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Emergency Shelter Intake Form
(Complete this form for ALL adults)

Client Name: _____
(optional)

HMIS Client ID#: _____

Project Start Date: _____

ROI Signed? Yes ___ No ___

For fields in Italics, Check HMIS prior to intake and confirm that the information in HMIS is present and accurate

SS#: _____ DOB ___/___/_____

Veteran? Yes ___ No ___

Race: (Select as many as client identifies)

- American Indian/ Alaska Native or Indigenous
Asian or Asian American
Black, African American, or African
Native Hawaiian or Pacific Islander
White

Ethnicity: ___ Hispanic/ Latin(a)(o)(x)
___ Non-Hispanic/ Latin(a)(o)(x)

Gender: (Select as many as client identifies)

- Female
Male
Transgender (clients who live or identify with a transgender history, experience, or identity)
A gender that is not singularly 'Female' or 'Male' (e.g., non-binary, genderfluid, agender, culturally specific gender)
Questioning (Unsure, may be exploring, or may not relate to or identify with a gender identity at this time)

Relationship to Head of Household:

- Self (Head of Household)
Head of Household's Child
Head of Household's Spouse/ Partner
Head of Household's Other Relation Member
Other: Non-Relation Member

Client Location: ___ NY-505 (Onondaga/ Cayuga/ Oswego counties)
___ NY-510 (Ithaca/ Tompkins County)

Disabling Condition:

Do you have a DISABILITY of long duration? ___ Yes ___ No

For each disability, check "LCI" if it is expected to be of long, continued and indefinite duration, substantially impairs the individual's ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions.

Disability Type:

- Yes ___ LCI Alcohol Use Disorder ___ Yes ___ LCI BOTH Alcohol & Drug Use Disorder ___ Yes ___ LCI Drug Use Disorder
Yes ___ LCI Chronic Health Condition ___ Yes ___ LCI Developmental ___ HIV/AIDS
Yes ___ LCI Mental Health Disorder ___ Yes ___ LCI Physical Health



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The following questions should be asked and updated for every new entry into shelter:

Medical Insurance:

Do you have Health Insurance/ Medical Assistance? ___ Yes ___ No

Source of Health Insurance/ Medical Assistance:

- ___ Medicaid ___ Medicare
- ___ State Children’s Health Insurance Program ___ Veteran’s Administration (VA) Medical Services
- ___ Employer – Provided Health Insurance ___ Health Insurance obtained through COBRA
- ___ State Health Insurance for Adults
- ___ Indian Health Care ___ Other

Medicaid ID# _____

Medicaid Insurance Company: ___ Total Care ___ Blue Cross Blue Shield ___ Fidelis
___ United Healthcare ___ Molina Healthcare

Residence Prior to Project Entry (Where did you sleep last night?)

Homeless Situation: (If yes to either of these, fill out the Homeless Situation Questions)

- ___ Place not meant for human habitation
- ___ Emergency shelter, including hotel or motel paid for with emergency shelter voucher

Institutional Situation:

- ___ Foster care home/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/detox center

Did you stay less than 90 days? Yes ___ No ___

If yes, prior to Institutional Stay were you living on the streets or in a shelter? Yes ___ No ___

(If yes, answer the Homeless Situation Questions)

Transitional and Permanent Housing Situation:

- ___ Hotel or motel paid without emergency voucher ___ Owned by client, no on-going housing subsidy
- ___ Owned by client, with on-going housing subsidy
- ___ Permanent housing (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
- ___ Residential project or halfway house with no homeless criteria
- ___ Staying in family member’s room/apartment/house
- ___ Staying in friend’s room/apartment/house
- ___ Transitional housing for homeless persons (including homeless youth)

Homeless Situation Questions:

Length of Stay in Previous Place:

- ___ One day or less ___ Two days to one week ___ More than one week, less than one month
- ___ One to three months ___ More than three months, less than one year ___ One year or longer

Approximate Date Homelessness Started: ___/___/_____

Have the client look back to the date of the last time the client had a place to sleep that was not on the streets or ES. Remember that "the streets" is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground). Including the situation the client was in right before entering, plus any continuous time moving around between the streets, an emergency shelter, or a safe haven, determine the date this period of the client’s "literal"



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homelessness began. The look back time would not be broken by a stay of less than 7 consecutive nights in any permanent or temporary housing situation nor would it be broken by an institutional stay of less than 90 days (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility). Approximations are permitted.

