HMIS #
CM Name
Project Entry Date

# MOSBE HMIS Standard Intake - ADULT

This form is designed to be completed by a service provider while interviewing a client.
A separate Standard Intake form should be completed for each member of the household.

## Household Information

Is client: ❑ Single Adult ❑ Adult in Household

| | |
|---|---|
| **If checked Single Adult** | Go to Client Profile |
| **If checked Adult in Household** | Are you the Head of Household (HoH)? ❑ Yes ❑ No<br>If no, name of HoH<br>How many adults in household?<br>How many children in household? |
| **If you are in a household, what is your relationship to the HoH?** | ❑ Self (head of household)<br>❑ Head of household's child<br>❑ Head of household's spouse or partner<br>❑ Other: relation to head of household<br>❑ Other: non-relation member |

## Client Profile

| | | |
|---|---|---|
| **First Name** | | **Middle** |
| **Last Name** | | |
| **Social Security Number** | | |
| **U.S. Military Veteran** | ❑ Yes ❑ Client Doesn't Know<br>❑ No ❑ Client Refused | |

## Client Demographics

| | | |
|---|---|---|
| **Date of Birth** | | |
| **Gender** | ☐ Female<br>☐ Male<br>☐ Trans Female (MTF or Male to Female)<br>☐ Trans Male (FTM or Female to Male) | ☐Gender Non-Conforming (i.e. not exclusively male or female)<br>☐ Client Doesn't Know<br>☐ Client Refused |
| **Ethnicity**<br>❑ Non-Hispanic/Non-Latino<br>❑ Hispanic/Latino<br>❑ Client Doesn't Know<br>❑ Client Refused | **Race**<br>❑ American Indian or Alaska Native<br>❑ Asian<br>❑ Black or African American<br>❑ Native Hawaiian or Other Pacific Islander<br>❑ White<br>❑ Client Doesn't Know<br>❑ Client Refused | |

## Contact Information and Address Prior to Project Entry

| | |
|---|---|
| **Street Address** | |
| **City** | |
| **State** | **Zip** |
| **Address Data Quality** | ❑Full Address Reported ❑ Incomplete or estimated address reported |
| **Start Date** | _____/_____/_____ |
| **If no longer living here, when did you leave?** | _____/_____/_____ |
| **Reason for leaving Residence** | ❑ Building Condemned<br>❑ Evicted<br>❑ Family/Friend Conflict<br>❑ Fire<br>❑ Moved to New Residence<br>❑Other<br>❑Overcrowding<br>❑Unable to pay rent |
| **Phone** | |
| **Email** | |
| **Landlord Information:** | Name: |
| | Address: |
| | Phone number: |

| | |
|---|---|
| Housing Move In Date | |

**Answer 3. 917A Living Situation questions if entering Street Outreach, Emergency Shelter, & Safe Haven.**
**Answer 3.917 B questions if entering any other program.**

## 3. 917A Living Situation

| **Type of Residence** | Homeless Situation<br>❑Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside)<br>❑Emergency Shelter, including hotel or motel paid for with emergency shelter voucher<br>❑Safe Haven<br>❑Interim Housing<br>Institutional Situation<br>❑Foster care home or foster care group home<br>❑Hospital or other residential non-psychiatric medical facility<br>❑Jail, prison or juvenile detention facility<br>❑Long-term care facility or nursing home<br>❑Psychiatric hospital or other psychiatric facility<br>❑Substance abuse treatment facility or detox center<br>Transitional & Permanent Housing Situation<br>❑Hotel or motel paid for without emergency shelter voucher<br>❑Owned by client, no ongoing housing subsidy<br>❑Owned by client, with ongoing housing subsidy<br>❑Permanent housing (other than RRH) for formerly homeless persons<br>❑Rental by client, no ongoing subsidy<br>❑Rental by client, with VASH subsidy<br>❑Rental by client, with GPD TIP subsidy<br>❑Rental by client, with other housing subsidy (including RRH)<br>❑Residential project or halfway house with no homeless criteria<br>❑Staying or living in a family member's room, apartment or house<br>❑Staying or living in a friend's room, apartment or house<br>❑Transitional housing with homeless persons (including homeless youth)<br>❑Client doesn't know ❑Client refused | |
|---|---|---|
| Length of stay in previous place: | ❑ One night or less<br>❑Two to six nights<br>❑ One week or more, but less than one month<br>❑One month or more, but less than 90 days<br>❑90 days or more, but less than one year<br>❑One year or longer<br>❑ Client doesn't know<br>❑Client refused | |
| Approximate date homelessness started: | _____/______/_________ | |
| Regardless of where they stayed last night: Number of times the client has been on the streets, in ES, or SH in the past three years including today | ❑One Time<br>❑Two Times<br>❑Three Times | ❑Four or more times<br>❑Client doesn't know<br>❑Client refused |
| Total number of months homeless on the street, in ES, or SH in the past three years | ❑ One month (this time is the first month)<br>❑2 ❑3<br>❑4 ❑5<br>❑6 ❑7<br>❑8 ❑9<br>❑10 ❑11<br>❑12 ❑More than 12 months<br>❑Client doesn't know ❑Client refused | |

