

# HMIS Data: INTAKE FORM FOR NON-FEDERALLY FUNDED PROGRAMS

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"  
 Fill out separate form for each household member and clip together.

**PROGRAM ENTRY DATE** (e.g., 05/24/2010) *[All clients]*

		/			/				
Month			Day			Year			

**CURRENT NAME** (first, middle, last name, suffix (e.g., Jr, Sr, III)) *[All clients]*

																				<b>N/A</b>	
First name																					
Middle name																					<input type="checkbox"/>
Last name																					
Suffix																					<input type="checkbox"/>

**SOCIAL SECURITY NUMBER** *[All clients]*

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**DATE OF BIRTH** (e.g., 10/23/1978) *[All clients]*

		/			/				
Month			Day			Year			

**SOCIAL SECURITY NUMBER AND TYPE** *[All clients]*

Full SSN reported

Partial SSN reported

**DATE OF BIRTH AND TYPE** *[All clients]*

Full date of birth reported

Approximate or partial date of birth reported

**RELATIONSHIP TO HEAD OF HOUSEHOLD**

Self (head of household)

Head of household's child

Head of household's spouse or partner

Head of household's other relation member (other relation to head of household)

Other: non-relation member

**RACE** More than one race is permitted. *[All clients]*

American Indian or Alaskan Native

Asian

Black / African American

White

Other multi-racial

Native / Hawaiian or Other Pacific Islander

**ETHNICITY** *[All clients]*

Hispanic / Latino

Non-Hispanic / Latino

**GENDER** *[All clients]*

Male

Female

Transgendered male to female

Transgendered female to male

**VETERAN STATUS** *[All adults]*

No

Yes

**DISABLING CONDITION** *[All clients]*

No

Yes

**RESIDENCE PRIOR TO PROGRAM ENTRY** *[All adults and unaccompanied youth]*

- |   |   |
|---|---|
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher  | <input type="checkbox"/> Owned by client, no housing subsidy                |
| <input type="checkbox"/> Places not meant for habitation  | <input type="checkbox"/> Owned by client, with housing subsidy              |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher                            | <input type="checkbox"/> Foster care home or foster care group home         |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)                 | <input type="checkbox"/> Hospital (non psychiatric)                         |
| <input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Staying or living in a family member's room, apartment, or house                     | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Staying or living in a friend's room, apartment, or house                            | <input type="checkbox"/> Jail, prison, or juvenile detention facility       |
| <input type="checkbox"/> Rental by client, no housing subsidy   | <input type="checkbox"/> Safe Haven   |
| <input type="checkbox"/> Rental by client, with other (non-VASH) housing subsidy                              | <input type="checkbox"/> Other: (Describe) _____                            |
| <input type="checkbox"/> Rental by client, with VASH housing subsidy  |   |

**LENGTH OF STAY IN PREVIOUS PLACE** *[All adults and unaccompanied youth]*

- |  |  |
|--|--|
| <input type="checkbox"/> 1 week or less                          | <input type="checkbox"/> More than 3 months but less than 1 year |
| <input type="checkbox"/> More than 1 week, but less than 1 month | <input type="checkbox"/> 1 year or longer                        |
| <input type="checkbox"/> 1 to 3 months                           |  |

**ZIP CODE OF LAST PERMANENT ADDRESS AND TYPE** *[All adults and unaccompanied youth]*

Zip code 

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 Full or partial zip code reported

**IS THIS PERSON ENTERING FROM THE STREETS OR EMERGENCY SHELTER?** *[All clients]*

- No  Yes

**DATE ENTERED STREET OR ES**  
(e.g., 05/24/2010) *[All clients]*

		/			/				
Month			Day			Year			

**TOTAL NUMBER OF MONTHS HOMELESS ON THE STREET OR EMERGENCY SHELTER IN THE PAST 3 YEARS:**  
*[All clients]*

(Enter Number:)

**NUMBER OF OCCASIONS ON THE STREET OR EMERGENCY SHELTER IN THE PAST 3 YEARS:** *[All clients]*

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> 0 (not homeless – Prevention only) | <input type="checkbox"/> 3         |
| <input type="checkbox"/> 1 (homeless only at this time)     | <input type="checkbox"/> 4 or more |
| <input type="checkbox"/> 2                                  |                                    |

**VETERAN STATUS** *[All adults]*

- No  
 Yes

**DATE OF HOMELESS OCCURANCE:** *[All clients]*

		/			/				
Month			Day			Year			