CW HMIS Family Intake

Project Start Date: _____ (**Permanent Housing *Clients only*): Housing Move-in Date:_____**

Applicant (Head of Household) Information:

First Name: _____ **Last Name**: _____

Middle Name: _____ **Suffix:** _____

Name Data Quality: ☐ Full Name Reported ☐ Partial, Street Name, or Code Name reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Date of Birth: __/___/_____☐ Full DOB Reported ☐ Partial Month/Year ☐ Partial Day/Year ☐ Age ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Social Security Number: _____-_____-_____ ☐ Full SSN Reported ☐ Approximate or Partial SSN Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Gender: ☐ Male ☐ Female ☐ Trans Female (MTF or Male to Female) ☐ Trans Male (FTM or Female to Male) ☐ Gender Non-Conforming (i.e. not exclusively male or female ☐ Client Doesn't Know ☐ Client Refused ☐ Transgender Unknown ☐ Transgender ☐ Unknown ☐ Data Not Collected

Primary Language: ☐ English ☐ Spanish ☐ French ☐ Portuguese ☐ Other ☐ Unknown
If Other, please specify: _____

Relationship to HOH: ☐ Self ☐ Spouse ☐ Child ☐ Step-Child ☐ Grandparent ☐ Guardian ☐ Other Relative ☐ Other Non-Relative ☐ Unknown ☐ Grandchild ☐ Foster Child

Race: ☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian/ Pacific Islander ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Ethnicity: ☐ Non-Hispanic or Latino ☐ Hispanic or Latino ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Veteran Status: Have you ever been on active duty in the U.S. Military? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected

Address: _____

Cell Phone: _____ **Work Phone:** _____ **Email:** _____

Home Phone: _____

Additional Household Member Demographics:

Last Name	First Name	Middle Name	Suffix	Date of Birth *	See codes below			Social Security Number *	Relationship to Head of Household *	Veteran (Y/N)	Disabling Condition (Y/N)
					Gender *	Ethnicity *	Race *				

***Ethnicity Codes:** **NH**- Non-Hispanic or Latino; **H**- Hispanic or Latino; **DK**- Client Doesn't Know; **CR**- Client Refused; **DNC**- Data Not Collected

***Race**: **W**- White; **B**- Black or African American; **A**- Asian; **AI/AN**- American Indian and Alaska Native; **NH/PI**- Native Hawaiian/ Pacific Islander; **DK**- Client Doesn't Know; **CR**- Client Refused; **DNC**- Data Not Collected

***Gender**: **M-** Male; **F-** Female; **MTF–** Trans Female (Male to Female); **FTM–** Trans Male (Female to Male); **GNC-** Gender Non-Conforming (i.e. not exclusively male or female); **DK -** Client Doesn't Know; **CR -** Client Refused; **TU**- Transgender Unknown; **T**- Transgender; **U**- Unknown; **DNC**- Data Not Collected

***Relation to HOH:** **SP**- Spouse; **C**- Child; **SC**- Child; **GP**- Grandparent; **G**- Guardian; **OR**- Other Relation; **ONR**- Other Non-Relative; **U**- Unknown; **FC**- Foster Child

Client Location (CoC): _____

Disabling Condition: ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Type of Residence (Residence Prior to Program entry):

HOMELESS SITUATION

☐ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
☐ Place not meant for human habitation
☐ Safe Haven
☐ Interim Housing

INSTITUITIONAL SITUATION

☐ Foster care home/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

TRANSITIONAL AND PERMAMENT HOUSING SITUATION

☐ Hotel or motel paid for w/o emergency shelter voucher
☐ Owned by client, no ongoing housing subsidy
☐ Owned by client, with ongoing housing subsidy
☐ Permanent housing (other than RRH) for formerly homeless persons
☐ Rental by client, no ongoing housing subsidy
☐ Rental by client, with other housing subsidy (including RRH)
☐ 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)
☐ Rental by client, with GPD TID subsidy
☐ Residential project or halfway house with no homeless criteria
☐ Client doesn't know
☐ Client refused
☐ Data Not Collected

