

MO-604 HMIS Veteran Intake form

Instructions: Please use this form to enter all information into CaseWorthy. Know that this form can be edited to fit your specific program needs.

Project Start Date: _____ **Move in Date:** _____ **Project Exit Date:** _____

Client ID number: _____ **Family ID number:** _____ **Relationship to HOH:** _____

First Name: _____ **Last Name:** _____

Middle Name: _____ **Suffix:** _____

Date of Birth: ____/____/____ **Deceased Date:** ____/____/____

Social Security Number: _____-_____-_____

Gender: Male Female Transgender Questioning A Gender that is not singularly (male/female) Client Doesn't Know

Citizenship: Eligible Non-Citizen Ineligible Non-Citizen U.S. Citizen Undocumented

Primary Language: Chinese Spanish English Bilingual- English/Spanish Russian Arabic

Race: White Black or African American Asian American Indian or Alaska Native Native Hawaiian/ Pacific Islander Client Doesn't Know Client

Refused Data Not Collected

Ethnicity: Non-Hispanic/Non-Latin (a,o,x) Hispanic or Latin (a,o,x) Client Doesn't Know Client Refused Data Not Collected

Veteran Status: Yes No Client doesn't know Client refused Data Not Collected

Address: _____ **Apt. Number:** _____

Zip Code: _____ **City:** _____ **State:** _____ **County:** _____

Cell Phone: _____ **Home Phone:** _____

Work Phone: _____ **Email:** _____

Sharing: Client should be marked as shared. Not shared will cause all the client's information to not be visible to any org

UNIVERSAL ASSESSMENT

Client Location: (Will auto populate in HMIS) Continuum of Care Code: MO-604

Disabling Condition: No Yes Client Doesn't Know Client Refused Data Not Collected

Type of Residence (Residence Prior to Program entry): (This information is captured from the HOH only-Skip to Program Assessment)

Homeless Situation

Emergency Shelter including hotel-motel paid for with ES voucher or RHY Funded Host Home Shelter Place not meant for human habitation Safe Haven

Institutional Situation

Foster care 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-motel paid without ES voucher Rented or owned by client, no ongoing housing subsidy Rented or owned ongoing housing subsidy
Permanent housing (other than RRH) Staying or living with family Transitional Housing for homeless person
Rental by client with GPD TID housing subsidy Residential project or halfway house with no Homeless criteria Host Home (non-crisis)
Rental by client with RRH or equivalent subsidy Rental by client with HCV Voucher Rental by client in a public housing unit
Client doesn't know Client refused Data Not Collected

If Type of Residence is a **HOMELESS SITUATION**, the questions below are required:

Length of Stay in the Prior Living Situation:

-
- One night or less
- Two days 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
- Data Not Collected

Approximate Date Homelessness Started: ____/____/____

(Regardless of where they stayed last night): Number of Times the Client Has Been Homeless on the Streets, in ES, or SH in the Past Three Years Including Today:

Never in 3 Years One Time Two Times Three Times Four or More Times Client doesn't know Client refused Data Not Collected

Total Number of Months Homeless on the Streets, in ES, or SH in the Past Three Years: _____

If Type of Residence is an ***INSTITUTIONAL SITUATION***, the questions below are required:

Did you stay less than 90 days? Yes No

If Yes, On the night before did you stay on the streets, ES or SH: Yes No

Length of stay in the prior living situation:

90 days or more, but less than one year One year or longer Client Doesn't Know Client Refused Data Not Collected

If Type of Residence is a ***TRANSITIONAL or PERMANENT HOUSING SITUATION***, the question below is required:

Did you stay less than 7 nights? Yes No

If Yes, On the night before did you stay on the streets, ES or SH: Yes No

Length of Stay in the Prior Living Situation:

One night or less Two days to six nights

PROGRAM ASSESSMENT

Domestic Violence Survivor? Yes No Client doesn't know Client refused Data Not Collected

Non-cash benefit from any source? Yes No Client doesn't know Client refused Data not Collected

If yes, please list the Non-cash benefit source: _____

Covered by Health Insurance? Yes No Client doesn't know Client refused Data not Collected

Last Grade Completed: Less than grade 5 School Program does not have grade levels Bachelors Degree Grades 5-6 Grades 7-8 Grades 9-11 GED Some College Graduate Degree Grade12/High School Diploma Associates Degree Vocational Certification

