HMIS: PROJECT INTAKE FORM — RHY

PROJECT ENROLLMENT

Project Name	
Project Start Date	☐☐ – ☐☐ – ☐☐☐☐

CLIENT PROFILE

SOCIAL SECURITY NUMBER (SSN)	☐☐☐ – ☐☐ – ☐☐☐☐			
QUALITY OF SSN	☐ Full SSN reported	☐ Approximate or partial SSN reported	☐ Client doesn't know	☐ Client refused

CLIENT'S NAME		**N/A**
Last		
First		
Middle		☐
Suffix		☐

QUALITY OF NAME	☐ Full name reported	☐ Partial, street name, or code name reported	☐ Client doesn't know	☐ Client refused

DATE OF BIRTH	☐☐ – ☐☐ – ☐☐☐☐		
QUALITY OF DOB			
☐ Full DOB reported	☐ Approximate or partial DOB reported	☐ Client doesn't know	☐ Client refused

GENDER

☐ Female ☐ Male	☐ Trans Female (MTF or Male to Female) ☐ Trans Male (FTM or Female to Male)	☐ Client doesn't know ☐ Client refused

RACE

☐ White ☐ Black or African American	☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Asian	☐ Client doesn't know ☐ Client refused

ETHNICITY

☐ Non-Hispanic ☐ Hispanic	☐ Client doesn't know ☐ Client refused

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DOMESTIC VIOLENCE SURVIVOR

☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused

PRIOR LIVING SITUATION

Type of Residence *(Type of living arrangement on the night before entering this project)*	
HOMELESS SITUATION	
☐ Place not meant for human habitation ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher	☐ Safe Haven ☐ Interim Housing
INSTITUTIONAL SITUATION	
☐ Foster care home or 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 or detox center
TRANSITIONAL & PERMANENT HOUSING SITUATION	
☐ Hotel or motel paid for without emergency shelter voucher ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with VASH housing subsidy ☐ Rental by client, with GPD TIP subsidy	☐ Rental by client, with other housing subsidy (including RRH) ☐ Residential project or halfway house with no homeless criteria ☐ Staying or living in a family member's room, apartment, or house ☐ Staying or living in a friend's room, apartment or house ☐ Transitional housing for homeless persons ☐ Client doesn't know ☐ Client refused

Length of Stay in Prior Living Situation *(How long ago did the client start staying in that type of residence)*

☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month	☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer	☐ Client doesn't know ☐ Client refused

Approximate Date Homelessness Started *(Approximate date the client's **current** episode of homelessness began)*

_____/_____/_____

Number of times the client has been on the streets, in emergency shelter, or in safe haven in the past three years including today
(Regardless of where they stayed last night)

☐ One time ☐ Two times	☐ Three times ☐ Four or more times	☐ Client doesn't know ☐ Client refused

Total number of months homeless on the streets, in emergency shelter, or in safe haven in the past three years

☐ One month (this time is the first month) ☐ Two Months ☐ Three Months ☐ Four Months ☐ Five Months	☐ Six Months ☐ Seven Months ☐ Eight Months ☐ Nine Months ☐ Ten Months	☐ Eleven Months ☐ Twelve Months ☐ More than 12 months ☐ Client doesn't know ☐ Client refused

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DISABLING CONDITIONS AND BARRIERS

Do you have a disabling condition?

☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused

Disability Type	Disability Determination			
	Yes	No	Client doesn't know	Client refused
Physical	☐	☐	☐	☐
Developmental Disability	☐	☐	☐	☐
Chronic Health Condition	☐	☐	☐	☐
Mental Health Problem	☐	☐	☐	☐
Drug Abuse	☐	☐	☐	☐
Alcohol Abuse	☐	☐	☐	☐

RHY BCP STATUS

Date of Status Determination	____/____/_____	
Youth Eligible for RHY Services	☐ No ☐ Yes	
If No for 'Youth Eligible for RHY Services', **Reason why services are not funded by BCP grant**	☐ Out of age range ☐ Ward of the State – Immediate Reunification ☐ Ward of the Criminal Justice System – Immediate Reunification ☐ Other	
If Yes for 'Youth Eligible for RHY Services', **Runaway youth**	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused

CASH INCOME FOR INDIVIDUAL

Income from Any Source	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY	
Income Source (Check all that apply)	**Monthly Amount**
☐ Earned Income	
☐ Unemployment Insurance	
☐ Worker's Compensation	
☐ Private Disability Insurance	
☐ VA Service-Connected Disability Compensation	
☐ Social Security Disability Income (SSDI)	
☐ Supplemental Security Income (SSI)	

