

HMIS INTAKE - RHY Street Outreach ADULT (18 years of age or older)

PROJECT	
INTAKE DATE	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

VETERAN 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

RESIDENCE PRIOR TO PROGRAM ENTRY	
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Hotel or Motel paid for without emergency voucher <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Owned by client, no ongoing subsidy <input type="checkbox"/> Owned by client WITH ongoing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (CoC project, HUD legacy program, HOPWA PH) <input type="checkbox"/> Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station/airport, anywhere outside) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Rental by client, no ongoing subsidy <input type="checkbox"/> Rental by client with GPD TIP subsidy <input type="checkbox"/> Rental by client with VASH subsidy <input type="checkbox"/> Rental by client with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying or in a family member's room, apartment or house <input type="checkbox"/> Staying or in a friend's room, apartment or house <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Transitional housing for homeless persons (incl. homeless youth) <input type="checkbox"/> Other (describe) _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

LENGTH OF STAY IN PREVIOUS PLACE		
<input type="checkbox"/> 1 day or less	<input type="checkbox"/> 2 days to 1 week	<input type="checkbox"/> More than 1 week but less than 1 month
<input type="checkbox"/> 1 to 3 months	<input type="checkbox"/> More than 3 months, less than 1 year	<input type="checkbox"/> 1 year or longer
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

EXTENT OF HOMELESSNESS				
CONTINUALLY HOMELESS FOR AT LEAST 1 YEAR				
<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
NUMBER OF TIMES THE CLIENT HAS BEEN 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"/> Client Doesn't Know
		<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected	
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: _____				
Total number of months continually homeless immediately prior to project entry: _____				
Homeless Status Documented: <input type="checkbox"/> No <input type="checkbox"/> Yes				

HOUSING STATUS		
<input type="checkbox"/> Category 1 - Homeless	<input type="checkbox"/> At-risk of homelessness	
<input type="checkbox"/> Category 2 - At imminent risk of losing housing	<input type="checkbox"/> Stably housed	
<input type="checkbox"/> Category 3 - Homeless only under other federal statutes	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Category 4 - Fleeing domestic violence	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

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

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

IF YES:

Expected to substantially impair 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

DEVELOPMENTAL DISABILITY

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

CHRONIC HEALTH CONDITION

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

HIV/AIDS

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

IF YES:

Expected to substantially impair 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

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

DISABLING CONDITION

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

ENGAGEMENT DATE	
/ /	Enter the date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan. Leave this field blank until the client engages actively in the program.

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

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	

INDIVIDUAL/FAMILY TYPE		
<input type="checkbox"/> Individual Male	<input type="checkbox"/> Individual Female	<input type="checkbox"/> Individual Male Youth (<18)
<input type="checkbox"/> Individual Female Youth (<18)	<input type="checkbox"/> Single Parent Family, Male Head	<input type="checkbox"/> Single Parent Family, Female Head
<input type="checkbox"/> Single Parent Family, Youth Head (<18)	<input type="checkbox"/> Two Parent Family, Adult	<input type="checkbox"/> Two Parent Family, Youth
<input type="checkbox"/> Adult Couple without Children	<input type="checkbox"/> N/A	

HOUSEHOLD SIZE	NUMBER OF CHILDREN	AGE/SEX OF CHILDREN		
		AGE / GENDER	AGE / GENDER	AGE / GENDER

AGE/SEX OF CHILDREN					
AGE / GENDER	AGE / GENDER	AGE / GENDER	AGE / GENDER	AGE / GENDER	AGE / GENDER

POST SECONDARY DEGREE		
<input type="checkbox"/> None	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelors Degree
<input type="checkbox"/> Masters Degree	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Other Graduate/Professional Degree
<input type="checkbox"/> Certificate of Advanced Training or Skilled Artisan		
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

MARITAL STATUS	HA #
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Widow(er)	

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

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: _____