

# HMIS INTAKE – RHY Street Outreach

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
<i>(enter "9" for any missing numbers in an Approximate or Partial SSN)</i> _____ - _____ - _____	<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	

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"/> 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 (IF OVER 18)				
<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:**

HOMELESS SITUATION	TRANSITIONAL AND PERMANENT HOUSING SITUATIONS:
<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)
INSTITUTIONAL SITUATIONS:	UNKNOWN:
<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**

1 night or less  
 2 to 6 nights  
 1 week or more, but less than 1 month  
 1 month or more, but less than 90 days  
 90 days or more, but less than 1 year  
 1 year or longer  
 Client Doesn't Know     Client Refused  
 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:**

**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
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				

<b>SUBSTANCE ABUSE PROBLEM</b>				
<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				

<b>ENGAGEMENT DATE (LEAVE THIS FIELD BLANK UNTIL THE CLIENT ENGAGES ACTIVELY IN THE PROGRAM.):</b>				
Date: ____/____/____				

<b>CURRENTLY PREGNANT</b>	<b>IF YES</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Due Date:</b> ____/____/____

COMMERCIAL SEXUAL EXPLOITATION					
EVER RECEIVED ANYTHING IN EXCHANGE FOR SEX (E.G. MONEY, FOOD DRUGS, SHELTER)?					
<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>(If yes) Number of times:</b>					
<b>(If yes) Did someone ask/make you have sex?</b>					
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused		
IF YES:					
<b>How many times?</b>					
<input type="checkbox"/> 1-3	<input type="checkbox"/> 4-7	<input type="checkbox"/> 8-11	<input type="checkbox"/> 12 or more	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Data Not Collected					
<b>In the last three months?</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>Ever made/persuaded to have sex in exchange for something?</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>(If yes) Made/persuaded in the last three months?</b>					
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused		

COMMERCIAL LABOR EXPLOITATION					
EVER AFRAID TO QUIT/LEAVE WORK DUE TO THREATS OF VIOLENCE TO YOURSELF, FAMILY OR FRIENDS?					
<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	
EVER PROMISED WORK WHERE WORK OR PAYMENT DIFFERENT THAN YOU EXPECTED?					
<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 (TO EITHER):					
<b>Felt forced, pressured or tricked into continuing the job?</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>In the last three months?</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
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"/> Individual Female Youth (<18)	<input type="checkbox"/> Single Parent Family, Male Head	<input type="checkbox"/> Single Parent Family, Female Head		<input type="checkbox"/> Two Parent Family, Adult	
<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"/> N/A	
<input type="checkbox"/> Adult Couple without Children					

NEW HOMELESS OUTREACH CONTACT			
CONTACT DATE:		LOCATION:	
Date: ____/____/____			
LOCATION TYPE:		HMIS LOCATION OF CONTACT:	
<input type="checkbox"/> Airport	<input type="checkbox"/> Mental Health Agency	<input type="checkbox"/> Shelter	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Service setting, non-residential <input type="checkbox"/> Service setting, residential
<input type="checkbox"/> Bus Station	<input type="checkbox"/> Outreach/Office Phone	<input type="checkbox"/> Street	
<input type="checkbox"/> Drug and Alcohol Agency	<input type="checkbox"/> Park	<input type="checkbox"/> Train Station	
<input type="checkbox"/> Ferry Terminal Health Provider	<input type="checkbox"/> Police Station	<input type="checkbox"/> Other	
<input type="checkbox"/> Hospital Emergency Room			

REASON FOR ENCOUNTER:	BEHAVIORAL INDICATORS:
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Alcohol Problem
<input type="checkbox"/> Follow Up	<input type="checkbox"/> Behavioral Problem (violent abuse)
<input type="checkbox"/> Hospital Referral	<input type="checkbox"/> Bizarre Behavior
<input type="checkbox"/> Outreach Activity	<input type="checkbox"/> Depression
<input type="checkbox"/> Police Referral	<input type="checkbox"/> Drug Problem
<input type="checkbox"/> Social Services Referral	<input type="checkbox"/> Homicidal
<input type="checkbox"/> Telephone Referral	<input type="checkbox"/> Physical Illness/Condition
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Problem with Aging
<input type="checkbox"/> Weather Intervention	<input type="checkbox"/> Suicidal
	<input type="checkbox"/> Other

REFERRALS MADE:	
<input type="checkbox"/> Alcohol Detox <input type="checkbox"/> Alcohol Treatment <input type="checkbox"/> DHS/Contracted Shelter <input type="checkbox"/> Drop-in Center <input type="checkbox"/> Drug Detox <input type="checkbox"/> Drug Treatment <input type="checkbox"/> Entitlements	<input type="checkbox"/> Medical Attention <input type="checkbox"/> Private Non-DHS Shelter <input type="checkbox"/> Psych. Consultation/Eval <input type="checkbox"/> Showers <input type="checkbox"/> Soup Kitchen/Food Pantry <input type="checkbox"/> Other

SERVICES ACCEPTED BY CLIENT:	
ASSESSMENT	FOOD/SHOWERS
<input type="checkbox"/> Accepted <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered	<input type="checkbox"/> Accepted <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered

CLOTHING	INFORMATION/COUNSELING
<input type="checkbox"/> Accepted <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered	<input type="checkbox"/> Accepted <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered

TRANSPORTATION/ESCORT	OTHER
<input type="checkbox"/> Accepted <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered	<input type="checkbox"/> Accepted <input type="checkbox"/> Refused <input type="checkbox"/> Not Offered

NOTES

# 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: \_\_\_\_\_