COMMUNITY TECHNOLOGY ALLIANCE

Monterey/San Benito Counties HMIS Standardized Intake

HMIS #:
CM Name:
Project Entry Date:

This form is designed to be completed by a service provider while interviewing a client.
A separate Standardized Intake form should be completed for each member of the household.

Household Information

Is client: ❑ Single Adult ❑ Adult in Household ❑ Child

If check Single Adult	Go to Client Profile
If checked Adult in Household	Are you the Head of Household (HoH)? ❑ Yes ❑ No If no, name of HoH: How many adults in household?: How many children in household?:
If checked Child	Name of HoH:
If you are in a household, what is your relationship to the HoH?	❑ Self (head of household) ❑ Head of household's child ❑ Head of household's spouse or partner ❑ Other relation to head of household) ❑ Other: non-relation member

Client Profile

First Name	**Middle**	
Last Name		
Social Security Number		
U.S. Military Veteran	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused

Client Demographics

Date of Birth		
Gender	❑ Female ❑ Male ❑ Transgender Male to Female ❑ Transgender Female to Male	❑ Other ❑ Client Doesn't Know ❑ Client Refused
If Other, specify		

Ethnicity:	**Race:**
❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino ❑ Client Doesn't Know ❑ Client Refused	❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Client Doesn't Know ❑ Client Refused

HMIS #

Contact Information and Address Prior to Project Entry (LAST PERMANENT)

Street Address	
City	
State	Zip
When did you start living here	____/____/____
If no longer living here, when did you leave?	____/____/____
Phone	
Email	

Residence Prior to Project Entry

Type of Residence	❑Emergency Shelter, including hotel or motel paid for with emergency shelter voucher ❑Foster care home or foster care group home ❑Hospital or other residential non-psychiatric medical facility ❑Hotel or motel paid for without emergency shelter voucher ❑Jail, prison or juvenile facility ❑Long term care facility or nursing home ❑Owned by client, no ongoing housing subsidy ❑Permanent housing for formerly homeless persons (such as: CoC; HUD legacy; HOPWA) ❑Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside) ❑Psychiatric hospital or other psychiatric facility ❑Rental by client, no ongoing subsidy ❑Rental by client with, VASH subsidy ❑Rental by client with GPD TIP subsidy ❑Rental by client, with other ongoing subsidy ❑Residential project or halfway house with no homeless criteria ❑Safe Haven ❑Staying or living in a family member's room, apartment or house ❑Staying or living in a friend's room, apartment or house ❑Substance abuse treatment facility or detox center ❑Transitional housing with homeless persons (including homeless youth) ❑Other ❑Client doesn't know ❑Client refused
If Other,	

Length of Stay	❑ One day or less	❑ More than three months, but less than one year
	❑ Two days to one week	❑ One year or longer
	❑ More than one week, but less than one month	❑ Client Doesn't Know
	❑ One to three months	❑ Client Refused

Housing Status

❑ Category 1: Homeless	❑ At risk of homelessness
❑ Category 2: At imminent risk of losing housing	❑ Stably housed
❑ Category 3: Homeless only under other federal statutes	❑ Client Doesn't Know
❑ Category 4: Fleeing domestic violence	❑ Client Refused

HMIS #

Time on Streets Emergency Shelter or Safe Haven

Time on the Streets, Emergency Shelter, or Safe Haven	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes for "Client entering from streets, ES, or SH" Approximate date started:	_____/_____/_____	
Regardless of where they stayed last night – <u>Number of times</u> the client has been on the streets, in ES, or SH in 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
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) ❑ integers 2-12 ❑More than 12 months	❑Client Doesn't Know ❑ Client Refused

