

TVCoC HMIS INTAKE FORM (excludes SSVF)

	HOH-Household Member 1		Household Member 2		Household Member 3		Household Member 4	
MAILING ADDRESS (if different from current) City, State, Zip Code								
CONTACT INFO Email address Cell Phone / Home Phone								
HUD UNIVERSAL ASSESSMENT DATA								
DISABLING CONDITION	Yes	No	Yes	No	Yes	No	Yes	No
Residence Prior to Program Entry: <i>Where did you sleep last night?</i>	Emergency shelter or hotel/motel voucher	Hotel/motel paid for without assistance	Emergency shelter or hotel/motel voucher	Hotel/motel paid for without assistance	Emergency shelter or hotel/motel voucher	Hotel/motel paid for without assistance	Emergency shelter or hotel/motel voucher	Hotel/motel paid for without assistance
	Hospital or other residential non psychiatric	Foster care home/Foster care group home	Hospital or other residential non psychiatric	Foster care home/Foster care group home	Hospital or other residential non psychiatric	Foster care home/Foster care group home	Hospital or other residential non psychiatric	Foster care home/Foster care group home
	Place not meant for human habitation	Long-term care facility or nursing home	Place not meant for human habitation	Long-term care facility or nursing home	Place not meant for human habitation	Long-term care facility or nursing home	Place not meant for human habitation	Long-term care facility or nursing home
	Owned by client, w/ subsidy	Jail/prison/juvenile detention	Owned by client, w/ subsidy	Jail/prison/juvenile detention	Owned by client, w/ subsidy	Jail/prison/juvenile detention	Owned by client, w/ subsidy	Jail/prison/juvenile detention
	Owned by client WITH ongoing subsidy	Permanent housing for formerly homeless	Owned by client WITH ongoing subsidy	Permanent housing for formerly homeless	Owned by client WITH ongoing subsidy	Permanent housing for formerly homeless	Owned by client WITH ongoing subsidy	Permanent housing for formerly homeless
	Safe Haven / Relocation	Staying in family member's room	Safe Haven / Relocation	Staying in family member's room	Safe Haven / Relocation	Staying in family member's room	Safe Haven / Relocation	Staying in family member's room
	Psychiatric hospital/facility	Rental by client WITH ongoing subsidy	Psychiatric hospital/facility	Rental by client WITH ongoing subsidy	Psychiatric hospital/facility	Rental by client WITH ongoing subsidy	Psychiatric hospital/facility	Rental by client WITH ongoing subsidy
	Rental by client WITH VASH	Rental by client WITH GDP TIP	Rental by client WITH VASH	Rental by client WITH GDP TIP	Rental by client WITH VASH	Rental by client WITH GDP TIP	Rental by client WITH VASH	Rental by client WITH GDP TIP
	Staying or living at a friend's	Substance abuse treatment or detox center	Staying or living at a friend's	Substance abuse treatment or detox center	Staying or living at a friend's	Substance abuse treatment or detox center	Staying or living at a friend's	Substance abuse treatment or detox center
	Transitional housing for homeless	Other:						
	<i>How long have you been staying there?</i>	1 day or less	2 days to 1 week	1 day or less	2 days to 1 week	1 day or less	2 days to 1 week	1 day or less

