

VA HMIS Intake Form - Child

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

Project Start/Entry In Date (all clients)

		/			/				
month		day		year					

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)

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Date of Birth (all clients)

		/			/				
month		day		year					

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 (Non-Binary, Genderfluid, Agender)
- ☐ Transgender
- ☐ Questioning
- ☐ Client doesn't know
- ☐ Client refused

Does the client have a disabling condition?

- ☐ No ☐ Yes ☐ Client Doesn't Know
- ☐ Client Refused

Relationship to Head of Household

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