

HMIS INTAKE - RHY Emergency Shelter MINOR (under 18 years of age) as Household Member

PROJECT		
INTAKE DATE	SHELTER BED/UNIT	PRIMARY WORKER
/ /		

FIRST NAME	MIDDLE NAME	LAST NAME (and Suffix)
NAME DATA QUALITY		
<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Partial Name, Street Name or Code Name Reported	
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
ALIAS		

SOCIAL SECURITY NUMBER		
_ _ - _ - _		
SSN DATA QUALITY		
<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

GENDER		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Transgender Female to Male	<input type="checkbox"/> Transgender Male to Female	
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

SEXUAL ORIENTATION		
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Questioning/Unsure	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

BIRTHDATE		
/ /		
BIRTHDATE DATA QUALITY		
<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

ETHNICITY		
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
RACE (choose all that apply)		
<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

STREET (MAILING) ADDRESS		
CITY	STATE	ZIP
COUNTY	PHONE	MOVE-IN DATE

EXTENT OF HOMELESSNESS											
TOTAL NUMBER OF MONTHS HOMELESS IN THE PAST 3 YEARS											
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
<input type="checkbox"/> More than 12		<input type="checkbox"/> Client Doesn't Know			<input type="checkbox"/> Client Refused			<input type="checkbox"/> Data Not Collected			
(If more than 12 months) Number of Years Continuously Homeless: _____											

COVERED BY HEALTH INSURANCE					
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected	
IF YES:					
MEDICAID	<input type="checkbox"/> No	<input type="checkbox"/> Yes	MEDICARE.....	<input type="checkbox"/> No	<input type="checkbox"/> Yes
State Children's Health Insurance Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes	VA Medical Services.....	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employer provided Health insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Health ins. via COBRA	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Private Pay Health Insurance.....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	State Health Ins. Adults	<input type="checkbox"/> No	<input type="checkbox"/> Yes

SPECIAL NEEDS				
PHYSICAL DISABILITY				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
IF YES:				
Expected to substantially impair ability to live independently:				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
Documentation of the disability and severity on file:				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
Currently receiving services or treatment for this condition:				
<input type="checkbox"/> No <input type="checkbox"/> Yes				

DEVELOPMENTAL DISABILITY				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
IF YES:				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
Documentation of the disability and severity on file:				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
Currently receiving services or treatment for this condition:				
<input type="checkbox"/> No <input type="checkbox"/> Yes				

CHRONIC HEALTH CONDITION				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
IF YES:				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
Documentation of the disability and severity on file:				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
Currently receiving services or treatment for this condition:				
<input type="checkbox"/> No <input type="checkbox"/> Yes				

HIV/AIDS				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
IF YES:				
Expected to substantially impair ability to live independently:				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

Documentation of the disability and severity on file: No Yes
 Currently receiving services or treatment for this condition:..... No Yes

MENTAL HEALTH

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

IF YES:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:
 No Yes Client Doesn't Know Client Refused Data Not Collected

Documentation of the disability and severity on file: No Yes
 Currently receiving services or treatment for this condition:..... No Yes

SUBSTANCE ABUSE PROBLEM

Alcohol Abuse Drug Abuse Both Alcohol and Drug Abuse
 No Client Doesn't Know Client Refused Data Not Collected

IF YES:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:
 No Yes Client Doesn't Know Client Refused Data Not Collected

Documentation of the disability and severity on file: No Yes
 Currently receiving services or treatment for this condition:..... No Yes

RHY-BCP STATUS

DATE OF STATUS DETERMINATION	FYSB YOUTH	(IF NO) REASON FOR NOT PROVIDING SERVICES
/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Out of age range <input type="checkbox"/> Ward of the State - Immediate Reunification <input type="checkbox"/> Ward of the Criminal Justice System - Immediate Reunification <input type="checkbox"/> Other

SCHOOL STATUS

Attending school regularly Attending school irregularly Graduated from high school
 Obtained GED Dropped out Suspended
 Expelled Client doesn't know Client refused
 Data not collected

