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Transitional Housing, Homeless Prevention, Services Only, and all other Projects (Single Individual)
(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

Primary Language:

- Arabic, Armenian, Bangali, Cantonese, Chinese, English
French, French Creole, German, Greek, Gujarati, Haitian Creole
Hebrew, Hindi, Hmong, Italian, Japanese, Korean
Mandarin, Panjabi, Persian, Polish, Portuguese, Russian
Spanish, Tagalog, Telugu, Urdu, Vietnamese, Yiddish

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.



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**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

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

**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

**Housing Move-In Date (Head of Household Only):** \_\_\_\_/\_\_\_\_/\_\_\_\_

(Date client first stayed in permanent residence through your program)

**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: Note – CoC and ESG-funded PSH and RRH clients are eligible only if they stay in a homeless or institutional situation on the night before entering the project.**

- 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:**



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**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" 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.*

**# 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)

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

**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



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2. Lived in a place where an eviction suit was brought against you or the lease holder?  Yes  No
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

**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

**Are you on Parole:**  Yes  No

If yes, Parole Officer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Personal Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_