

HMIS Client Intake & Annual Assessment Form**PY 2019**Staff Printed Name: _____ Date: _____ ☐ New Client ☐ Annual AssessmentEnter Data As: ☐ Day Resource ☐ Night Shelter ☐ Front Steps-Admin ☐ Case Mgmt. ☐ Other: _____ID to verify identity (check all that apply): ☐ US Driver's License ☐ US State ID ☐ SS Card ☐ None ☐ Other: _____

ServicePoint ID#: _____

Client's Printed Name: _____

(Last, First, M.I.)

SSN: _____ - _____ - _____

☐ CL DK
☐ Approx./Partial
☐ CL Ref.**Client Location:**☒ TX-503DOB: _____ / _____ / _____
MM/DD/YY☐ CL DK
☐ Approx./Partial
☐ CL Refused**U.S. Military Veteran:* see key**

- ☐
- Yes
-
- ☐
- No
-
- ☐
- Client Doesn't Know
-
- ☐
- Client Refused

Primary / Secondary Race:

- ☐
- ☐
- Asian
-
- ☐
- ☐
- Black or African American
-
- ☐
- ☐
- White
-
- ☐
- ☐
- Am. Indian/Alaskan Native
-
- ☐
- ☐
- N. Hawaiian/Pacific Islander
-
- ☐
- ☐
- Client Doesn't Know
-
- ☐
- ☐
- Client Refused

Ethnicity:

- ☐
- Hispanic/Latino
-
- ☐
- Non-Hispanic/Non-Latino
-
- ☐
- Client Doesn't Know
-
- ☐
- Client Refused

Gender:

- ☐
- Female
-
- ☐
- Male
-
- ☐
- Trans Female (Male to Female)
-
- ☐
- Trans Male (Female to Male)
-
- ☐
- Gender Non-Conforming (i.e. Not Exclusively Male or Female)
-
- ☐
- Client Doesn't Know
-
- ☐
- Client Refused

Disabling Condition of a Long**Duration:** Answer below; enter specific info on p.2

- ☐
- Yes
-
- ☐
- No
-
- ☐
- CL DK
-
- ☐
- CL Ref

Is Client entering from Streets, Emergency Shelter, or Safe Haven?

- ☐
- Yes
-
- ☐
- No

If "Yes", Approximate Start Date:

_____/_____/_____

Residence Prior to Project Entry:

- ☐
- Place not meant for habitation
-
- ☐
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
-
- ☐
- Safe Haven
-
- ☐
- Interim housing
-
- ☐
- 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
-
- ☐
- 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 subsidy
-
- ☐
- Rental by client, with GPD TIP subsidy
-
- ☐
- Rental by client, with RRH or equivalent subsidy
-
- ☐
- Rental by client, other ongoing housing subsidy
-
- ☐
- 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
-
- ☐
- Data Not Collected
-
- ☐
- FEMA subsidized housing

Length of Stay at Prior Residence:

- ☐
- 1 night or less
-
- ☐
- 2 to 6 nights
-
- ☐
- 1 week or more, but less than 1 month
-
- ☐
- 1 month or more, but less than 90 days
-
- ☐
- 90 days or more, but less than 1 year
-
- ☐
- 1 year or longer
-
- ☐
- Client doesn't know
-
- ☐
- Client refused

Housing Status:

- ☐
- Cat. 1 – Literally Homeless
-
- ☐
- Cat. 2 – Imminent Risk
-
- ☐
- Cat. 4 – Fleeing DV
-
- ☐
- At-Risk of Homelessness
-
- ☐
- Stably Housed
-
- ☐
- Client Doesn't Know
-
- ☐
- Client Refused

Regardless of where they stayed Last night, Number of Times the Client has been Homeless in Past 3 Years (including Today)

- ☐
- Never
-
- ☐
- 1 Time
-
- ☐
- 2 Times
-
- ☐
- 3 Times
-
- ☐
- 4 or More Times
-
- ☐
- Client Doesn't Know

Status Documented:*Length of Time Homeless*

- ☐
- Yes
- ☐
- NO

Total Number of Months Homeless On the Street, in Emergency Shelter, Or Safe Haven in the Past 3 Years? _____**Relationship to Head of Household**

- ☐
- Self (Head of Household)
-
- ☐
- Child
-
- ☐
- Spouse or Partner
-
- ☐
- Other Relation Member
-
- ☐
- Other: Non-Relation Member

In Perm. Housing?*(RRH/BSS+ Only)*

- ☐
- Yes
-
- ☐
- No

If "Yes," Date of Move-In?