☐ Retirement Income from Social Security	
☐ VA Non-Service-Connected Disability Pension	
☐ Pension or retirement income from a former job	
☐ Temporary Assistance for Needy Families (TANF)	
☐ General Assistance (GA)	
☐ Alimony or other spousal support	
☐ Child Support	
☐ Other Cash Income (Specify:_____)	

NON-CASH BENEFITS

Receiving Non-Cash Benefits?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
IF "YES" TO RECEIVING NON-CASH BENEFITS– INDICATE ALL SOURCES THAT APPLY		
☐ Supplemental Nutrition Assistance Program (SNAP)	☐ TANF Transportation Services	
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐ Other TANF-funded services	
☐ TANF Childcare Services	☐ Other Non-Cash Benefits (Specify Source): _____	

HEALTH INSURANCE

Covered by Health Insurance?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
IF "YES" TO COVERED BY HEALTH INSURANCE– INDICATE ALL SOURCES THAT APPLY		
☐ MEDICAID	☐ Insurance Obtained through COBRA	
☐ MEDICARE	☐ Private Pay Health Insurance	
☐ State Children's Health Insurance Program	☐ State Health Insurance for Adults	
☐ Veteran's Administration (VA) Medical Services	☐ Indian Health Services Program	
☐ Employer-provided Health Insurance	☐ Other Health Insurance (Specify Source):_____	

RHY SPECIFIC YOUTH INFORMATION

Sexual Orientation	☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual	☐ Questioning/Unsure ☐ Other ☐ Client doesn't know ☐ Client refused

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Last Grade Completed	☐ Less than Grade 5 ☐ Grades 5-6 ☐ Grades 7-8 ☐ Grades 9-11 ☐ Grade 12 ☐ School program does not have grade levels ☐ GED	☐ Some College ☐ Associates degree ☐ Bachelor's degree ☐ Graduate degree ☐ Vocational certification ☐ Client doesn't know ☐ Client refused
School Status	☐ Attending school regularly ☐ Attending school irregularly ☐ Graduated from high school ☐ Obtained GED ☐ Dropped Out	☐ Suspended ☐ Expelled ☐ Client doesn't know ☐ Client refused
Employed	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
If No for Employed, **Why not employed?**	☐ Looking for work ☐ Unable to work ☐ Not looking for work	
If Yes for Employed, **What type of employment do you have?**	☐ Full-time ☐ Part-time	
General Health Status	☐ Excellent ☐ Very Good ☐ Good ☐ Fair	☐ Poor ☐ Client doesn't know ☐ Client refused
Dental Health Status	☐ Excellent ☐ Very Good ☐ Good ☐ Fair	☐ Poor ☐ Client doesn't know ☐ Client refused
Mental Health Status	☐ Excellent ☐ Very Good ☐ Good ☐ Fair	☐ Poor ☐ Client doesn't know ☐ Client refused
Are you pregnant? (Required for all females)	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
If Yes for Pregnant, **What is your due date?**	___/___/_____	
Formerly a Ward of Child Welfare or Foster Care Agency	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
If Yes for 'Formerly a Ward of Child Welfare or Foster Care Agency', **Number of Years**	☐ Less than one year ☐ 1 to 2 years ☐ 3 to 5 or more years	

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If 'Less than one year' for 'Number of Years', **Number of Months**	☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 5 ☐ 6 ☐ 7 ☐ 8	☐ 9 ☐ 10 ☐ 11
Formerly a Ward of Juvenile Justice System	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused	
If Yes for 'Formerly a Ward of the Juvenile Justice System', **Number of Years**	☐ Less than one year ☐ 1 to 2 years ☐ 3 to 5 or more years		
If 'Less than one year' for 'Number of Years', **Number of Months**	☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 5 ☐ 6 ☐ 7 ☐ 8	☐ 9 ☐ 10 ☐ 11

FAMILY CRITICAL ISSUES

Select all the issues that any of the family members have experienced	☐ Unemployment - Family member ☐ Mental Health Issues-Family member ☐ Physical Disability- Family member ☐ Alcohol or Substance Abuse- Family member ☐ Insufficient Income to support youth - Family member ☐ Incarcerated Parent of Youth

REFERRAL SOURCE

Choose only one response to indicate the individual or organization through which the client was advised about, sent or direct to this project	☐ Self-Referral ☐ Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual ☐ Outreach Project ☐ Temporary Shelter ☐ Residential Project ☐ Hotline	☐ Child Welfare/CPS ☐ Juvenile Justice ☐ Law Enforcement/ Police ☐ Mental Hospital ☐ School ☐ Other Organization ☐ Client doesn't know ☐ Client refused

LAST PERMANENT ZIP CODE

Prior Zip Code *The last zip code where the client was permanently housed prior to entry into this project*	_____

I certify that the information above is correct to the best of my knowledge.

_____ _____

Client Signature Date

_____ _____

Agency Staff Signature Date