## 3. 917B Living Situation

| Type of Residence | Homeless Situation<br>If client is in homeless situation, complete 3.917A Living Situation (previous page)<br><br>Institutional Situation<br>❑Foster care home or foster care group home<br>❑Hospital or other residential non-psychiatric medical facility<br>❑Jail, prison or juvenile detention facility<br>❑Long-term care facility or nursing home<br>❑Psychiatric hospital or other psychiatric facility<br>❑Substance abuse treatment facility or detox center<br><br>Transitional & Permanent Housing Situation<br>❑Hotel or motel paid for without emergency shelter voucher<br>❑Owned by client, no ongoing housing subsidy<br>❑Owned by client, with ongoing housing subsidy<br>❑Permanent housing (other than RRH) for formerly homeless persons<br>❑Rental by client, no ongoing subsidy<br>❑Rental by client, with VASH subsidy<br>❑Rental by client, with GPD TIP subsidy<br>❑Rental by client, with other housing subsidy (including RRH)<br>❑Residential project or halfway house with no homeless criteria<br>❑Staying or living in a family member's room, apartment or house<br>❑Staying or living in a friend's room, apartment or house<br>❑Transitional housing with homeless persons (including homeless youth)<br>❑Client doesn't know ❑Client refused |
|---|---|

| | | |
|---|---|---|
| Length of stay in previous place: | ❑ One night or less<br>❑Two to six nights<br>❑One week or more, but less than one month<br>❑One month or more, but less than 90 days<br>❑90 days or more, but less than one year<br>❑One year or longer<br>❑Client doesn't know<br>❑Client refused | |
| If Institutional Situation, did you stay less than 90 days?<br>**If answer is Yes, then answer:** | ❑ Yes ❑ No<br>**On the night before did stay on the streets, ES or SH?** | |
| If Transitional/Permanent, did you stay less than 7 days?<br>**If answer is Yes, then answer:** | ❑ Yes ❑ No<br>**On the night before did stay on the streets, ES or SH?** | |
| On the night before did stay on the streets, ES or SH?<br>**If Yes, then answer next 3 questions** | ❑ Yes ❑ No | |
| Approximate date homelessness started: | ____/_____/________ | |
| Regardless of where they stayed last night: Number of times the client has been on the streets, in ES, or SH in the past three years including today | ❑One Time<br>❑Two Times<br>❑Three Times | ❑Four or more times<br>❑Client doesn't know<br>❑Client refused |
| Total number of months homeless on the street, in ES, or SH in the past three years | ❑ One month (this time is the first month)<br>❑2 ❑3<br>❑4 ❑5<br>❑6 ❑7<br>❑8 ❑9<br>❑10 ❑11<br>❑12 ❑More than 12 months<br>❑Client doesn't know ❑Client refused | |

## Monthly Income – Cash Benefits

| **Income from any source?** | ❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused |
|---|---|
| **Total monthly income:** | $ |
| ❑ Alimony or Other Spousal Income $____________ | ❑ Retirement income from Social Security $_______________ |
| **Date start receiving:**_____________ | **Date start receiving:**_____________ |
| ❑ Child Support $______________ | ❑ SSDI $______________ |
| **Date start receiving:**_____________ | **Date start receiving:**_____________ |
| ❑ Earned Income $______________ | ❑ SSI $________ |
| **Date start receiving:**_____________ | **Date start receiving:**_____________ |
| ❑ General Assistance $__________ | ❑ TANF $_____________ |
| **Date start receiving:**_____________ | **Date start receiving:**_____________ |
| ❑ Other $______________ | ❑ Unemployment Insurance $____________ |
| **Date start receiving:**_____________ | **Date start receiving:**_____________ |
| If Other specify: ________________________________ | ❑ VA Non-service connect disability pension $_____________ |
| ❑ Pension or retirement from another job $________ | **Date start receiving:**_____________ |
| **Date start receiving:**_____________ | ❑ VA Service connected disability compensation $_________ |
| ❑ Private disability insurance $___________ | **Date start receiving:**_____________ |
| **Date start receiving:**_____________ | ❑ Worker's compensation $______________ |
| | **Date start receiving:**_____________ |

