CARES REGIONAL HMIS INTAKE – RHY
TLP and MGH

INTAKE DATE	BED/UNIT	PRIMARY WORKER
_____/_____/_____		

FIRST NAME	MIDDLE NAME	LAST NAME (and Suffix)

NAME DATA QUALITY	ALIAS
❑ Full Name Reported ❑ Partial Name, Street Name or Code Name Reported ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected	

SOCIAL SECURITY NUMBER	SSN DATA QUALITY
(enter "9" for any missing numbers in an Approximate or Partial SSN) ___ ___ ___ - ___ ___ - ___ ___ ___ ___	❑ Full SSN Reported ❑ Approximate or Partial SSN Reported ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

GENDER

❑ Male ❑ Female ❑ Trans Male(FTM)
❑ Trans Female(MTF) ❑ Gender Non-Conforming
❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

SEXUAL ORIENTATION

❑ Heterosexual ❑ Gay ❑ Lesbian ❑ Bisexual ❑ Questioning/Unsure ❑ Client Doesn't Know
❑ Client Refused ❑ Data Not Collected

BIRTHDATE	BIRTHDATE DATA QUALITY
_____/_____/_____	❑ Full DOB Reported ❑ Approximate or Partial DOB Reported ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

ETHNICITY

❑ Hispanic ❑ Non-Hispanic ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

RACE (choose all that apply)

❑ American Indian/Native Alaskan ❑ Black ❑ White
❑ Asian ❑ Native Hawaiian or Other Pacific Islander
❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

VETERAN STATUS

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

***LIVING SITUATION**

*Based on the client's living situation the night before project entry, record responses in **one (1) section** below, EITHER Homeless Situation, Institutional Situation OR Transitional/Permanent Situation.*
If the client's living situation the night before project entry is unknown, fill in the section called Unknown

HOMELESS SITUATIONS:

❑ Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station etc)
❑ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
❑ Safe Haven ❑ Interim Housing

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:
_____/_____/_____	❑ 1 ❑ 2 ❑ 3 ❑ 4+ ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR SH IN LAST THREE YEARS:

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10 ❑ 11 ❑ 12 ❑ More than 12
❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

OR

INSTITUTIONAL SITUATIONS:

❑ Foster care home or foster care group home
❑ Jail, prison or juvenile detention facility
❑ Psychiatric hospital or other psychiatric facility
❑ Hospital or other residential non-psychiatric medical facility
❑ Long-term care facility or nursing home
❑ Substance abuse treatment facility or detox center

DID YOU STAY LESS THAN 90 DAYS

❑ No ❑ Yes (If Yes) On the night before did you stay on the streets, ES, or SH? ❑ No ❑ Yes

IF YES TO 'ON THE NIGHT BEFORE DID YOU STAY ON THE STREETS, ES OR SH?' PROVIDE DETAILS OF PREVIOUS HOMELESSNESS:

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:
_____/_____/_____	❑ 1 ❑ 2 ❑ 3 ❑ 4+ ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR SH IN LAST THREE YEARS:

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10 ❑ 11 ❑ 12 ❑ More than 12
❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

OR

TRANSITIONAL AND PERMANENT HOUSING SITUATIONS:

❑ Hotel or Motel paid for without emergency voucher
❑ Owned by client, no ongoing subsidy
❑ Owned by client WITH ongoing subsidy
❑ Perm. Supportive housing for formerly homeless persons (CoC project, HUD legacy program, HOPWA)
❑ Rental by client, no ongoing subsidy
❑ Rental by client with GPD TIP subsidy
❑ Rental by client with VASH subsidy
❑ Rental by client with other ongoing housing subsidy
❑ Residential project or halfway house with no homeless criteria
❑ Staying or in a family member's room, apartment or house
❑ Staying or in a friend's room, apartment or house
❑ Transitional housing for homeless persons (incl. homeless youth)

DID YOU STAY LESS THAN 7 DAYS?