DENTAL HEALTH STATUS

Excellent Very Good Good Fair
 Poor Client doesn't know Client refused Data not collected

MENTAL HEALTH STATUS

Excellent Very Good Good Fair
 Poor Client doesn't know Client refused Data not collected

CURRENTLY PREGNANT	DUE DATE
<input type="checkbox"/> No <input type="checkbox"/> Yes	/ /

FORMERLY A WARD OF CHILD WELFARE OR FOSTER CARE AGENCY

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

If yes: Less than 1 year 1 to 2 years 3 to 5 or more years
 If less than 1 year, number of months: 1 2 3 4 5 6 7 8 9 10 11

FORMERLY A WARD OF THE JUVENILE JUSTICE SYSTEM

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

If yes: Less than 1 year 1 to 2 years 3 to 5 or more years
 If less than 1 year, number of months: 1 2 3 4 5 6 7 8 9 10 11

YOUNG PERSON'S CRITICAL ISSUES

<input type="checkbox"/> Household Dynamics	<input type="checkbox"/> Physical Disability - Family member
<input type="checkbox"/> Sexual Orientation/Gender Identity - Youth	<input type="checkbox"/> Mental Disability - Youth
<input type="checkbox"/> Sexual Orientation/Gender Identity - Family member	<input type="checkbox"/> Mental Disability - Family member
<input type="checkbox"/> Housing Issues - Youth	<input type="checkbox"/> Abuse and Neglect - Youth
<input type="checkbox"/> Housing Issues - Family member	<input type="checkbox"/> Abuse and Neglect - Family member
<input type="checkbox"/> School or Educational Issues - Youth	<input type="checkbox"/> Alcohol or other drug abuse - Youth

<input type="checkbox"/> School or Educational Issues - Family member <input type="checkbox"/> Unemployment - Youth <input type="checkbox"/> Unemployment - Family member <input type="checkbox"/> Mental Health Issues - Youth <input type="checkbox"/> Mental Health Issues - Family member <input type="checkbox"/> Health Issues – Youth <input type="checkbox"/> Health Issues - Family member <input type="checkbox"/> Physical Disability - Youth	<input type="checkbox"/> Alcohol or other drug abuse - Family member <input type="checkbox"/> Insufficient Income to support youth - Family member <input type="checkbox"/> Active Military Parent - Family member <input type="checkbox"/> Incarcerated Parent of Youth How Many Parents are Incarcerated: <input type="checkbox"/> One parent / legal guardian is incarcerated <input type="checkbox"/> Both parents / legal guardians are incarcerated <input type="checkbox"/> The only parent / legal guardian is incarcerated
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RHY REFERRAL SOURCE	
<input type="checkbox"/> Self-Referral <input type="checkbox"/> Individual: Parent/Guardian <input type="checkbox"/> Individual: Relative or Friend <input type="checkbox"/> Individual: Other Adult or Youth <input type="checkbox"/> Individual: Partner/Spouse <input type="checkbox"/> Individual: Foster Parent <input type="checkbox"/> Outreach Project: FYSB <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Outreach Project: Other <input type="checkbox"/> Temporary Shelter: FYSB Basic Center Project <input type="checkbox"/> Temporary Shelter: Other Youth Only Emergency Shelter <input type="checkbox"/> Temporary Shelter: Emergency Shelter for Families <input type="checkbox"/> Temporary Shelter: Emergency Shelter for Individuals <input type="checkbox"/> Temporary Shelter: Domestic Violence Shelter <input type="checkbox"/> Temporary Shelter: Safe Place <input type="checkbox"/> Temporary Shelter: Other <input type="checkbox"/> Residential Project: FYSB Transitional Living Project <input type="checkbox"/> Residential Project: Other Transitional Living Project <input type="checkbox"/> Residential Project: Group Home	<input type="checkbox"/> Residential Project: Independent Living Project <input type="checkbox"/> Residential Project: Job Corps <input type="checkbox"/> Residential Project: Drug Treatment Center <input type="checkbox"/> Residential Project: Treatment Center <input type="checkbox"/> Residential Project: Educational Institute <input type="checkbox"/> Residential Project: Other Agency project <input type="checkbox"/> Residential Project: Other Project <input type="checkbox"/> Hotline: National Runaway Switchboard <input type="checkbox"/> Hotline: Other <input type="checkbox"/> Other Agency: Child Welfare/CPS <input type="checkbox"/> Other Agency: Non-Residential Independent Living Project <input type="checkbox"/> Other Project Operated by your Agency <input type="checkbox"/> Other Youth Services Agency <input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Law Enforcement/Police <input type="checkbox"/> Religious Organization <input type="checkbox"/> Mental Hospital <input type="checkbox"/> School <input type="checkbox"/> Other Organization <input type="checkbox"/> Data not collected