_____/_____/_____

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(Add amounts listed below for total) \$ _____

Receiving Income From Any Source:

(If "Yes," list amounts below)

- ☐ Yes
☐ No
☐ CL DK
☐ CL Ref

Amount, Source of Income & Start Date (MM/DD/YY)

\$ _____ Earned Income
 \$ _____ Alimony/Spousal Support
 \$ _____ Child Support
 \$ _____ General Asst.
 \$ _____ Other
 \$ _____ Pension/Ret. Former Job
 \$ _____ Private Disability Ins.
 \$ _____ SS-Retirement Income
 \$ _____ SSDI
 \$ _____ SSI
 \$ _____ TANF
 \$ _____ Unemployment Insurance
 \$ _____ VA Service-Connected
 \$ _____ Disability Compensation
 \$ _____ VA Non-Service-Connected Disability Compensation
 \$ _____ Worker's Compensation

Health Insurance & Start Date: (MM/DD/YY)

☐ Y ☐ N MEDICAID
☐ Y ☐ N MEDICARE
☐ Y ☐ N State Children's Ins.
☐ Y ☐ N VA Medical Services
☐ Y ☐ N Employer Health Ins.
☐ Y ☐ N Cobra Ins.
☐ Y ☐ N Indian Health Services
☐ Y ☐ N Other

Source of Non-Cash Benefit(s) & Start Date:

(List amount to right) (MM/DD/YY)

☐ Y ☐ N SNAP (Food Stamps)
☐ Y ☐ N WIC
☐ Y ☐ N TANF Child Care
☐ Y ☐ N TANF Transportation
☐ Y ☐ N Other TANF Services
☐ Y ☐ N Other

Disability Type

*see key (Answer each)

ST LT NO

☐ ☐ ☐ Alcohol Abuse
☐ ☐ ☐ Drug Abuse
☐ ☐ ☐ Both Alcohol/Drug Abuse
☐ ☐ ☐ Chronic Health Condition
☐ ☐ ☐ Developmental
☐ ☐ ☐ HIV/AIDS
☐ ☐ ☐ Mental Health Condition
☐ ☐ ☐ Physical

Domestic Violence Victim/Survivor?

- ☐ Yes
☐ No
☐ CL DK
☐ CL Ref

If "Yes," When Did the Experience Occur?

- ☐ Not a victim of DV
☐ In the past 3 months
☐ 3 – 6 months ago
☐ 6 – 12 months ago
☐ More than 1 year ago
☐ CL DK
☐ CL Ref

If "Yes," are you currently fleeing DV?

- ☐ Yes
☐ No
☐ CL DK
☐ CL Ref

If "Yes" to Non-Cash Benefit,**List Amount**

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Start Date (MM/DD/YY)

Is Client Chronically Homeless?

- ☐ Yes
☐ No
☐ CL DK
☐ CL Ref

Formerly a Ward of Child Welfare/ Foster Care Agency?

- ☐ Yes
☐ No
☐ CL DK
☐ CL Ref

Enrolled in MAP?

- ☐ Y ☐ N

Impairs Client's Ability to Live Independently ? (Y/N)

As the client named above, I verify that the information recorded on this form is true and correct to the best of my knowledge. I understand that my answers to these questions are for data collection purposes only, and I will not be discriminated against for providing honest answers. I understand that Front Steps, Inc. will release and share this information with other programs and services within the organization.

X _____

Date: _____

STAFF USE ONLY (Initial to confirm completion)**Client Signed:**

HMIS Intake Form, HE Form & Self-Cert?

FS ROI, Rules Agreement, HMIS Card Agreement?

Staff:

Enter CL Intake Data & FS (146) ROI into HMIS.
 Create CL Entry into appropriate program.
 Take CL photo/upload/issue Card.
 Create "Note" for Card Issued in HMIS.
 Scan in and Rename HMIS files. Upload files into profile. Move original scans from Record Scans to appropriate drive.