Income and Benefits Information

Receiving Income from any source?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Total Monthly Income	
If not receiving a source below, please put 0	
❑ Earned Income $_____ Date Started Receiving _____/_____/_____	❑ SSDI $_____ Date Started Receiving _____/_____/_____
❑ Alimony or Other Spousal Support $_____ Date Started Receiving _____/_____/_____	❑ SSI $_____ Date Started Receiving _____/_____/_____
❑ Child Support $_____ Date Started Receiving _____/_____/_____	❑ TANF $_____ Date Started Receiving _____/_____/_____
❑ General Assistance $_____ Date Started Receiving _____/_____/_____	❑ Unemployment Insurance $_____ Date Started Receiving _____/_____/_____
❑ Pension or other retirement income $_____ Date Started Receiving _____/_____/_____	❑ VA Service Connected Disability $_____ Date Started Receiving _____/_____/_____
❑ Private Disability $_____ Date Started Receiving _____/_____/_____	❑ VA Non-Service Connected Disability $_____ Date Started Receiving _____/_____/_____
❑ Retirement Income from Soc. Sec. $_____ Date Started Receiving _____/_____/_____	❑ Workers Compensation $_____ Date Started Receiving _____/_____/_____
❑ Other $_____, Specify,_____	❑ Other $_____, Specify,_____

HMIS #

Date Started Receiving _____/_____/_____	Date Started Receiving _____/_____/_____
Receiving Non-cash benefit from any source?	❑ Yes ❑ Client Doesn't Know ❑ No ❑ Client Refused
If not receiving a source below, please put 0	
❑ Section 8, or other ongoing rent assist.$_____ ❑ Special Supp. Nutrition for WIC $_____ ❑ SNAP (Food Stamps) $_____ ❑ TANF Child Care $_____	❑ TANF Transportation $_____ ❑ Other TANF-Funded Services $_____ ❑ Temporary Rental Assistance $_____ ❑ Other Source $_____, Specify_____

Health Insurance

Covered by Health Insurance?	❑ Yes ❑ Client Doesn't Know ❑ No ❑ Client Refused
Medicaid ❑ Yes ❑ No **Medicare** ❑ Yes ❑ No **State Children's Health Insurance** ❑ Yes ❑ No **VA Medical Services** ❑ Yes ❑ No	**Employer Provided Health Insurance** ❑ Yes ❑ No **Heath insurance through COBRA** ❑ Yes ❑ No **Private Pay health insurance** ❑ Yes ❑ No **State Health Insurance for Adults** ❑ Yes ❑ No

Disabilities

	Disabling Condition?	❑ Yes ❑ Client Doesn't Know ❑ No ❑ Client Refused
	If yes, please complete the following for each disability type	
Physical Disability ❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start date	Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start date _____/_____/_____	Currently receiving services/treatment for this disability?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Developmental Disability ❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Expected to substantially impair ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
	Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start date _____/_____/_____	Currently receiving services/treatment for this disability?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Chronic Health Condition ❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Expected to substantially impair ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
	Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start date _____/_____/_____	Currently receiving	❑ Yes ❑ No

HMIS #

		services/treatment for this disability?	❑ Client Doesn't Know ❑ Client Refused

Disabilities, Cont.

HIV/AIDS	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Expected to substantially impair ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start date	_____/_____/_____	Currently receiving services/treatment for this disability?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Mental Health Problem	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start date	_____/_____/_____	Currently receiving services/treatment for this disability?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Substance Abuse	❑ No ❑ Alcohol Abuse ❑ Drug Abuse ❑ Alcohol & Drug Abuse ❑ Client Doesn't Know ❑ Client Refused	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start date	_____/_____/_____	Currently receiving services/treatment for this disability?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused

Domestic Violence Situation

Are you currently or have you ever been in a relationship where you were physically &/or emotionally hurt, threatened or made to feel afraid?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If yes, when did experience occur	❑ Within past three months ❑ Three months to less than six months ago ❑ Six months to less than one year ago ❑ One year or more ago ❑ Client doesn't know ❑ Client refused	
If yes, are you currently fleeing?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused

HMIS #

Employment

Currently Employed	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Employed, hours worked in a week		
If Employed, Type	❑ Permanent ❑ Temporary ❑ Seasonal	❑ Client Doesn't Know ❑ Client Refused

Education

Are you currently in school or working on any degree?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
Have you received any vocational training?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
Degree Earned	❑ None ❑ Associate Degree ❑ Bachelor Degree ❑ Master Degree	❑ Doctorate ❑ Other Graduate/Professional ❑ Client Doesn't Know ❑ Client Refused

I (Adult client or Head of Household) certify that the information I have provided here is true/correct to the best of my knowledge.

Print Name of Client	Signature of Client	Date
Print Name of Intake Worker	Signature of Intake Worker	Date