Zip Code of Last Permanent Address: _____

of times (episodes) on streets or in ES in 3 years: ___1 ___2 ___3 ___4 or more

Including today, count all the different times the client was on the streets, in an emergency shelter in the last 3 years where there are full breaks in between (i.e., breaks that are 90 days or more in an institution or 7 nights or more in permanent or transitional housing).

Total number of months homeless on the street, in ES in the past 3 years: _____ Months

Count the cumulative number of months in which a person was on the streets or in an ES in the last 3 years, including stays in an institution less than 90 days or in permanent or transitional housing less than 7 days. Round the number of months up to the next highest number of full months. The current month, even if a partial month, can be counted as a full month.

Income:

Do you have income? ___Yes ___No Total Monthly Income \$_____

Income Source and amount: (Ask about each source individually and please write in the monthly amount below for each source)

\$_____ Alimony/ Spousal Support	\$_____ Child Support
\$_____ Earned Income	\$_____ General Assistance
\$_____ Pension or retirement income from another job	\$_____ Retirement Income from Social Security
\$_____ Private Disability Insurance	\$_____ Social Security Income (SSI)
\$_____ Social Security Disability Income (SSDI)	\$_____ Unemployment Insurance
\$_____ Temporary Assist for Needy Families TANF	\$_____ VA Service-Connected Disability Compensation
\$_____ VA Non-Service-Connected Disability Pension	
\$_____ Worker's Compensation	

Non-Cash Benefits:

Do you have Non-Cash Benefits? ___Yes ___No

Source of Non-Cash Benefits:

____ Supplemental Nutrition Assistance Program (SNAP) (HUD) (Previously known as Food Stamps)
____ Special supplemental Nutrition Program for (WIC) (HUD)
____ TANF Child Care Services (HUD)
____ TANF Transportation Services (HUD)
____ Other TANF-Funded Services (HUD); If "Other" Specify: _____

Are you a Victim/ Survivor of Domestic Violence? ___Yes ___No

If yes, when did it last occur: _____ Within the past 3 months ___ 3 to 6 months ___ 6 to 12 months
_____ More than 12 months ___ Refused

Are you currently fleeing? ___Yes ___No

Reasons for Homelessness (Please answer for each adult in the household)

In the past year (12 months), did you experience any of the following:

1. Doubled up with friends or family for more than 1 week? ___Yes ___No
2. Lived in a place where an eviction suit was brought against you or the lease holder? ___Yes ___No



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3. Lived in a place that was declared unfit for human habitation by city/town code enforcement? Yes No
4. Received public assistance from the county and lost it for any reason? Yes No
5. Went to the emergency room or hospital for mental health reasons? Yes No
6. Had a large medical expense? Yes No
7. Released from state prison or other long-term criminal justice institution? Yes No
8. Had some other involvement with the criminal justice system (including probation/parole) Yes No
9. Had utilities shut off? Yes No

Arrest/ Conviction Record

Has any family member been arrested, convicted of a crime? Yes No

If yes, who was arrested/ convicted of a crime? _____

If yes, please explain arrest/ conviction:

Are you on Probation? Yes No

Are you on Parole: Yes No

If yes, Parole Officer: _____

Phone Number: _____ - _____ - _____

Is any member of the family on probation or parole? Yes No

If yes, who is the person on probation/parole: _____

If yes, explain reason:

Are you a convicted sex offender? Yes No

Sex Offender Case Type: Level 1

Level 2

Level 3

Education Summary – ADULTS and unaccompanied Youth

Highest Level Attained:

No schooling completed Nursery School to 4th grade 5th grade to 6th grade 7th grade

to 8th grade

9th grade

10th grade

11th grade

12th grade, no diploma

GED diploma

High School Diploma

Some College

Some Technical School

Technical School certification

College Degree

Post-Secondary school

Graduate Degree

Comments related to education attained:

Does the children have a McKinney Vento Liaison? Yes No

Personal Phone Number: _____ - _____ - _____



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Primary Language:

- | | | | | | |
|-----------------------------------|--|----------------------------------|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Armenian | <input type="checkbox"/> Bangali | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Chinese | <input type="checkbox"/> English |
| <input type="checkbox"/> French | <input type="checkbox"/> French Creole | <input type="checkbox"/> German | <input type="checkbox"/> Greek | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Haitian Creole |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Hindi | <input type="checkbox"/> Hmong | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Panjabi | <input type="checkbox"/> Persian | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Telugu | <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Yiddish |