

# 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

### Last Grade Completed:

Less than Grade 5

Grades 5-6

Grades 7-8

Grades 9-11

Grade 12/High School Diploma

School program does not have grade levels

GED

Some college

Associate's degree

Bachelor's degree

Graduate degree

Vocational Certification

Client doesn't know

Client prefers not to answer

### Connection with SOAR?

Yes

No

Client Doesn't know

Client prefers not to answer

### Employment Information:

Yes

No

Client Doesn't know

Client prefers not to answer

If the client answered "yes":

Full time

Part time

Seasonal/sporadic

If the client answered "no", why not employed?

Looking for work

Unable to work

Not looking for work

### Veteran Data:

Percent AMI:

Less than 30%

30% to 50%

Greater than 50%

VAMC Station # \_\_\_\_\_

VAMC Station Code \_\_\_\_\_

### 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNA
Both Alcohol and Drug Use Disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNA
Chronic Health Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNA
Developmental Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNA	(not applicable)			
Drug Use Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNA
HIV/AIDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNA	(not applicable)			
Mental Health Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNA
Physical Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> 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 Veteran Assessment

DD214 Order Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ DD214 Receive Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Service Connected Disability?  Yes  No  Client Doesn't know  Client prefers not to answer  
Special Disabled?  Yes  No Disability Reward Level \_\_\_\_\_

### Branch of Military:

Army  Air Force  Coast Guard  Marines  
 Navy  Space Force  Client Doesn't know  Client prefers not to answer  
Reserves?  Yes  No

### Discharge Status:

Honorable  General under honorable conditions  Under other than honorable conditions  Bad conduct  
 Dishonorable  Uncharacterized  Client doesn't know  Client prefers not to answer

Months of Active Duty \_\_\_\_\_

Campaign Badge Veteran?  Yes  No  
Stand Down Event?  Yes  No

### Serve(d) in a War Zone?

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

### Theater(s) of Operations:

World War II  Yes  No  Client Doesn't know  Client prefers not to answer  
Korean War  Yes  No  Client Doesn't know  Client prefers not to answer  
Vietnam War  Yes  No  Client Doesn't know  Client prefers not to answer  
Persian Gulf War (Operation Desert Storm)  Yes  No  Client Doesn't know  Client prefers not to answer  
Afghanistan (Operation Enduring Freedom)  Yes  No  Client Doesn't know  Client prefers not to answer  
Iraq (Operation Iraqi Freedom)  Yes  No  Client Doesn't know  Client prefers not to answer  
Iraq (Operation New Dawn)  Yes  No  Client Doesn't know  Client prefers not to answer  
Other Peacekeeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)  Yes  No  Client Doesn't know  Client prefers not to answer

Homeless Prevention targeting screener required?  Yes  No

If 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:  Yes  No

Head of household has never been a leaseholder:  Yes  No

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

Rental Evictions within the past 7 years:  Two or more  One  None

Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property?  Yes  No

Incarcerated as adult (adults in household):  None  Once  Two or more times

Registered sex offender?  Yes  No

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

Currently Pregnant (any household member)?  Yes  No

Single parent with minor child(ren)?  Yes  No

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)?  Yes  No

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