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Transitional Housing, Homeless Prevention and Supportive Services Only 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 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	
\$_____ 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: _____

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



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Are you currently fleeing? Yes No More than 12 months Refused

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 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
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