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	More than 1 week, less than 1 month	1 year or longer	More than 1 week, less than 1 month	1 year or longer	More than 1 week, less than 1 month	1 year or longer	More than 1 week, less than 1 month	1 year or longer
Approximate Date Homelessness Started:	/ /		/ /		/ /		/ /	
Number of times in emergency shelter, hotel/motel with voucher, or unsheltered (separated by at least 7 nights)	_____ times in the past 3 years		_____ times in the past 3 years		_____ times in the past 3 years		_____ times in the past 3 years	
Number of TOTAL months in emergency shelter, hotel/motel with voucher, or unsheltered	_____ months in the past 3 years		_____ months in the past 3 years		_____ months in the past 3 years		_____ months in the past 3 years	
HUD PROGRAM ASSESSMENT DATA								
Non Cash Benefits?	Yes	No	Yes	No	Yes	No	Yes	No
Non Cash Benefits List:	WIC	SNAP	WIC	SNAP	WIC	SNAP	WIC	SNAP
	Section 8	TANF						
	Other:		Other:		Other:		Other:	
HEALTH INSURANCE	Yes	No	Yes	No	Yes	No	Yes	No
LAST GRADE COMPLETED (EDUCATION)								
SUBSTANCE ABUSE PROBLEM	No	Alcohol Abuse						
	Drug Abuse	Both A&D Abuse	Drug Abuse	Abuse	Drug Abuse	Abuse	Drug Abuse	Abuse
Substantially impairs independent living:	Yes	No	Yes	No	Yes	No	Yes	No
Currently receiving services/treatment:	Yes	No	Yes	No	Yes	No	Yes	No
MENTAL HEALTH CONDITION	Yes	No	Yes	No	Yes	No	Yes	No
Substantially impairs independent living:	Yes	No	Yes	No	Yes	No	Yes	No
Currently receiving services/treatment:	Yes	No	Yes	No	Yes	No	Yes	No
DEVELOPMENTAL DISABILITY	Yes	No	Yes	No	Yes	No	Yes	No
Substantially impairs independent living:	Yes	No	Yes	No	Yes	No	Yes	No
Currently receiving services/treatment:	Yes	No	Yes	No	Yes	No	Yes	No
CHRONIC HEALTH CONDITION	Yes	No	Yes	No	Yes	No	Yes	No
Substantially impairs independent living:	Yes	No	Yes	No	Yes	No	Yes	No
Currently receiving services/treatment:	Yes	No	Yes	No	Yes	No	Yes	No
HIV/AIDS	Yes	No	Yes	No	Yes	No	Yes	No
Substantially impairs independent living:	Yes	No	Yes	No	Yes	No	Yes	No
Currently receiving services/treatment:	Yes	No	Yes	No	Yes	No	Yes	No

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PHYSICAL DISABILITY	Yes	No	Yes	No	Yes	No	Yes	No
Substantially impairs independent living:	Yes	No	Yes	No	Yes	No	Yes	No
Currently receiving services/treatment:	Yes	No	Yes	No	Yes	No	Yes	No
HEALTH INSURANCE ASSESSMENT DATA								
HEALTH INSURANCE	Yes	No	Yes	No	Yes	No	Yes	No
	Medicaid	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid	Medicare
	TennCare	TennCare	TennCare	TennCare	TennCare	TennCare	TennCare	TennCare
	Veterans	Employer Provided	Veterans	Employer Provided	Veterans	Employer Provided	Veterans	Employer Provided
	Private Pay	COBRA	Private Pay	COBRA	Private Pay	COBRA	Private Pay	COBRA
	Other:		Other:		Other:		Other:	
FINANCIAL ASSESSMENT DATA								
Percent of AMI	Less than 30%	30%	Less than 30%	30%	Less than 30%	30%	Less than 30%	30%
	31-50%	51% - 100%	31-50%	51% - 100%	31-50%	51% - 100%	31-50%	51% - 100%
AREA MEDIUM INCOME (COUNTY OF RESIDENCE):								
INCOME FROM ANY SOURCE	Yes	No	Yes	No	Yes	No	Yes	No
Earned Income (Employment Income)								
Unemployment Insurance								
Supplimental Security Income (SSI)								
Social Security Disability Income (SSDI)								
VA Service-Connected Disability Compensation								
Private Disability Insurance								
TANF								
General Public Assistance								
Retirement Income from SS								
VA Non-Service Disability								
Pension or retirement income from a former job								
Child support								
Alimony or other spousal support								
Other income								
Workers Compensation								
TOTAL INCOME:								