# **HMIS Universal Intake Form - Adults**

Completed By:	Program:	Shelter Bed #:					
Project Start/Entry In	Date (all clients)	h day year					
Client Demographi	cs						
Name (all clients)							
First Name							
Middle Name							
Last Name							
Suffix		Phone #:					
Name Data Quality (all clients)	)	Military Veteran (active military duty)					
□ Full Name Reported		□ Yes					
Partial, street name, or co	de name reported	□ No					
Client doesn't know		Client doesn't know					
Client refused		Client refused					
Social Security Number (all c	lients)	Date of Birth (all clients)					
-     -							
SSN Data Quality (all clients)		DOB Data Quality (all clients)					
□ Full SSN Reported		□ Full DOB Reported					
Approximate or partial SSI	N reported	Approximate or partial DOB reported					
Client doesn't know		□ Client doesn't know					
Client refused		Client refused					
Race: Check all that apply (d	ıll clients)	Ethnicity (all clients)					
American Indian, Alaskan	Native, or Indigenous	Non-Hispanic/Non-Latin(a)(o)(x)					
Asian or Asian American		Hispanic/Latin(a)(o)(x)					
Black, African American, o	r African	Client doesn't know					
□ Native Hawaiian or Pacific	Islander	Client refused					
□ White							
Client doesn't know							
□ Client refused	Client refused						
Gender (all clients)							
Female							
Male							
	ularly Female or Male (e.g. No	on-Binary, Genderfluid, Agender, Culturally Specific Gender)					
Transgender							
<ul> <li>Questioning</li> <li>Client doesn't know</li> </ul>							
Client refused							

Household	Information
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	ationship 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
Clie	ent Location (CoC Code): OH-503		
	Homeless Informat	ion-Type	of Living Situation
Res	sidence Prior to Project Entry (HoH & adults)		
Ho	meless Situation:		
	Place not meant for habitation Safe Haven		Emergency Shelter
	Insti	utional Situa	ation:
	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
Tra	nsitional and Permanent Housing Situation		
	Hotel or motel paid for without emergency shelt voucher	er 🛛	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 ho criteria		Staying or living in a family member's room, apartment, or house
	Staying or living in a friend's room, apartment, o	r house 🛛	Transitional Housing for homeless persons
	Client Doesn't Know		Client refused
lf re	esidence prior to program entry is an institut	ion, please p	rovide name of institution/facility:
Len	ngth 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 (HU	D) 🗖	Client refused (HUD)
	One month or more, but less than 90 days (HUD		
	90 days or more but less than one year (HUD)		
Ap	proximate Date Homelessness Started:		
the	ardless of where they stayed last night- Number of Ti Client has been Homeless on the streets*, in ES, or SH Past Three years including today (HoH & Adults)	nes	al number of months homeless on the street, S, or SH in the past three years†
	Never in the past 3 years		One month (this time is the first time)
	One time (homeless only this time)		If 2-12, Specify #:
	Two times 🛛 Client doesn't know		More than 12 months
	Three times   Client refused		Client doesn't know
	Four or more times Data not collected		Client refused

Disabling Conditions (all clients)					
Does the client have a disabiling condition?					
□ No	□ Yes □	Client doesn	t know	Client refused	
Physical		Long term?			
	□ Yes		□ Yes		
	loesn't know	Client do			
Client r		Client re			
		1			1
Develop	mental				
□ No	🛛 Yes				
Client d	loesn't know				
Client r	efused				
Chronic	Health	Long term?			-
	☐ Yes		□ Yes		
	loesn't know	Client do			
Client r		Client re			
<ul> <li>No</li> <li>Client d</li> <li>Client r</li> </ul>	D Yes loesn't know efused				
Maintal	Uselth				
Mental I		Long term?	□ Yes		
	loesn't know	Client do			1
Client d		Client re			
Alcohol	Use Disorder	Long term?			
🗆 No	🛛 Yes	D No	□ Yes		
Client d	loesn't know	Client do	oesn't know		
Client r	efused	Client re	fused		
Drug Ab		Long term?	_		
□ No	Yes	□ No	□ Yes		
	loesn't know	Client do			1
Client r	etused	Client re	tused		
Both Alc	cohol/Drug	Long term?			
	□ Yes		□ Yes		
	loesn't know	Client do			
Client r		Client re			
1		1			

## Domestic Violence (HoH & Adults)

Is client a d	omestic violence victim/survivor?	If Yes, when did the experience occur?
🗆 No	□ Yes	Within the past three months
□ Client doesn't know		□ Three to six months ago
Client refused		□ Six months to one year ago
If yes, are you currently fleeing?		One year or more
🗆 No	Client doesn't know	Client doesn't know
□ Yes	□ Client refused	□ 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)

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

## Non-Cash Benefits

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

Yes	Answer 'Yes' or 'No' for each non-cash benefit source (Based on the status at the time of entry)				
🗖 No	No Yes Source of non-cash benefit				
Client doesn't know	Special Supplemental Nutrition Assistance Program (SNAP)				
Client refused	Image: 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

en	ts)							
	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:					