|  |  |
| --- | --- |
| Logo  Description automatically generated | **FY24 CARES COLLABORATIVE HMIS**  **SSVF RRH** **INTAKE** |

*Instructions: Fill out one form per client/household member at project entry, along with the CCHMIS Client Inclusion Disclosure and Release of Information. Starred (\*) questions require a response.*

**UNIVERSAL DATA ELEMENTS**

Questions below are required for: All Clients & Household Members

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*Project Entry Date | | \*First Name | | | | | \*Last Name & Suffix | |
| \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | |  | | | | |  | |
| \*Name Data Quality | | | | | | | | |
| qFull Name Reported qPartial Name, Street Name, or Code Name Reported | | | | | | | | q*Doesn’t Know*  q*Prefers Not to Answer*  q*Not Collected* |
| \*Social Security Number – **If Unknown or Client Prefers Not to Answer enter 999-99-9999** | | | \*Social Security Number Data Quality | | | | | |
| \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | qFull SSN Reported qApproximate or Partial SSN Reported | | | | | q*Doesn’t Know*  q*Prefers Not to Answer*  q*Not Collected* |
| \*Which gender or genders do you identify with? (Select all that apply) | | | | | | | | |
| qWoman (Girl if child)  qTransgender  qDifferent Identity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | qMan (Boy if child)  qNon-binary | | qCulturally Specific Identity (e.g., Two-Spirit)  qQuestioning | | q*Doesn’t Know*  q*Prefers Not to Answer*  q*Not Collected* |
| \*What is your Date of Birth | \*Birthdate Data Quality | | | | | | | |
| \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | qFull DOB Reported  q Approximate or Partial SSN Reported | | | | | | | q*Doesn’t Know*  q*Prefers Not to Answer*  q*Not Collected* |
| \*Which races and ethnicities do you identify as? (Select all that apply) | | | | | | | | |
| qAmerican Indian, Native Alaskan, or Indigenous qBlack, African American, African  qMiddle Eastern or North African  qWhite | | | | | qAsian or Asian American  qHispanic/Latina/e/o  qNative Hawaiian or Pacific Islander | | | q*Doesn’t Know*  q*Prefers Not to Answer*  q*Not Collected* |
| Would you like to add any additional information regarding your race/ethnic identity? | | | | | | | | |
| Additional Information | | | | | | | | |
| \*Have you ever served in the United States Military? | | | | | | | | |
| qNo qYes | | | | | | | q*Doesn’t Know* q*Prefers Not to Answer* q*Not Collected* | |

