HEALTH INSURANCE</u></b>                  Client has active health insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>                  (If answer is “Yes”, check which one(s) below)  <input type="checkbox"/> Private Pay Health Insurance  <input type="checkbox"/> Employer Provided Health Insurance  <input type="checkbox"/> Medicare  <input type="checkbox"/> Medicaid  <input type="checkbox"/> State Children’s Health Insurance Program S-CHIP  <input type="checkbox"/> Veteran’s Health Administration (VHA)  <input type="checkbox"/> State Health Insurance for Adults  <input type="checkbox"/> Indian Health Services Program (HIS)  <input type="checkbox"/> Health Insurance obtained through COBRA  <input type="checkbox"/> Other</p>	<p><b><u>CAUSE OF HOMELESSNESS</u></b>  <b>Select ONLY ONE</b>  <input type="checkbox"/> Divorce/Break-up  <input type="checkbox"/> Domestic Violence  <input type="checkbox"/> Evicted from Home/Foreclosure  <input type="checkbox"/> Evicted from Shelter  <input type="checkbox"/> Foster Care – Aged Out  <input type="checkbox"/> House Fire/Natural Disaster  <input type="checkbox"/> Criminal Activity/Jail/Prison  <input type="checkbox"/> Lost Employment/Lack of Income/Public Assistance  <input type="checkbox"/> Mental Illness  <input type="checkbox"/> Personal Health/Medical Condition  <input type="checkbox"/> Healthy/Safety  <input type="checkbox"/> Relocation  <input type="checkbox"/> Stranded  <input type="checkbox"/> Substance Abuse</p>
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<b><u>Disability</u></b>	<b>Disability Present</b>		<b>Receiving Services</b>		<b>Condition is Indefinite</b>		<b>Documentation of the Disability and Severity on File</b>	
	Yes	No	Yes	No	Yes	No	Yes	No
Alcohol Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both Alcohol and Drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overview of Disability:

**Translation Assistance Needed:** Yes  No   
 (If YES) Preferred Language: \_\_\_\_\_

<b><u>DOMESTIC VIOLENCE</u></b>		
Domestic Violence Experience <input type="checkbox"/> Yes <input type="checkbox"/> No	When Experience Occurred <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	Currently Fleeing <input type="checkbox"/> Yes <input type="checkbox"/> No
Received/Need Counseling <input type="checkbox"/> Yes <input type="checkbox"/> No		
Overview of Domestic Violence:		

**MONTHLY CASH INCOME**

\$  Earned Income  
 \$  Unemployment Insurance  
 \$  Supplemental Security Income (SSI)  
 \$  Social Security Disability Income  
 \$  VA Service – Disability Compensation  
 \$  VA Non-Service-Connected Disability  
 \$  Private disability insurance  
 \$  Workers Compensation  
 \$  TANF  
 \$  General Assistance  
 \$  Retirement Income from SS  
 \$  Pension or retirement from former job  
 \$  Child support  
 \$  Alimony or Spousal Support  
 \$  Other source

**TOTAL MONTHLY CASH INCOME: \$ \_\_\_\_\_**

**EMPLOYMENT INFORMATION**

Currently Employed? YES NO

Seeking Employment? YES NO  
 If No, explain: \_\_\_\_\_

Current/Most Recent Employer: \_\_\_\_\_  
 Type of Work: \_\_\_\_\_  
 Hours Per Week: \_\_\_\_\_  
 Hourly Wage: \_\_\_\_\_

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 Hours Per Week: \_\_\_\_\_  
 Hourly Wage: \_\_\_\_\_

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 Type of Work: \_\_\_\_\_  
 Hours Per Week: \_\_\_\_\_  
 Hourly Wage: \_\_\_\_\_

**MEANS OF TRANSPORTATION**

Bicycle  
 Family/Friends  
 Public Transportation  
 Taxi  
 Walks  
 Owns Car

Valid Driver's License: YES NO  
 Car Insurance? YES NO

**MONTHLY NON-CASH BENEFITS** Yes  No

\$ \_\_\_\_\_  SNAP/Food Stamps  
 \$ \_\_\_\_\_  TANF Child Care Services  
 \$ \_\_\_\_\_  TANF Transportation Services  
 \$ \_\_\_\_\_  Other TANF-funded Services  
 \$ \_\_\_\_\_  Section 8, public housing, or other ongoing  
 \$ \_\_\_\_\_  Other Source: \_\_\_\_\_  
 \$ \_\_\_\_\_  Temporary Rental Assistance

**TOTAL MONTHLY NON-CASH BENEFITS: \$ \_\_\_\_\_**

**EDUCATION INFORMATION**

Highest Level of Education

Not old enough to be enrolled in school  
 Less than grade 5  
 Grade 5 -6  
 Grade 7 - 8  
 Grade 9 - 11  
 Grade 12 / High School Diploma  
 GED

Currently in school or working on any degree?  
 YES  
 Attending school regularly  
 Attending school irregularly  
 Suspended

NO  
 Graduated High School  
 Obtained a GED  
 Expelled  
 Dropped out within the last 6 months  
 Dropped out 6 months ago or more

**ADDITIONAL INFORMATION**

Are you pregnant? YES-Due Date: \_\_\_\_\_ NO N/A

Marital Status  
 Single  
 Married  
 Separated  
 Divorced  
 Widowed

City/State of Birth: \_\_\_\_\_

Zip Code of Last Address: \_\_\_\_\_