❑ No ❑ Yes (If Yes) On the night before did you stay on the streets, ES, or SH? ❑ No ❑ Yes

IF YES TO 'ON THE NIGHT BEFORE DID YOU STAY ON THE STREETS, ES OR SH?' PROVIDE DETAILS OF PREVIOUS HOMELESSNESS:

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:
____/____/____	❑ 1 ❑ 2 ❑ 3 ❑ 4+ ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR SH IN LAST THREE YEARS:

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10 ❑ 11 ❑ 12 ❑ More than 12
❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

OR

UNKNOWN OPTIONS:

❑ Client doesn't know ❑ Client refused ❑ Data not collected

*NON-CASH BENEFITS FROM ANY SOURCE

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

IF YES:

❑ SNAP ❑ Special Supplemental Nutrition Program for Women, Infants and Children
❑ TANF Child Care Services ❑ TANF Transportation Service ❑ Other TANF Funded Srvcs ❑ Other Source

COVERED BY HEALTH INSURANCE

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

IF YES:

MEDICAID	❑ No	❑ Yes	MEDICARE	❑ No	❑ Yes
State Children's Health Insurance Program	❑ No	❑ Yes	VA Medical Services	❑ No	❑ Yes
Employer provided Health insurance	❑ No	❑ Yes	Health ins. via COBRA	❑ No	❑ Yes
Private Pay Health Insurance	❑ No	❑ Yes	State Health Ins. Adults	❑ No	❑ Yes
Indian Health Services	❑ No	❑ Yes	Other (if yes please specify_____)	❑ No	❑ Yes

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

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

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

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

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

DISABLING CONDITION

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

LAST GRADE COMPLETED

❑ Less than Grade 5 ❑ Grades 5-6 ❑ Grades 7-8 ❑ Grades 9-11 ❑ Grade 12 ❑ School does not have grade levels ❑ GED
❑ Some College ❑ Associate's degree ❑ Bachelor's degree ❑ Graduate degree ❑ Vocational certification ❑ Client Doesn't Know
❑ Client Refused ❑ Data Not Collected

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 ❑ Not Applicable

EMPLOYMENT STATUS

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

IF YES: TYPE OF EMPLOYMENT

❑ Full Time ❑ Part Time ❑ Seasonal/Sporadic (including Day Labor) ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

IF NO: WHY NOT EMPLOYED?

❑ Looking for Work ❑ Unable to Work ❑ Not looking for work

GENERAL HEALTH STATUS

❑ Excellent ❑ Very Good ❑ Good ❑ Fair ❑ Poor ❑ 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	IF YES DUE DATE
❑ No ❑ Yes	_____/_____/_____

FORMERLY A WARD OF CHILD WELFARE OR FOSTER CARE AGENCY	IF YES	IF LESS THAN 1 YEAR: NUMBER OF MONTHS
❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected	❑ Less than 1 year ❑ 1 to 2 years ❑ 3 to 5 or more years	❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10 ❑ 11

FORMERLY A WARD OF THE JUVENILE JUSTICE SYSTEM	IF YES	IF LESS THAN 1 YEAR: NUMBER OF MONTHS
❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected	❑ Less than 1 year ❑ 1 to 2 years ❑ 3 to 5 or more years	❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10 ❑ 11

YOUNG PERSON'S CRITICAL ISSUES		
❑ Unemployment - Family member	❑ Mental Health Issues - Family member	❑ Physical Disability - Family member
❑ Alcohol or other drug abuse - Family member	❑ Insufficient Income to support youth - Family member	❑ Incarcerated Parent of Youth

RHY REFERRAL SOURCE					
❑ Self-Referral	❑ Individual: Parent/Guardian/Relative/Friend/Other		❑ Outreach Project	❑Temporary Shelter	
❑ Residential Project	❑ Hotline	❑Child Welfare/CPS	❑ Juvenile Justice	❑ Law Enforcement/Police	
❑ Mental Hospital	❑School	❑ Other Organization	❑Client doesn't know	❑ Client refused	❑ Data not collected

NUMBER OF TIMES APPROACHED BY OUTREACH PRIOR TO ENTERING THE PROJECT	ZIP CODE OF LAST PERMANENT ADDRESS
	_____ _____ _____ _____ _____

SERVICES SOUGHT		
❑ Shelter/Housing	❑ Drug Treatment	❑ Mental Health Care
❑ Medical Care	❑ Legal Aid - CRJS/Civil	❑ Legal Aid – Immigration