**(Continue on Next Page)**

Questions below are required for: All Adults & Heads of Household

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PRIOR LIVING SITUATION** | | | | | | |
| \*Where did you sleep last night? **(Select the best match to the person’s response – does not need to be exact!)** | | | | | | |
| HOMELESS SITUATIONS  qPlace not meant for habitation/’the streets’ (public or private places not intended for regular sleeping: e.g., a vehicle, abandoned building, bus/train station, airport, or anywhere outside)  qEmergency Shelter, including hotel or motel paid for with an emergency shelter voucher  qSafe Haven | | | INSTITUTIONAL SITUATIONS  qFoster care home or foster care group home  qHospital or other residential non-psychiatric medical facility  qJail, prison, or juvenile detention facility  qLong-term care facility or nursing home  qPsychiatric hospital or other psychiatric facility  qSubstance use treatment facility or detox center | | | |
| TEMPORARY HOUSING SITUATIONS  qTransitional housing for homeless persons (including homeless youth)  qResidential project or halfway house with no homeless criteria  qHotel or motel paid for without emergency shelter voucher  qHost Home (non-crisis)  qMoved from one HOPWA funded project to HOPWA TH  qStaying or living in a friend’s room, apartment, or house  qStaying or living in a family member’s room, apartment, or house | | | PERMANENT HOUSING SITUATIONS  qStaying or living in a friend’s room, apartment, or house  qStaying or living in a family member’s room, apartment, or house  qMoved from one HOPWA funded project to HOPWA PH  qRental by client no ongoing housing subsidy  qRental by client with ongoing housing subsidy  qOwned by client no ongoing housing subsidy  qOwned by client with ongoing housing subsidy | | | |
| **\*IF RENTAL OR OWNED WITH ONGOING SUBSIDY WAS SELECTED** **SELECT SUBSIDY SUBTYPE** | | | | | | |
| qGPD TIP housing subsidy  qHCV voucher  qFamily Unification Program Voucher  qOther permanent housing dedicated to formerly homeless persons | | | | qVASH housing subsidy  qPublic housing unit  qFoster Youth to Independence Initiative | | qRRH or equivalent subsidy  qEmergency Housing Voucher  qPermanent Supportive Housing |
| Poor Data/Unknown Options – ***USE ONLY IF NECESSARY***: q*Doesn’t Know* q*Prefers Not to Answer* q*Not Collected* | | | | | | |
| \* How long have you been staying where you spent last night? | | | | | | |
| q1 night or less  q1 month or more, but less than 90 days | | q2 to 6 nights  q90 days or more, but less than 1 year | | | q1 week or more, but less than 1 month q1 year or longer | |
| \*About what date did you become homeless just before coming here? | | | | | | |
| \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | | | | | | |
| \*How many times have you experienced homelessness in the last 3 years? | | | | | | |
| q1 q2 q3 q4 or more | | | | | | |
| \*In the last 3 years about how many total months have you experienced homelessness? (round up to the full month) | | | | | | |
| q1 month (this is the first time) q2 q3 q4 q5 q6 q7 q8 q9 q10 q11 q12 qMore than 12 | | | | | | |
| If this person came from a  ***HOMELESS SITUATION:***  Regardless of length of stay,  complete SECTION A | | If you came from an ***INSTITUTIONAL SITUATION:***  Did you stay for less than 90 days? | | | If you came from a ***TEMPORARY or PERMANENT HOUSING SITUATION:***  Did you stay for less than 7 days? | |
| qNo qYes | | | qNo qYes | |
| **If Yes**, On the night before did you stay on the streets or ES? | | | **If Yes**, On the night before did you stay on the streets or ES? | |
| qNo qYes | | | qNo qYes | |
| SECTION A – *Details of Chronic Homelessness* | \*About what date did you become homeless just before coming here? | | | | | |
| \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | | | | | |
| \*How many times have you experienced homelessness in the last 3 years? | | | | | |
| q1 q2 q3 q4 or more | | | | | |
| \*In the last 3 years about how many total months have you experienced homelessness? (round up to the full month) | | | | | |
| q1 month (this is the first time) q2 q3 q4 q5 q6 q7 q8 q9 q10 q11 q12 qMore than 12 | | | | | |

