Hot Meals Intake

HMIS

1. Intake Information

Intake Date ____________/_____________/________________
MM DD YYYY

2. Basic Client Profile

First Name ______________________ **Last Name** ______________________________ **Nickname** ________________

SSN #	__________ - _____ - ___________	**Date of Birth**	___________/_____________/_________________ MM DD YYYY
Gender	☐ Female ☐ Male ☐ Transgender female ☐ Transgender male ☐ Gender Non-Conforming ☐ Client doesn't know	**Race**	**Primary Secondary** ☐ ☐ American Indian or Alaska Native ☐ ☐ Asian ☐ ☐ Black or African-American ☐ ☐ Native Hawaiian or Pacific Islander ☐ ☐ White ☐ ☐ Client doesn't know
Ethnicity	☐ Non-Hispanic/Latino ☐ Hispanic/Latino ☐ Client doesn't know	**U.S. Military Veteran**	☐ Yes ☐ No ☐ Client doesn't know
Monthly Income	Earned Income $________________ SSI/SSDI $________________ VA Benefits $________________ Other $________________	**Health Insurance Type**	☐ Medicaid ☐ Medicare ☐ VA ☐ Private Insurance ☐ Other ☐ Uninsured
Disabling Condition (check all that apply)	☐ Alcohol Dependency ☐ Chronic Health Condition ☐ Developmental ☐ Drug Dependency ☐ Mental Health Problem ☐ Physical	**Where did you sleep last night?**	☐ Shelter ☐ Outside/Tent/Car ☐ Hotel or motel ☐ With friends ☐ With family ☐ Rental, no subsidy ☐ Rental, rapid re-housing subsidy ☐ Rental, other subsidy ☐ Permanent housing program