

Intake Information

Intake Date ____/____/____
 MM DD YYYY

2. Basic Client Profile

First Name _____ Last Name _____ Nickname _____

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|--|--|-----------------------------------|--|
| SSN # | _____ - _____ - _____ | Date of Birth | ____/____/____ MM DD YYYY |
| Relationship to Head of Household | <input type="checkbox"/> Self <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other: _____ | Race | Primary Secondary <input type="checkbox"/> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> <input type="checkbox"/> Asian <input type="checkbox"/> <input type="checkbox"/> Black or African-American <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> <input type="checkbox"/> White <input type="checkbox"/> <input type="checkbox"/> Client doesn't know |
| Gender | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender female <input type="checkbox"/> Transgender male <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Client doesn't know | | Ethnicity |
| LGBTQ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know | U.S. Military Veteran | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know |
| Survivor of Domestic Violence | <input type="checkbox"/> No <input type="checkbox"/> Yes – not fleeing <input type="checkbox"/> Yes – actively fleeing | Highest Level of Education | <input type="checkbox"/> No schooling completed <input type="checkbox"/> Preschool to fourth grade <input type="checkbox"/> Fifth to sixth grade <input type="checkbox"/> Seventh to eighth grade <input type="checkbox"/> Ninth grade <input type="checkbox"/> Tenth grade <input type="checkbox"/> Eleventh grade <input type="checkbox"/> Twelfth grade (did not graduate) <input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-secondary school |
| If Yes, When | <input type="checkbox"/> Within last three months <input type="checkbox"/> Three to six months ago <input type="checkbox"/> Six months to a year ago <input type="checkbox"/> More than a year ago | | Last Zip Code |
| Pregnant? | <input type="checkbox"/> No <input type="checkbox"/> Yes Due date: _____ | Health Insurance Type | <input type="checkbox"/> Medicaid If MCO is known, circle: Apple Molina <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private Insurance <input type="checkbox"/> Uninsured <input type="checkbox"/> Other If Other, Type: _____ |
| Monthly Income | Earned Income \$ _____ SSI/SSDI \$ _____ VA Benefits \$ _____ Other \$ _____ If Other, Type _____ | | |

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|--|--|---|--|
| <p>Disabling Condition (check all that apply)</p> | <p><input type="checkbox"/> Alcohol Dependency <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Dependency <input type="checkbox"/> Mental Health Problem <input type="checkbox"/> Physical Disability</p> | <p>Non-Cash Benefits</p> | <p><input type="checkbox"/> SNAP (food stamps) <input type="checkbox"/> Special Supplement Nutrition Program (WIC) <input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> Other Source</p> |
| <p>Living Situation Information</p> | | | |
| <p>Where did you sleep last night?</p> | <p style="text-align: center;">Homeless Situations</p> <p><input type="checkbox"/> Shelter <input type="checkbox"/> Outside, no tent <input type="checkbox"/> Outside, with tent <input type="checkbox"/> In a car or other vehicle <input type="checkbox"/> Hotel or motel (paid by program)</p> | <p style="text-align: center;">Institutional Situations</p> <p><input type="checkbox"/> Foster home <input type="checkbox"/> Hospital/medical facility <input type="checkbox"/> Jail, prison, juvenile hall <input type="checkbox"/> Care facility/nursing home <input type="checkbox"/> Psychiatric hospital <input type="checkbox"/> Treatment/detox center</p> | <p style="text-align: center;">Permanent Situations</p> <p><input type="checkbox"/> Hotel or motel (not paid by program) <input type="checkbox"/> With friends <input type="checkbox"/> With family <input type="checkbox"/> Rental, no subsidy <input type="checkbox"/> Rental, rapid re-housing subsidy <input type="checkbox"/> Rental, other subsidy Type of subsidy: _____ <input type="checkbox"/> Permanent housing program <input type="checkbox"/> Other (please explain): _____</p> |
| <p>How long have you been there?</p> | <p><input type="checkbox"/> One day or less <input type="checkbox"/> Two days to one week <input type="checkbox"/> More than a week but less than a month <input type="checkbox"/> One to three months <input type="checkbox"/> More than three months but less than a year <input type="checkbox"/> One year or longer</p> | <p>If 7 nights or fewer in permanent situation OR 90 days or fewer in institutional situation: Did you stay on the streets or in shelter the night before?</p> | <p><input type="checkbox"/> Yes (complete remaining questions) <input type="checkbox"/> No (end of form) <input type="checkbox"/> Client doesn't know (end of form)</p> |
| <p>Number of times homeless in the last three years</p> | <p><input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know</p> | <p>Approximate date current period of homelessness started</p> <p style="text-align: center;">_____</p> | <p><input type="checkbox"/> One to twelve months Number of months: _____ <input type="checkbox"/> More than twelve months</p> |
| <p>Primary Reason for Homelessness</p> | <p><input type="checkbox"/> Deemed at risk <input type="checkbox"/> Divorce <input type="checkbox"/> Domestic abuse/violence <input type="checkbox"/> Eviction (no-cause) <input type="checkbox"/> Eviction (other) <input type="checkbox"/> Exploitation/trafficking <input type="checkbox"/> Household Crisis</p> | <p><input type="checkbox"/> Jail/prison/juvenile hall <input type="checkbox"/> Lack of income <input type="checkbox"/> Medical problems <input type="checkbox"/> Mental health <input type="checkbox"/> New to area <input type="checkbox"/> No affordable housing <input type="checkbox"/> Parents kicked out (LGBTQ+)</p> | <p><input type="checkbox"/> Parents kicked out (Other) <input type="checkbox"/> Runaway youth <input type="checkbox"/> Substance/alcohol dependency <input type="checkbox"/> Transient/choice <input type="checkbox"/> Unemployment <input type="checkbox"/> Unsafe living environment <input type="checkbox"/> Other:</p> |