If Type of Residence is a ***HOMELESS SITUATION*****:**

Length of stay in the prior living situation

☐ One day or less
☐ Two days to one week
☐ More than one week, but less than one month
☐ One to three months
☐ More than three months, but less than one year
☐ One year or longer
☐ Client doesn't know
☐ Client refused

If Type of Residence is an ***INSTITUTIONAL SITUATION***, the questions below are required**:**

Did you stay less than 90 days? ☐ Yes ☐ No

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

If Type of Residence is a ***TRANSITIONAL or PERMANENT HOUSING SITUATION***, the question below is required**:**

Did you stay less than 7 nights? ☐ Yes ☐ No

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

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:

☐ Never in 3 years
☐ One Time
☐ Two Times
☐ Three Times
☐ Four or more times
☐ Client doesn't know
☐ Client refused
☐ Data Not Collected

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

☐ One Month (this time is the first month)
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10
☐ 11
☐ 12
☐ More than 12 Months
☐ Client doesn't know
☐ Client Refused
☐ Data Not Collected

Domestic Violence Survivor? ☐ No ☐ Yes ☐ 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 six months exactly)
☐ From six months to one year ago (excluding one year exactly)
☐ One year ago, or more
☐ Client doesn't know
☐ Client refused
☐ Data Not Collected

If "YES" Are you currently fleeing? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected

Non-Cash Benefit from any source? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected

	Head of Household	HH Member 1	HH Member 2	HH Member 3	HH Member 4
	Check which applies	Check which applies	Check which applies	Check which applies	Check which applies
(SNAP) Food Stamps	☐	☐	☐	☐	☐
Special Supplemental Nutrition Program for WIC	☐	☐	☐	☐	☐
TANF Child Care Services	☐	☐	☐	☐	☐
TANF Transportation	☐	☐	☐	☐	☐
Other TANF-Funded Services	☐	☐	☐	☐	☐
Client Doesn't know	☐	☐	☐	☐	☐
Client Refused	☐	☐	☐	☐	☐
Other (Please Specify):	☐	☐	☐	☐	☐

Covered by Health Insurance: ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected

Disabling Conditions (All Clients)

	Head of Household	HH Member 1	HH Member 2	HH Member 3	HH Member 4
Physical Disability: *Yes, No, Client Doesn't Know, Client Refused*					
If yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, Client Doesn't Know, Client Refused*					
Developmental Disability: *Yes, No, Client Doesn't Know, Client Refused*					
If yes, Expected to substantially impair ability to live independently? *Yes, No, Client Doesn't Know, Client Refused*					
Chronic Health Condition: *Yes, No, Client Doesn't Know, Client Refused*					
If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, DK, Refused*					
HIV/AIDS: *Yes, No, Client Doesn't Know, Client Refused*					
If yes, Expected to substantially impair ability to live independently? *Yes, No, Client Doesn't Know, Client Refused*					
Mental Health Problem: *Yes, No, Client Doesn't Know, Client Refused*					
If yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, Client Doesn't Know, Client Refused*					
Substance Abuse: *No, Alcohol Abuse, Drug Abuse, Both Alcohol and Drug, Client Doesn't Know, Client Refused*					
If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, Client Doesn't Know, Client Refused*					

