

# HMIS INTAKE – Emergency Shelter

PROJECT		
INTAKE DATE	BED/UNIT	PRIMARY WORKER
/ /		

FIRST NAME	MIDDLE NAME	LAST NAME (and Suffix)
NAME DATA QUALITY		ALIAS
<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		

SOCIAL SECURITY NUMBER	SSN DATA QUALITY
(enter "9" for any missing numbers in an Approximate or Partial SSN)	<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"/> Doesn't Identify as male or female or transgender
<input type="checkbox"/> Transgender Female to Male	<input type="checkbox"/> Transgender Male to Female	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	

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"/> Black	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<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

LIVING SITUATION	
TYPE OF RESIDENCE NIGHT BEFORE PROJECT ENTRY:	
<b>HOMELESS SITUATION</b>	<b>TRANSITIONAL AND PERMANENT HOUSING SITUATIONS:</b>
<input type="checkbox"/> Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station etc) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing	<input type="checkbox"/> Hotel or Motel paid for without emergency voucher <input type="checkbox"/> Owned by client, no ongoing subsidy <input type="checkbox"/> Owned by client WITH ongoing subsidy <input type="checkbox"/> Perm. Supportive housing for formerly homeless persons (CoC project, HUD legacy program, HOPWA) <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"/> 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"/> Transitional housing for homeless persons (incl. homeless youth)
<b>INSTITUTIONAL SITUATIONS:</b>	<b>UNKNOWN:</b>
<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"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<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 night or less <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but 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	
APPROXIMATE DATE HOMELESSNESS STARTED:	NUMBER OF TIMES THE CLIENT HAS BEEN ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS INCLUDING TODAY:
____/____/____	<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 ON THE STREETS, IN ES, OR SH IN LAST THREE 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	

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

INCOME FROM ANY SOURCE (monthly)	
<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:	
<input type="checkbox"/> Earned Income.....\$ _____ <input type="checkbox"/> SSI .....\$ _____ <input type="checkbox"/> VA Service-Connected Disability Compensation.....\$ _____ <input type="checkbox"/> Private Disability Insurance.....\$ _____ <input type="checkbox"/> TANF.....\$ _____ <input type="checkbox"/> Retirement from SSA.....\$ _____ <input type="checkbox"/> Child Support.....\$ _____ <input type="checkbox"/> Other.....\$ _____	<input type="checkbox"/> Unemployment Insurance..... \$ _____ <input type="checkbox"/> SSDI .....\$ _____ <input type="checkbox"/> VA Non-Service Connected Disability Pension.... \$ _____ <input type="checkbox"/> Worker's Compensation .....\$ _____ <input type="checkbox"/> General Public Assistance.....\$ _____ <input type="checkbox"/> Pension or Retirement from former job .....\$ _____ <input type="checkbox"/> Alimony or Other Spousal Support.....\$ _____

<b>NON CASH BENEFITS FROM ANY SOURCE</b>				
<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:				
<input type="checkbox"/> SNAP	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children			
<input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> TANF Transportation Services		<input type="checkbox"/> Other TANF Funded Srvcs	
<input type="checkbox"/> Section 8, Public Housing or Other Ongoing Rental Assistance			<input type="checkbox"/> Temporary Rental Assistance	
<input type="checkbox"/> Other Source				

<b>COVERED BY HEALTH INSURANCE</b>					
<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
Indian Health Services.....	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Other (if yes please specify _____).....	<input type="checkbox"/> No	<input type="checkbox"/> Yes

<b>PHYSICAL DISABILITY</b>				
<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:				
<b>Expected to substantially impair ability to live independently:</b>				
<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
<b>Documentation of the disability and severity on file:</b> .....				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Currently receiving services or treatment for this condition:</b> .....				
<input type="checkbox"/> No <input type="checkbox"/> Yes				

<b>DEVELOPMENTAL DISABILITY</b>				
<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:				
<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:</b>				
<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
<b>Documentation of the disability and severity on file:</b> .....				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Currently receiving services or treatment for this condition:</b> .....				
<input type="checkbox"/> No <input type="checkbox"/> Yes				

<b>CHRONIC HEALTH CONDITION</b>				
<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:				
<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:</b>				
<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
<b>Documentation of the disability and severity on file:</b> .....				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Currently receiving services or treatment for this condition:</b> .....				
<input type="checkbox"/> No <input type="checkbox"/> Yes				

<b>HIV/AIDS</b>				
<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:				
<b>Expected to substantially impair ability to live independently:</b>				
<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
<b>Documentation of the disability and severity on file:</b> .....				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Currently receiving services or treatment for this condition:</b> .....				
<input type="checkbox"/> No <input type="checkbox"/> Yes				

<b>MENTAL HEALTH</b>				
<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:				
<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:</b>				
<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
<b>Documentation of the disability and severity on file:</b> .....				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Currently receiving services or treatment for this condition:</b> .....				
<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:			
<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:</b>			
<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
<b>Documentation of the disability and severity on file:</b> .....			<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Currently receiving services or treatment for this condition:</b> .....			<input type="checkbox"/> No <input type="checkbox"/> Yes

DOMESTIC ABUSE VICTIM/SURVIVOR				
<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:				
<b>When Experience Occurred:</b>				
<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/> Three to six months ago	<input type="checkbox"/> From six to twelve months ago	<input type="checkbox"/> More than a year ago	
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected		
<b>Are you currently fleeing?</b>				
<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		

LAST GRADE COMPLETED		
<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> Grades 7-8
<input type="checkbox"/> Grades 9-11	<input type="checkbox"/> Grade 12	<input type="checkbox"/> School did not have grade levels
<input type="checkbox"/> GED	<input type="checkbox"/> Some College	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected	

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

ZIP CODE OF LAST PERMANENT ADDRESS	ZIP CODE DATA QUALITY	DATE LEFT LAST PERMANENT ADDRESS
	<input type="checkbox"/> Full or Partial Zip Code <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	

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

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

# CARES Regional HMIS Consumer Information Consent Form

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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: \_\_\_\_\_