**PROJECT SPECIFIC DATA ELEMENTS**

Questions below are required for: All Adults & Heads of Household

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| \*Has this client moved into permanent housing? | | | | | \*If YES, What date did they move in? | | |
| qNo qYes | | | | | **\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** | | |
| \*Do you have any type of income? – **If Yes,** indicate and provide the monthly amount for all sources that apply below | | | | | | | |
| qNo qYes  qEarned Income (i.e., employment pay)  qSupplemental Security Income (SSI)  qVA Service-Connected Disability Compensation  qPrivate Disability Insurance  qTemporary Assistance for Needy Families (TANF)  qRetirement Income from Social Security  qChild Support | | | | $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_ | qUnemployment Insurance  qSocial Security Disability Insurance (SSDI)  qVA Non-Service-Connected Disability Pension  qWorker’s Compensation  qGeneral Assistance  qPension or Retirement Income from a Former Job  qAlimony or Other Spousal Support | | $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_  $\_\_\_\_\_\_ |
| q*Doesn’t Know* q*Prefers Not to Answer* q*Not Collected* | | | | | | | |
| \*Are you receiving any type of non-cash benefits? – **If Yes**, indicate all sources that apply below | | | | | | | |
| qNo qYes  qSNAP (Food Benefits)  qTANF Child Care Services | | qSpecial supplemental Nutrition Program for Women, Infants and Children (WIC)  qTANF Transportation Services  qOther TANF-Funded Services | | | | | |
| q*Doesn’t Know* q*Prefers Not to Answer* q*Not Collected* | | | | | | | |
| \*Are you covered by health insurance? – **If Yes**, indicate all sources below | | | | | | | |
| qNo qYes  qMEDICAID  qVA Medical Services  qPrivate Pay Health Insurance | | qMEDICARE  qEmployer-Provided Health Insurance  qState Health Insurance for Adults | | | | qState Children’s Health Insurance Program  qHealth Insurance Through COBRA  qIndian Health Services Program | |
| q*Doesn’t Know* q*Prefers Not to Answer* q*Not Collected* | | | | | | | |
| SPECIAL NEEDS – *The following information helps determine if there are additional housing services or benefits available for this person* | | | Select **YES** to any condition if (1) It is expected to be long-continuing or forever; (2) Substantially impedes their ability to live independently; AND (3) Could be improved by having access to more suitable housing conditions. | | | | |
| Do you have a Physical Disability? | qNo  qYes g **If Yes**, is this a disabling condition? qNo qYes  q*Doesn’t Know* q*Prefers Not to Answer* q*Not Collected* | | | | | | |
| Do you have a Developmental Disability? | qNo  qYes  q*Doesn’t Know* q*Prefers Not to Answer* q*Not Collected* | | | | | | |
| Do you have a Chronic Health Condition? | qNo  qYes g **If Yes**, is this a disabling condition? qNo qYes  q*Doesn’t Know* q*Prefers Not to Answer* q*Not Collected* | | | | | | |
| Have you been diagnosed with HIV/AIDS? | qNo  qYes  q*Doesn’t Know* q*Prefers Not to Answer* q*Not Collected* | | | | | | |
| Do you have a Mental Health Disorder? | qNo  qYes g **If Yes**, is this a disabling condition? qNo qYes  q*Doesn’t Know* q*Prefers Not to Answer* q*Not Collected* | | | | | | |
| Do you currently or ever have a Substance Use Disorder? | qNo  qYes, Alcohol use disorder g If **Yes**, is this a disabling condition? qNo qYes  qYes, Both Alcohol and Drug use disorder g **If Yes**, is this a disabling condition? qNo qYes  qYes, Drug us disorder g **If Yes**, is this a disabling condition? qNo qYes  q*Doesn’t Know* q*Prefers Not to Answer* q*Not Collected* | | | | | | |
| \*Are you a survivor of Domestic Violence? – If Yes, please answer the additional questions **Head of Household & Adults** | | | | | | | |
| qNo qYes gWhen did the experience occur qWithin the past 3 months q4-6 months ago q7-12 months ago qOver 1 year ago  Is this person currently fleeing qNo qYes q*Doesn’t Know* q*Prefers Not to Answer*  q*Not Collected* | | | | | | | |

**VETERAN INFORMATION**

Questions below are required for: Heads of Household Only

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*What is the last grade you completed? | | | | | | | | | | | | | |
| q<grade 5  qGrades 5-6  qGrades 7-8 | qGrades 9-11  qGrade 12  qSchool program does not have grade levels | | | | | | | qGED  qSome college  qAssociate’s Degree | | | | qBachelor’s Degree  qGraduate Degree  qVocational Certification | |
| \*Are you employed? | | | **If No**, Why are you not employed | | | | | | | **If Yes**, What is your type of employment? | | | |
| qNo qYes | | | qLooking for Work qUnable to Work qNot Looking for Work | | | | | | | qFull-Time qPart-Time qSeasonal | | | |
| \*Are you connected with SOAR? | | | | \*What is your Veteran Discharge Status? | | | | | | | \*Which branch of the Military did you serve in | | |
| qNo qYes | | | | qHonorable  qGeneral Under Honorable Conditions  qUnder Other Than Honorable Conditions | | | | | qBad Conduct  qDishonorable  qUncharacterized | | qArmy  qAir Force  qNavy | | qMarines  qCoast Guard  qSpace Force |
| \*What year did you enter the military? | | | | | \*What is your VAMC Station Number? | | | | | \*What year did you leave the military? | | | |
|  | | | | |  | | | | |  | | | |
| \*Did you serve in any of the following Theater of Operations? (Select all that apply) | | | | | | | | | | | | | |
| qWorld War II  qKorean War | | qVietnam War  qPersian Gulf War | | | | qAfghanistan  qIraq | qOperation New Dawn  qOther Peace-Keeping Operations or Military Interventions (Lebanon, Panama, Somalia, Bosnia, Kosovo) | | | | | | |
| \*Household Income as a percentage of AMI | | | | | | | | | | | | | |
| qLess than 30% q30%-50% qGreater than 50% | | | | | | | | | | | | | |
| \*What is the zip code of last permanent address | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

**(End)**