

MO-604 HMIS 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: ____/____/____

Client ID: _____ Family ID: _____ Relationship to HoH: _____

Project Name (as it appears in CaseWorthy): _____

Client Record:

Name: _____
First Middle Last Suffix

Name Data Quality Full name reported Partial, nickname, or code name reported
 Client doesn't know Client prefers not to answer

Social Security Number: _____ - _____ - _____

Full SSN reported Partial SSN Client doesn't know Client prefers not to answer

Client Demographics

Date of Birth: ____/____/____

Full DOB Partial DOB Client doesn't know Client prefers not to answer

Race: American Indian, Alaska Native, or Indigenous Asian or Asian American Black, African American, or African American Hispanic/Latina/e/o
Select all that apply Middle Eastern or North African Native Hawaiian or Pacific Islander White Other (Please Specify): _____
 Client doesn't know Client prefers not to answer

Gender: Woman (Girl if child) Man (Boy, if child) Culturally specific identity (e.g., Two-Spirit) Transgender
Select all that apply Non-Binary Questioning Client doesn't know Client prefers not to answer
 Different identity (please specify): _____

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

Primary Language: _____

Translation Assistance Needed?

Yes No Client Doesn't know Client prefers not to answer

U.S. Veteran Status: Yes No Client doesn't know Client prefers not to answer

Address _____ Apt. _____

Zip Code _____ City _____ State _____ County _____

Cell Phone _____ Home Phone _____

Work Phone _____ Email _____

Note: Clients should always be marked as "Shared"

HUD Universal Assessment

Disabling Condition? Yes No Client doesn't know Client prefers not to answer

Zip Code of the Last Permanent Address Client Remembers: _____

Full or Partial Zip Code Reported Client doesn't know Client prefers not to answer

Prior Living Situation (Street Homeless Situations):

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

Prior Living Situation (Institutional Situations):

Foster care home or foster care group home Long-term care facility or nursing home
 Hospital or other residential non-psychiatric medical facility Psychiatric hospital or other psychiatric facility
 Jail, prison, or juvenile detention facility Substance abuse treatment facility or detox center

Prior Living Situation (Temporary and Permanent Housing Situations):

Transitional housing for homeless persons (including homeless youth) Residential project or halfway house with no homeless criteria
 Hotel or motel paid for without emergency shelter voucher Host Home (non-crisis)
 Staying or living in a friend's room, apartment, or house Staying or living in a family member's room, apartment, or house
 Rental by client, no ongoing housing subsidy Rental by client, with ongoing housing subsidy
 Owned by client, with ongoing housing subsidy Owned by client, no ongoing housing subsidy
 Client doesn't know Client prefers not to answer

If the previous answer included renting or owning with *ongoing housing subsidy*, please select from one of the following:

GPD TIP housing subsidy VASH housing subsidy
 RRH or equivalent subsidy Foster Youth to Independence Initiative (FYI)
 HCV voucher (tenant or project based) (not dedicated) Public housing unit
 Rental by client, with other ongoing housing subsidy Housing Stability Voucher
 Family Unification Program Voucher (FUP) Permanent Supportive Housing
 Other permanent housing dedicated for formerly homeless persons

Approximate date homelessness started: _____/_____/_____

Length of stay in prior living situation:

One night or less Two 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 prefers not to answer

(Regardless of where they stayed last night): Number of times client has been homeless on streets, in ES, or SH in the *past three years* including today:

Never One time Two times Three times
 Four or more times Client doesn't know Client prefers not to answer

Total # of months homeless on the street, in ES, or SH in the *past three years*: _____. (Note, if the answer is 12 or more you only need to record 13)

HUD Program Assessment

Domestic Violence Survivor? Yes No Client Doesn't know Client prefers not to answer

If yes, when did the experience occur?

Within the past 3 months

3-6 months ago

6-12 months ago

More than a year ago

Client doesn't know

Client prefers not to answer

If yes, currently fleeing?

Yes

No

Client Doesn't know

Client prefers not to answer

Non-cash benefit from any sources?

Yes

No

Client Doesn't know

Client prefers not to answer

Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)

Yes

No

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Yes

No

TANF Child Care services

Yes

No

TANF transportation services

Yes

No

Other TANF-funded services

Yes

No

Other non-cash benefit (please specify):

Yes

No

Does the client have health insurance?

Yes

No

Client Doesn't know

Client prefers not to answer

- Please note that this answer is connected to the HUD Health Insurance Assessment

General Health Status:

Excellent

Very Good

Good

Fair

Poor

Client doesn't know

Client prefers not to answer

Sexual Orientation: *Required for RHY and CoC PSH programs

Heterosexual

Gay

Lesbian

Bisexual

Questioning/Unsure

Client doesn't know

Client prefers not to answer

Other (specify) _____

Disabling Conditions:

DK=Client doesn't know; PNA=Client prefers not to answer

Disability Type:

Disability Determination

- If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently

Alcohol Use Disorder

Yes No DK PNA

Yes No DK PNA

Both Alcohol and Drug Use Disorders

Yes No DK PNA

Yes No DK PNA

Chronic Health Condition

Yes No DK PNA

Yes No DK PNA

Developmental Disability

Yes No DK PNA

(not applicable)

Drug Use Disorder

Yes No DK PNA

Yes No DK PNA

HIV/AIDS

Yes No DK PNA

(not applicable)

Mental Health Disorder

Yes No DK PNA

Yes No DK PNA

Physical Disability

Yes No DK PNA

Yes No DK PNA

HUD Financial Assessment

Income received from any sources?

Yes No Client Doesn't know Client prefers not to answer

Unemployment Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Earned/Employed Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
VA Service-Connected Disability Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
VA Non-Service-Connected Disability Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Private Disability Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
General Assistance (GA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Retirement Income from Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Pension or Retirement Income from a former job	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Alimony or other spousal support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Workers' Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Other source (specify below):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

Total Monthly Income: \$ _____

HUD Health Insurance Assessment

Health Insurance from any source?

Yes No Client Doesn't know Client prefers not to answer

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> State Children's Health Insurance Program
<input type="checkbox"/> VA Medical Services	<input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance obtained through COBRA
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Indian Health Services Program
<input type="checkbox"/> Other (please specify):	_____	

HUD HOPWA Assessment

Receiving Public HIV/AIDS Medical Assistance?

Yes No Client Doesn't know Client prefers not to answer

Reason if answered "No":

Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for this client Client doesn't know Client prefers not to answer

Receiving AIDS Drug Assistance Program (ADAP)?

Yes No Client Doesn't know Client prefers not to answer

Reason if answered "No":

Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for this client Client doesn't know Client prefers not to answer

Receiving Ryan White-funded Medical or Dental Assistance?

Yes No Client Doesn't know Client prefers not to answer

Reason if answered "No":

Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for this client Client doesn't know Client prefers not to answer

Has the client been prescribed anti-retroviral drugs?

Yes No Client Doesn't know Client prefers not to answer

Reason if answered "No":

Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for this client Client doesn't know Client prefers not to answer

T-cell (CD4) and Viral Load:

T-Cell (CD4) Count Available? Yes No Client Doesn't know Client prefers not to answer

If yes, T-Cell Count: _____

How was the T-Cell Count information obtained? Medical Report Client Report Other

Viral Load Information Available?

Not Available Available Undetectable Closed
 Alternate Schedule Change in Capacity Client doesn't know Client prefers not to answer