

HMIS INTAKE - RHY Transitional Housing 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

- No
 Yes
 Client Doesn't Know
 Client Refused
 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				
<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: <input type="checkbox"/> No <input type="checkbox"/> Yes				
Currently receiving services or treatment for this condition: <input type="checkbox"/> No <input type="checkbox"/> Yes				

MENTAL HEALTH				
<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				

SUBSTANCE ABUSE PROBLEM				
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Both Alcohol and Drug Abuse		
<input type="checkbox"/> No	<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				

SCHOOL STATUS		
<input type="checkbox"/> Attending school regularly	<input type="checkbox"/> Attending school irregularly	<input type="checkbox"/> Graduated from high school
<input type="checkbox"/> Obtained GED	<input type="checkbox"/> Dropped out	<input type="checkbox"/> Suspended
<input type="checkbox"/> Expelled	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Data not collected		

DENTAL HEALTH STATUS			
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
<input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
MENTAL HEALTH STATUS			
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
<input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

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"/> Alcohol or other drug abuse - Family member
<input type="checkbox"/> Unemployment - Youth	<input type="checkbox"/> Insufficient Income to support youth - Family member
<input type="checkbox"/> Unemployment - Family member	<input type="checkbox"/> Active Military Parent - Family member
<input type="checkbox"/> Mental Health Issues - Youth	<input type="checkbox"/> Incarcerated Parent of Youth
<input type="checkbox"/> Mental Health Issues - Family member	How Many Parents are Incarcerated:
<input type="checkbox"/> Health Issues - Youth	<input type="checkbox"/> One parent / legal guardian is incarcerated
<input type="checkbox"/> Health Issues - Family member	<input type="checkbox"/> Both parents / legal guardians are incarcerated
<input type="checkbox"/> Physical Disability - Youth	<input type="checkbox"/> The only parent / legal guardian is incarcerated

RHY REFERRAL SOURCE

<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Residential Project: Independent Living Project
<input type="checkbox"/> Individual: Parent/Guardian	<input type="checkbox"/> Residential Project: Job Corps
<input type="checkbox"/> Individual: Relative or Friend	<input type="checkbox"/> Residential Project: Drug Treatment Center
<input type="checkbox"/> Individual: Other Adult or Youth	<input type="checkbox"/> Residential Project: Treatment Center
<input type="checkbox"/> Individual: Partner/Spouse	<input type="checkbox"/> Residential Project: Educational Institute
<input type="checkbox"/> Individual: Foster Parent	<input type="checkbox"/> Residential Project: Other Agency project
<input type="checkbox"/> Outreach Project: FYSB	<input type="checkbox"/> Residential Project: Other Project
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Hotline: National Runaway Switchboard
<input type="checkbox"/> Client refused	<input type="checkbox"/> Hotline: Other
<input type="checkbox"/> Outreach Project: Other	<input type="checkbox"/> Other Agency: Child Welfare/CPS
<input type="checkbox"/> Temporary Shelter: FYSB Basic Center Project	<input type="checkbox"/> Other Agency: Non-Residential Independent Living Project
<input type="checkbox"/> Temporary Shelter: Other Youth Only Emergency Shelter	<input type="checkbox"/> Other Project Operated by your Agency
<input type="checkbox"/> Temporary Shelter: Emergency Shelter for Families	<input type="checkbox"/> Other Youth Services Agency
<input type="checkbox"/> Temporary Shelter: Emergency Shelter for Individuals	<input type="checkbox"/> Juvenile Justice
<input type="checkbox"/> Temporary Shelter: Domestic Violence Shelter	<input type="checkbox"/> Law Enforcement/Police
<input type="checkbox"/> Temporary Shelter: Safe Place	<input type="checkbox"/> Religious Organization
<input type="checkbox"/> Temporary Shelter: Other	<input type="checkbox"/> Mental Hospital
<input type="checkbox"/> Residential Project: FYSB Transitional Living Project	<input type="checkbox"/> School
<input type="checkbox"/> Residential Project: Other Transitional Living Project	<input type="checkbox"/> Other Organization
<input type="checkbox"/> Residential Project: Group Home	<input type="checkbox"/> Data not collected

COMMERCIAL SEXUAL EXPLOITATION

RECEIVED SOMETHING IN EXCHANGE FOR SEX IN THE PAST 3 MONTHS?

No Yes Client Doesn't Know Client Refused Data Not Collected
(If yes) Number of times:
 1-3 4-7 8-30 More than 30 Client Doesn't Know Client Refused
(If yes) Did someone ask/make you have sex?
 No Yes Client Doesn't Know Client Refused

HOUSEHOLD SIZE

CHILDREN'S EDUCATION QUESTIONS

EDUCATION/ENROLLMENT STATUS

No Yes Client Doesn't Know Client Refused Data Not Collected
If Yes, was/is the child connected to the McKinney Vento Homeless Assistance Act school liaison?
 No Yes Client Doesn't Know Client Refused Data Not Collected

TYPE OF SCHOOL

Public Parochial or other private school Client Doesn't Know Client Refused Data Not Collected

LAST DATE OF ENROLLMENT

SCHOOL NAME

(if not currently enrolled)

/ /

BARRIERS TO ENROLLMENT

None School Selection Immunization / other medical records
 Residency Required Legal Guardianship Requirements School Records
 Transportation Other Enrollment Issues Birth Certificates
 Physical Examination Records

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SERVICES SOUGHT

Shelter/Housing Drug Treatment Mental Health Care
 Medical Care Legal Aid - CRJS/Civil 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: _____