COMMERCIAL SEXUAL EXPLOITATION	
RECEIVED SOMETHING IN EXCHANGE FOR SEX IN THE PAST 3 MONTHS?	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected (If yes) Number of times: <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-30 <input type="checkbox"/> More than 30 <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused (If yes) Did someone ask/make you have sex? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

HOUSEHOLD SIZE

CHILDREN'S EDUCATION QUESTIONS	
EDUCATION/ENROLLMENT STATUS	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected If Yes, was/is the child connected to the McKinney Vento Homeless Assistance Act school liaison? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
TYPE OF SCHOOL	
<input type="checkbox"/> Public <input type="checkbox"/> Parochial or other private school <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
LAST DATE OF ENROLLMENT <i>(if not currently enrolled)</i>	SCHOOL NAME
/ /	
BARRIERS TO ENROLLMENT	
<input type="checkbox"/> None <input type="checkbox"/> Residency Required <input type="checkbox"/> Transportation <input type="checkbox"/> Physical Examination Records	<input type="checkbox"/> School Selection <input type="checkbox"/> Legal Guardianship Requirements <input type="checkbox"/> Other Enrollment Issues <input type="checkbox"/> Immunization or other medical records <input type="checkbox"/> School Records <input type="checkbox"/> Birth Certificates

HA #

SERVICES SOUGHT

- | | | |
|--|---|--|
| <input type="checkbox"/> Shelter/Housing | <input type="checkbox"/> Drug Treatment | <input type="checkbox"/> Mental Health Care |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Legal Aid - CRJS/Civil | <input type="checkbox"/> Legal Aid - Immigration |

NOTES

Empty box for notes.

CARES Regional HMIS Consumer Information Consent Form

Information collected in the HMIS database is protected in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and the U.S. Department of Housing and Urban Development HMIS Data Standards. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

I UNDERSTAND THAT:

- The partner agencies may share limited identifying information about the people they serve with other parties working to end homelessness.
- The release of my information does not guarantee that I will receive assistance. This release of information includes public funded cash disbursements received during the past 3 years.
- This authorization will remain in effect for a minimum of 36 months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement or Revocation form.
- The following personal information will NOT be shared with any HMIS partner agencies via this HMIS computer system.
 - HIV/AIDS information, such as status, diagnostic test results, mode of transmission, sexuality.
 - Domestic violence information, such as abuse history, abuser information, trauma information.
 - Behavioral health information, such as substance and alcohol abuse and mental illness.
 - Clients supportive services contacts, medication information and case notes.
- If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the partner agencies, except public (county, state or federal) cash disbursements.
- If I am applying for county, state or federal cash disbursements such as ESG or SSVF, this information will be shared with Collaborative users and State agencies.

By signing this form, I agree to share the following level of information with other partner agencies via the HMIS computer system:

- I agree to share my name (first, middle, last), gender, program enrollment, and exit dates information via the HMIS system with other partner agencies.
- I agree to share my name, gender, ancestry, program enrollment and exit dates, demographic information, miscellaneous section, and contacts information, cash disbursements via the HMIS system with other partner agencies.
- I do not agree to share any of my information via the HMIS system with other HMIS partner agencies via the HMIS computer system. Exception is cash disbursements as noted above.

Signature: _____ Date: _____