

HMIS Data: INTAKE FORM

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"
 Fill out separate form for each household member and clip together.

PROGRAM ENTRY DATE (e.g. 10/24/2014) *[All clients]*

		/			/				
Month			Day			Year			

CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr., III)) *[All clients]*

	Full Name	Partial, Street or Code Name	Client does not know	Client refused to provide
First name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle name				
Last name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suffix				

SOCIAL SECURITY NUMBER *[All clients]*

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DATE OF BIRTH (e.g., 10/23/1978) *[All clients]*

			/		/			
Month			Day			Year		

SOCIAL SECURITY NUMBER AND TYPE *[All clients]*

- Full SSN reported
- Partial SSN reported
- Client does not know or does not have SSN
- Client refused to provide
- Data not collected

DATE OF BIRTH AND TYPE *[All clients]*

- Full date of birth reported
- Approximate or partial date of birth reported
- Client does not know
- Client refused to provide
- Data not collected

RACE More than one race is permitted. *[All clients]*

- American Indian or Alaskan Native
- Asian
- Black / African American
- Native / Hawaiian or Other Pacific Islander

- White
- Client does not know
- Client refused to provide
- Data not collected

ETHNICITY *[All clients]*

- Hispanic / Latino
- Non-Hispanic / Latino

- Client does not know
- Client refused to provide
- Data not collected

GENDER *[All clients]*

- Male
- Female
- Transgendered male to female

- Other
- Client does not know
- Client refused to provide

Transgendered female to male

Data not collected

VETERAN STATUS *[All adults]*

- No
- Yes
- Client does not know
- Client refused to provide
- Data not collected

DISABLING CONDITION *[All clients]*

- No
- Yes
- Client does not know
- Client refused to provide
- Data not collected

RESIDENCE PRIOR TO PROGRAM ENTRY *[All adults and Heads of Household]*

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Places not meant for habitation
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
- Staying or living in a family member's room, apartment, or house
- Staying or living in a friend's room, apartment, or house
- Rental by client, no housing subsidy
- Rental by client, with other (non-VASH) housing subsidy
- Rental by client, with VASH subsidy
- Rental by client, with GDP TIP subsidy
- Residential project or half-way house with no homeless criteria

- Owned by client, no housing subsidy
- Owned by client, with housing subsidy
- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Jail, prison, or juvenile detention facility
- Long-term care facility or nursing home
- Safe Haven
- Other: (Describe) _____
- Client does not know
- Client refused to provide
- Data not collected

LENGTH OF STAY IN PREVIOUS PLACE *[All adults and Heads of Household]*

- One day or less
- Two days to one week
- More than 1 week, but less than 1 month
- 1 to 3 months
- More than 3 months but less than 1 year
- 1 year or longer
- Client does not know
- Client refused to provide
- Data not collected

HOUSING STATUS AT ENTRY *[All clients]*

- Category 1 - Homeless
- Category 2 - At Imminent risk of losing housing
- Category 3 - Homeless under other federal statute
- Category 4 - Fleeing domestic violence
- Stably Housed - Rent
- Stably Housed - Own
- Client does not know
- Client refused to provide

At-risk of homelessness

Data not collected

CLIENT LOCATION *[Heads of Household Only]*

**Indicate the CoC where the client is being served*

Continuum of Care Code (i.e. 507 or Southwest)

SERVICE LOCATION *(Heads of Household Only)*

**Indicate the Service Location where the client is being served*

Location Name/Address:

ZIP CODE OF LAST PERMANENT RESIDENCE *(Heads of Household Only)*

**Enter in the Zip Code of the Last Permanent Residence (last resided in for at least 30 days)*

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LENGTH OF TIME ON STREET, IN AN EMERGENCY SHELTER, OR SAFE HAVEN *[Adults and Heads of Household]*

Continuously homeless for each at one year:

No

Client does not know

Yes

Client refused to provide

Data not collected

Number of times the client has been homeless in the past 3 years:

0 (not homeless – prevention only)

4 or more

1 (homeless only this time)

Client does not know

2

Client refused to provide

3

Data not collected



[If 4 or more] Total number of months homeless in the past three years:

0 – 12 Months | [Record Number of Months] →

Client does not know

More than 12 months

Client refused to provide

Data not collected

Total number of months continuously homeless immediately prior to project entry:

Total Months Continuously Homeless →

Homeless status documented:

No

Yes

RAPID REHOUSING PROJECTS ONLY:

RESIDENTIAL MOVE-IN DATE *[All Clients]*

In permanent housing:

No

Yes



[If yes] Date of move-in: (e.g., 10/23/2014)

		/			/				
Month		Day			Year				

VA: SUPPORTIVE SERVICES FOR VETERAN SERVICES (SSVF) FUNDED PROJECTS ONLY:

HOUSEHOLD INCOME AS PERCENT OF AMI (*Heads of Households Only*)

- | | |
|----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Less than 30% | <input type="checkbox"/> Greater than 50% |
| <input type="checkbox"/> 30% to 50% | |

LAST PERMANENT ADDRESS (*All Adults and Heads of Household*)

Street Address	
City	
State	
Zip Code	

ADDRESS DATA QUALITY

- | | |
|----------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Full address completed | <input type="checkbox"/> Client does not know |
| <input type="checkbox"/> Incomplete or estimated address | <input type="checkbox"/> Client refused to provide |
| | <input type="checkbox"/> Data not collected |
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