Transitional Housing, Homeless Prevention and Supportive Services Only Projects (Single Individual)
(complete this form for ALL adults)

Client Name: ___________________________________________  HMIS Client ID#: _____________________________
(optional)
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  Ethnicity: _____ Hispanic/ Latin(a)(o)(x)
_____ Asian or Asian American  _____ Non-Hispanic/ Latin(a)(o)(x)
_____ Black, African American, or African  _____ A gender that is not singularly ‘Female’ or ‘Male’ (e.g., non-binary, genderfluid, agender, culturally specific
   gender)
_____ Native Hawaiian or Pacific Islander  _____ Questioning (Unsure, may be exploring, or may not relate to or identify with a gender identity at this
time)

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.
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  _____ Other

_____ Indian Health Care

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:
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 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
- $_____ Social Security Disability Income (SSDI)
- $_____ Social Security Income (SSI)
- $_____ Temporary Assistance 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: ____________________________________________

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
Are you currently fleeing?  ____Yes  ____No

Are you on Parole:  ____Yes  ____No
If yes, Parole Officer:  ______________________________
Phone Number:  ______ - ______ - ______

Personal Phone Number:  ______ - ______ - _________

**Reasons for Homelessness** (Please answer for each adult in the household, if they are living in a homeless situation)
In the past year (12 months), did you experience any of the following:

1. Doubled up with friends of 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
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