HMIS Universal Intake Form - Adults

Completed By: _____ **Program:** _____ **Shelter Bed #:** _____

Project Start/Entry In Date ***(all clients)*** _____

mm/dd/yyyy

Client Demographics

Name ***(all clients)***

First Name	
Middle Name	
Last Name	
Suffix	

Phone #: _____

Name Data Quality ***(all clients)***

- ☐ Full Name Reported
- ☐ Partial, street name, or code name reported
- ☐ Client doesn't know
- ☐ Client refused

Military Veteran (active military duty)

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

Social Security Number ***(all clients)***

Date of Birth ***(all clients)***

mm/dd/yyyy

SSN Data Quality ***(all clients)***

- ☐ Full SSN Reported
- ☐ Approximate or partial SSN reported
- ☐ Client doesn't know
- ☐ Client refused

DOB Data Quality ***(all clients)***

- ☐ Full DOB Reported
- ☐ Approximate or partial DOB reported
- ☐ Client doesn't know
- ☐ Client refused

Race: Check all that apply ***(all clients)***

- ☐ American Indian, Alaskan Native, or Indigenous
- ☐ Asian or Asian American
- ☐ Black, African American, or African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Client doesn't know
- ☐ Client refused

Ethnicity ***(all clients)***

- ☐ Non-Hispanic/Non-Latin(a)(o)(x)
- ☐ Hispanic/Latin(a)(o)(x)
- ☐ Client doesn't know
- ☐ Client refused

Gender ***(all clients)***

- ☐ Female
- ☐ Male
- ☐ A Gender Other than Singularly Female or Male (e.g. Non-Binary, Genderfluid, Agender, Culturally Specific Gender)
- ☐ Transgender
- ☐ Questioning
- ☐ Client doesn't know
- ☐ Client refused

Household Information

Relationship to Head of Household

- ☐ Self (Head of Household)
- ☐ Head of household's child
- ☐ Head of household's other relation member (other relation to head of household)
- ☐ Head of household's spouse or partner
- ☐ Other: non-relation member

Client Location (CoC Code): OH-503

Homeless Information-Type of Living Situation

Residence Prior to Project Entry ***(HoH & adults)***

Homeless Situation:

- ☐ Place not meant for habitation
- ☐ Emergency Shelter
- ☐ Safe Haven

Institutional Situation:

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

Transitional and Permanent Housing Situation:

- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ PH (other than RRH) for formerly homeless persons
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with VASH subsidy
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Rental by client, with other ongoing housing subsidy (including RRH)
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Transitional Housing for homeless persons
- ☐ Client Doesn't Know
- ☐ Client refused

If residence prior to program entry is an institution, please provide name of institution/facility:

_____

Length of Stay in Previous Place

- ☐ One night or less (HUD)
- ☐ One year or longer (HUD)
- ☐ Two to six nights (HUD)
- ☐ Client doesn't know (HUD)
- ☐ One week or more but less than one month (HUD)
- ☐ Client refused (HUD)
- ☐ One month or more, but less than 90 days (HUD)
- ☐ 90 days or more but less than one year (HUD)

Approximate Date Homelessness Started: _____

Regardless of where they stayed last night- Number of Times the Client has been Homeless on the streets*, in ES, or SH in the Past Three years including today ***(HoH & Adults)***

- ☐ Never in the past 3 years
- ☐ One time (homeless only this time)
- ☐ Two times
- ☐ Three times
- ☐ Four or more times
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

Total number of months homeless on the street, in ES, or SH in the past three years†

- ☐ One month (this time is the first time)
- ☐ If 2-12, Specify #: _____
- ☐ More than 12 months
- ☐ Client doesn't know
- ☐ Client refused

Disabling Conditions (all clients)

Does the client have a disabiling condition?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

Physical

Long term?

☐ No ☐ Yes	☐ No ☐ Yes
☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused

Developmental

☐ No ☐ Yes

☐ Client doesn't know

☐ Client refused

Chronic Health

Long term?

☐ No ☐ Yes	☐ No ☐ Yes
☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused

HIV

☐ No ☐ Yes

☐ Client doesn't know

☐ Client refused

Mental Health

Long term?

☐ No ☐ Yes	☐ No ☐ Yes
☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused

Alcohol Use Disorder

Long term?

☐ No ☐ Yes	☐ No ☐ Yes
☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused

Drug Abuse

Long term?

☐ No ☐ Yes	☐ No ☐ Yes
☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused

Both Alcohol/Drug

Long term?

☐ No ☐ Yes	☐ No ☐ Yes
☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused

Domestic Violence (HoH & Adults)

Is client a domestic violence victim/survivor?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

If yes, are you currently fleeing?

- ☐ No
- ☐ Client doesn't know
- ☐ Yes
- ☐ Client refused

If Yes, when did the experience occur?

- ☐ Within the past three months
- ☐ Three to six months ago
- ☐ Six months to one year ago
- ☐ One year or more
- ☐ Client doesn't know
- ☐ Client refused

Income

Income from Any Source ***(HoH & Adults (child-->HoH))***

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

Answer Yes or No for each income source (status at time of entry)

Source of Income	Receiving income?	If yes, monthly amount from source (round down to nearest dollar)		
Earned income (i.e., employment income)	☐ No ☐ Yes	$		.00
Unemployment Insurance	☐ No ☐ Yes	$	0	.00
Supplemental Security Income (SSI)	☐ No ☐ Yes	$		.00
Social Security Disability Income (SSDI)	☐ No ☐ Yes	$	0	.00
VA Service-Connected Disability	☐ No ☐ Yes	$	0	.00
VA Non-Service-Connected Disability Pension	☐ No ☐ Yes	$	0	.00
Private disability insurance	☐ No ☐ Yes	$		.00
Worker's Compensation	☐ No ☐ Yes	$	0	.00
Temporary Assistance for Needy Families (TANF)	☐ No ☐ Yes	$	0	.00
General Assistance (GA)	☐ No ☐ Yes	$	0	.00
Retirement Income from Social Security	☐ No ☐ Yes	$	0	.00
Pension or retirement income from a former job	☐ No ☐ Yes	$	0	.00
Child support	☐ No ☐ Yes	$	0	.00
Alimony or other spousal support	☐ No ☐ Yes	$	0	.00
Other Source If yes, specify source: 0	☐ No ☐ Yes	$	0	.00
Total Monthly Income from all sources		$	0	.00

Non-Cash Benefits

Non-Cash Benefits from any source? ***(HoH & Adults (children go on HoH))***

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

Answer 'Yes' or 'No' for each non-cash benefit source
(Based on the status at the time of entry)

No	Yes	Source of non-cash benefit
☐	☐	Special Supplemental Nutrition Assistance Program (SNAP)
☐	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐	☐	TANF Child Care services
☐	☐	TANF transportation services
☐	☐	Other TANF-Funded Services
☐	☐	Other source: _____

Health Insurance

Covered by health insurance ***(all clients)***

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

Answer 'Yes' or 'No' for each health insurance source.
(Based on the status at the time of entry)

No	Yes	Source of insurance coverage
☐	☐	Medicaid
☐	☐	Medicare
☐	☐	State Children's Health Insurance Program
☐	☐	Veteran's Administration (VA) Medical Services
☐	☐	Employer-Provided Health Insurance
☐	☐	Health insurance obtained through COBRA
☐	☐	Private Pay Health Insurance
☐	☐	State Health Insurance for Adults (or use local name)
☐	☐	Indian Health Services Program
☐	☐	Other source: _____