Connection with SOAR Yes No Client doesn't know Client refused

Employed: No Yes Client doesn't know Client refused Data Not Collected
If yes: Full Time Part Time Seasonal/sporadic (including day labor)

Percentage AMI: 30% to 50% Greater than 50% Less than 30%

VMAC Station Code: _____

VMAC Station Number: _____

Last Permanent Address Data Quality:

Full Address Reported Incomplete or estimate address reported Client doesn't know Client refused Data Not Collected

Is Homeless Prevention targeting screener required: No Yes

If yes:

Is Homeless Prevention targeting screener required? No Yes

Current housing loss expected within: 1-6 days 7-13 days 14-21 days More than 21 days

Current household income: \$0 1-14% AMI 15-30% AMI More than 30% AMI

History of Literal Homelessness (street/shelter/transitional housing):

Most recent episode occurred within the last year Most recent episode occurred more than 1 year ago None

Head of household is not a current leaseholder: No Yes

Head of household never been a leaseholder: No Yes

Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit: No Yes

Rental Evictions within the Past 7 Years: 2 or more prior rental evictions 1 prior rental eviction No prior rental evictions

Criminal record for arson, drug dealing or manufacture, or felony offense against person or property: No Yes

Incarcerated as adult (adults in household): Not incarcerated Incarcerated once Incarcerated two or more times

Discharged from jail or prison within the last six months after incarceration of 90 days or more (adult): No Yes

Registered sex offender: No Yes

Head of household with disabling condition (physical health, mental health, substance use): No Yes that directly affects ability to secure/maintain housing

Currently pregnant (any household member): No Yes

Single parent with minor child(ren): No Yes

Household includes one or more young children (age six or under) or a child who requires significant care:
 No Youngest child is under 1 year old Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care

Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix): No Yes

Household includes one or more members of an overrepresented population in: No Yes the homelessness system when compared to the general population

HP applicant total points (integer): _____

Grantee targeting threshold score (integer): _____

FINANCIAL ASSESSMENT

Income received from any source? Yes No Client doesn't know Client refused Data Not Collected

Income Type	Monthly Amount	Income Type	Monthly Amount
Unemployment Insurance	<input type="checkbox"/> N <input type="checkbox"/> Y \$	Retirement Income from Social Security	<input type="checkbox"/> N <input type="checkbox"/> Y \$
Earned/Employed Income	<input type="checkbox"/> N <input type="checkbox"/> Y \$	VA Non-Service-Connected Disability Pension	<input type="checkbox"/> N <input type="checkbox"/> Y \$
Supplemental Security Income (SSI)	<input type="checkbox"/> N <input type="checkbox"/> Y \$	Pension or Retirement income from a former job	<input type="checkbox"/> N <input type="checkbox"/> Y \$
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> N <input type="checkbox"/> Y \$	Child Support	<input type="checkbox"/> N <input type="checkbox"/> Y \$
VA Service-Connected Disability Compensation	<input type="checkbox"/> N <input type="checkbox"/> Y \$	Alimony or other spousal support	<input type="checkbox"/> N <input type="checkbox"/> Y \$
Private Disability Insurance	<input type="checkbox"/> N <input type="checkbox"/> Y \$	Worker's Compensation	<input type="checkbox"/> N <input type="checkbox"/> Y \$
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> N <input type="checkbox"/> Y \$	Other Source, Specify below:	<input type="checkbox"/> N <input type="checkbox"/> Y \$
General Assistance (GA)	<input type="checkbox"/> N <input type="checkbox"/> Y \$	Client Total Income	

HEALTH ASSESSMENT

Health Insurance from any source? Yes No Client doesn't know Client refused Data Not Collected

Medicaid

State Children's Health Insurance Program

Employer-Provided Health Insurance

State Health Insurance for Adults

Medicare

Veteran Administration (VA) Medical Services

Health Insurance obtained through COBRA

Private Pay Health Insurance

Indian Health Service Program

Other Specify: _____

Veteran Information

Branch of military: Air Force Army Marines Navy Coast Guard Client Doesn't Know Client Refused Other

Discharge status: Honorable General under Honorable Conditions Under Other than Honorable Conditions Bad Conduct
 Dishonorable Uncharacterized Don't Know Refused

Date Entered Service: _____/_____/_____ **Date Separated Service:** _____/_____/_____

Received Friendly or Hostile Fire: Yes No Client doesn't know Client refused Data Not Collected