**Emergency Shelter Intake Form**

(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

\_\_\_\_ Native Hawaiian or Pacific Islander

\_\_\_\_ White

***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 |

***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

***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” 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

$\_\_\_\_\_ 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

\_\_\_\_ 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 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

**Are you on Parole:** \_\_\_\_Yes \_\_\_\_ No

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

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

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

**Has client ever been involved with the Foster Care system?** \_\_\_Yes \_\_\_No