## Non-Cash Benefits

| **Income from any source?** | ❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused |
|---|---|
| ❑ Special supplement nutrition program for WIC $______________ | ❑ TANF Transportation services $_______________ |
| ❑ Supplemental nutrition assistance program (Food Stamps) $________ | ❑ Other TANF funded services $________ |
| | ❑ Other Source $_______________ |
| ❑ TANF-Child care services $____________ | If Other, specify: |

## Health Insurance

| **Covered by health insurance?** | ❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused |
|---|---|
| ❑ Medicaid | ❑ Private pay health plan |
| ❑ Medicare | ❑ State health insurance for adults |
| ❑ State children's health insurance program | ❑ Indian health services program |
| ❑ VA Medical Services | ❑ Other Source |
| ❑ Employer provided | If Other, specify: |

## Disability

| **Does the client have a disabling condition?** | ❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused | | |
|---|---|---|---|
| **If Yes, please complete the following for each disability type** | | | |
| **Alcohol Abuse** | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused | Condition Long term? | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused |
| **Disability State Date** | _________________ | If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused |
| **Both Alcohol & Drug Abuse** | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused | Condition Long term? | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused |
| **Disability Start Date** | ___________________ | If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused |
| **Chronic Health Condition** | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused | Condition Long term? | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused |
| **Disability Start Date** | ___________________ | If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused |

## Disability

| | | | |
|---|---|---|---|
| **Developmental** | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused | Condition Long term? | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused |
| **Disability State Date** | ________________ | If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused |
| **Drug Abuse** | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused | Condition Long term? | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused |
| **Disability Start Date** | ________________ | If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused |
| **HIV/AIDS** | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused | Condition Long term? | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused |
| **Disability State Date** | ________________ | If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused |
| **Mental Health Problem** | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused | Condition Long term? | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused |
| **Disability State Date** | ________________ | If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused |
| **Physical** | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused | Condition Long term? | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused |
| **Disability State Date** | ________________ | If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ❑ Yes ❑ No<br>❑ Client Doesn't Know<br>❑ Client Refused |

## Domestic Violence

| | | |
|---|---|---|
| Domestic Violence Victim/Survivor | ❑ Yes<br>❑ No | ❑ Client Doesn't Know<br>❑ Client Refused |
| If yes, when did experience occur | ❑ Within past three months<br>❑ Three months to less than six months ago (excluding six months exactly)<br>❑ Six months to less than one year ago (excluding one year exactly)<br>❑ One year or more ago<br>❑ Client doesn't know<br>❑ Client refused | |
| If yes, are you currently fleeing? | ❑ Yes<br>❑ No | ❑ Client Doesn't Know<br>❑ Client Refused |

## Employment Status

| | | |
|---|---|---|
| **Employed** | ❑ Yes<br>❑ No | ❑ Client Doesn't Know<br>❑ Client Refused |
| If Yes, Type of Employment | ❑ Full-time<br>❑ Part-time<br>❑ Seasonal/Sporadic (including day labor) | |
| If No, Why Not Employed | ❑ Looking for work<br>❑ Unable to work<br>❑ Not looking for work | |

## Last Grade Completed

| | | |
|---|---|---|
| Last Grade Completed | ❑ Less than Grade 5<br>❑Grades 5-6<br>❑Grades 7-8<br>❑Grades 9-11<br>❑Grade 12/ High school diploma<br>❑School program does not have grade levels | ❑GED<br>❑Some college<br>❑Associate's degree<br>❑Bachelor's degree<br>❑Graduate degree<br>❑Vocational certification<br>❑ Client Doesn't Know<br>❑ Client Refused |

I, (Adult client or Head of Household) certify that the information I have provided here is true/correct to the best of my knowledge.

| Print Name of Client | Signature of Client | Date |
|---|---|---|

| Print Name of Intake Worker | Signature of Intake Worker | Date |
|---|---|---|