<u>Health Insurance</u> (select which applies for each member)**:**

Head of Household (HOH)	Member 2	Member 3	Member 4	Member 5
☐ MEDICAID	☐ MEDICAID	☐ MEDICAID	☐ MEDICAID	☐ MEDICAID
☐ MEDICARE	☐ MEDICARE	☐ MEDICARE	☐ MEDICARE	☐ MEDICARE
☐ State Children's Health Insurance Program	☐ State Children's Health Insurance Program	☐ State Children's Health Insurance Program	☐ State Children's Health Insurance Program	☐ State Children's Health Insurance Program
☐ Veteran's Administration (VA) Medical Service	☐ Veteran's Administration (VA) Medical Service	☐ Veteran's Administration (VA) Medical Service	☐ Veteran's Administration (VA) Medical Service	☐ Veteran's Administration (VA) Medical Service
☐ Employer-Provided Health Insurance	☐ Employer-Provided Health Insurance	☐ Employer-Provided Health Insurance	☐ Employer-Provided Health Insurance	☐ Employer-Provided Health Insurance
☐ Health Insurance obtained through COBRA	☐ Health Insurance obtained through COBRA	☐ Health Insurance obtained through COBRA	☐ Health Insurance obtained through COBRA	☐ Health Insurance obtained through COBRA
☐ State Health Insurance for Adults	☐ State Health Insurance for Adults	☐ State Health Insurance for Adults	☐ State Health Insurance for Adults	☐ State Health Insurance for Adults
☐ Private Pay Health Insurance	☐ Private Pay Health Insurance	☐ Private Pay Health Insurance	☐ Private Pay Health Insurance	☐ Private Pay Health Insurance
☐ Indian Health Services Program	☐ Indian Health Services Program	☐ Indian Health Services Program	☐ Indian Health Services Program	☐ Indian Health Services Program
☐ Other	☐ Other	☐ Other	☐ Other	☐ Other
If Other, Specify: ______________________________	If Other, Specify: ______________________________	If Other, Specify: ______________________________	If Other, Specify: ______________________________	If Other, Specify: ______________________________

Income

Income received from any source (HOH and Adults only)? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected

*Note: *Income received by or on behalf of a minor child should be recorded as part of the household income under the Head of Household.*

	Head of Household	Member 2	Member 3	Member 4	Member 5
Income Type	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount
Unemployment Insurance					
Earned Income (i.e. Employment income)					
Supplemental Security income (SSI)					
Social Security Disability Income (SSDI)					
VA Service Connected Disability Compensation					
Private Disability Insurance					
Temporary Assistance for Needy Families (TANF)					
General Assistance (GA)					
Retirement Income and Social Security					
VA Non-Service-Connected Disability Pension					
Pension or retirement income from another job					
Child Support					
Alimony or other spousal support					
Worker's Compensation					
Other Source					
Client Income Total:					

Veteran Information: **Complete for each Veteran in the household.**

DD214 Order Date: _____/_____/_____ **DD214 Receive Date:** _____/_____/_____

Service Connected Disability: ☐ Yes ☐ No

***Branch of military:** ☐ Air Force ☐ Army ☐ Marines ☐ Navy ☐ Coast Guard ☐ Client Doesn't Know ☐ Client Refused ☐ Other

Reserves: ☐ Yes ☐ No

***Discharge status:** ☐ Honorable ☐ General under Honorable Conditions ☐ Under Other than Honorable Conditions ☐ Bad Conduct ☐ Dishonorable

☐ Uncharacterized ☐ Don't Know ☐ Refused

***Date Entered Service:** _____/_____/_____ ***Date Separated Service:** _____/_____/_____

Months of Active Duty: _____ **Campaign Badge Veteran:** ☐ Yes ☐ No

Stand Down Event: ☐ Yes ☐ No

Serve in a War Zone: ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

If YES, please select the **War Zone Name**: ☐ Afghanistan ☐ China, Burma, India ☐ Don't Know ☐ Europe ☐ Iraq ☐ Korea ☐ Laos and Cambodia ☐ North Africa ☐ Other ☐ Persian Gulf ☐ Refused ☐ South China Sea ☐ South Pacific ☐ Vietnam

***Months Served in a Warzone:** _____ ***If Yes, Received Friendly or Hostile Fire:** _____

***Theatre of Operations:** ☐ World War II ☐ Korean War ☐ Vietnam War ☐ Persian Gulf War (Operation Desert Storm) ☐ Afghanistan (Operation Enduring Freedom) ☐ Iraq (Operation Iraqi Freedom) ☐ Iraq (Operation New Dawn) ☐ Other Peace-keeping Operations or Military Interventions

Additional notes: