

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?

____ / ____ / ____

