

# VA HMIS Intake Form - Adults

**Completed By:** \_\_\_\_\_ **Program:** \_\_\_\_\_ **Shelter Bed #:** \_\_\_\_\_

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

		/			/			
<i>month</i>				<i>day</i>			<i>year</i>	

**Housing Move-In Date**

		/			/			
<i>month</i>			<i>day</i>			<i>year</i>		

## Client Demographics

Name (all clients)

[illegible]

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)*

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

		/			/			
<i>month</i>		<i>day</i>			<i>year</i>			

### 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 ☐ Client doesn't know
- ☐ Three times ☐ Client refused
- ☐ Four or more times ☐ 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 disabling condition?**
☐ No
☐ Yes
☐ 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)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ .00
Unemployment Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ .00
Supplemental Security Income (SSI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ .00
Social Security Disability Income (SSDI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ .00
VA Service-Connected Disability	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ .00
VA Non-Service-Connected Disability Pension	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ .00
Private disability insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ .00
Worker's Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ .00
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ .00
General Assistance (GA)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ .00
Retirement Income from Social Security	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ .00
Pension or retirement income from a former job	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ .00
Child support	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ .00
Alimony or other spousal support	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ .00
Other Source	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ .00
If yes, specify source:		
<b>Total Monthly Income from all sources</b>		<b>\$ .00</b>

## Non-Cash Benefits

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

<input type="checkbox"/> Yes	<b>Answer 'Yes' or 'No' for each non-cash benefit source (Based on the status at the time of entry)</b>	
<input type="checkbox"/> No	<b>No</b>	<b>Yes</b>
<input type="checkbox"/> Client doesn't know	<b>Source of non-cash benefit</b>	
<input type="checkbox"/> Client refused	<input type="checkbox"/>	<input type="checkbox"/> Special Supplemental Nutrition Assistance Program (SNAP)
	<input type="checkbox"/>	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
	<input type="checkbox"/>	<input type="checkbox"/> TANF Child Care services
	<input type="checkbox"/>	<input type="checkbox"/> TANF transportation services
	<input type="checkbox"/>	<input type="checkbox"/> Other TANF-Funded Services
	<input type="checkbox"/>	<input type="checkbox"/> Other source: _____