

Homeless Prevention Intake Form

Intake/Admission Date: ___/___/___ **Primary Worker:** _____

Client Location (Continuum of Care): {Pre-Populated}

Information Sharing Level: (Consent Form) **Referred by:** _____

Last Name _____ **Middle** _____ **First Name** _____

Alias _____ **Suffix** _____

Name Data Quality: Full Name Reported Partial, Street Name or Code Reported

(Select One) Client Doesn't Know Client Refused Data not Collected

Social Security Number: ___/___/___

SSN Data Quality: (Select One)

- Full SSN Reported
- Approximate or Partial SSN is Reported
- Client Doesn't Know
- Client Refused
- Data Not Collected

Birth Date: ___/___/___

Birth Date Quality: (Select One)

- Full DOB Reported
- Approximate or Partial DOB is Reported
- Client Doesn't Know
- Client Refused
- Data Not Collected

Gender: (Select One) Male Female Transgender F to M

Doesn't Identify as M or F Client Doesn't Know Client Refused

Data not Collected

Ethnicity: (Select One) Hispanic/Latino Non-Hispanic/Latino Client Doesn't Know

Client Refused Data Not Collected

Race: (Select All That Apply)

- American-Indian/Alaska Native Caucasian Native Hawaiian/Pacific Islander
- Asian Client Doesn't Know Client Refused Data not Collected

Street Address: _____ **City/Zip/State:** _____

Phone: _____ **Move In Date:** ___/___/___

Veteran Status: Yes No Client Refused Data Not Collected

Living Situation

Type of Residence

-Homeless Situation-

- Place not meant for habitation
- Emergency shelter, including hotel and motel paid for with emergency shelter voucher
- Safe Haven
- Interim Housing

Length of Stay in Previous Place

- One night or less 90 days or more, but less than one year
- Two to six nights One year or longer
- One week or more, but less than one month Client doesn't know
- One month or more, but less than 90 days Client refused
- Data not collected

Approximate date homelessness started: ___/___/___

(Regardless of where they stayed last night) Number of times client has been on the streets, in ES, or SH in the past 3 years including today: (select one)

- One time Two times Three times Four or more times Client doesn't know
- Client refused Data not collected

Total number of months homeless months

Institutional Situation

- 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

Did you stay less than 90 days: (select one) Yes No

If yes, on the night before did you stay on the street, ES or SH? (select one)

Yes No

If yes, Approximate date homelessness started: ___/___/___

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

- 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 street, in ES or SH in the past three years: (select one)

- One time (this time is the first month) Two times Three times Four or more times
- Client doesn't know Client refused Data not collected

Transitional and Permanent Housing Situation

- 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 for formerly homeless persons (such as: a CoC Project; HUD legacy program; or HOPWA PH)

Rental by client, no ongoing housing subsidy

Rental by client, with VASH subsidy

Rental by client, with GPD TIP subsidy

Rental by client, with 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

Transitional housing for homeless persons (including homeless youth)

Did you stay less than 7 nights?: (select one) Yes No

If Yes, On the night before did you stay on the street, ES or SH? (select one) Yes No

If yes, 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: (select one)

One Two Three Four Five Six

Seven Eight Nine Ten 11 12

More than 12 months Client doesn't know Client refused

Data not collected

Income from Any Sources: No Yes

Monthly Income Sources:

Earned Income \$_____

General Public Assistance

\$_____

SSI \$_____

\$_____

TANF \$_____

from

Retirement Income From SSA \$_____

Child Support \$_____

Other \$_____

Unemployment Insurance \$_____

SSDI \$_____

Worker's Compensation

Pension or Retirement Income

former job

Alimony/Spousal Benefits \$_____

Covered by Health Insurance: Yes No Client Doesn't Know

Client

Refused

Data Not Collected

Medicaid: Yes No **Medicare:** Yes No

State Children's Health Insurance program: Yes No

Veteran's Administration (VA) Medical Services: Yes No

Employer- Provided Health Insurance: Yes No

Health Insurance obtained through COBRA: Yes No

Private Pay Health Insurance: Yes No

State Health Insurance for Adults: Yes No

Indian Health Insurance: Yes No

Other: No Yes-Please Specify_____

Special Needs:

Physical Disability: Yes No Client Doesn't Know Client Refused

Data not Collected

Expected to be of long continued duration and substantially impairs ability to live independently?

Yes No Client Doesn't Know Client Refused Data not Collected

Documentation of Disability severity on file? Yes No

Received Services/Treatment While in the Program? Yes No

Developmental Disability: Yes No Client Doesn't Know Client Refused

Data not Collected

Expected to be of long continued duration and substantially impairs ability to live independently?

Yes No Client Doesn't Know Client Refused Data not Collected

Documentation of Disability severity on file? Yes No

Received Services/Treatment While in the Program? Yes No

Chronic Health Condition: Yes No Client Doesn't Know Client Refused

Data not Collected

Expected to be of long continued duration and substantially impairs ability to live independently?

Yes No Client Doesn't Know Client Refused Data not Collected

Documentation of Disability severity on file? Yes No

Received Services/Treatment While in the Program? Yes No

HIV/AIDS: Yes No Client Doesn't Know Client Refused

Data not Collected

Expected to be of long continued duration and substantially impairs ability to live independently?

Yes No Client Doesn't Know Client Refused Data not Collected

Documentation of Disability severity on file? Yes No

Received Services/Treatment While in the Program? Yes No

Mental Health Problem: Yes No Client Doesn't Know Client Refused

Data not Collected

Expected to be of long continued duration and substantially impairs ability to live independently?

Yes No Client Doesn't Know Client Refused Data not Collected

Documentation of Disability severity on file? Yes No

Received Services/Treatment While in the Program? Yes No

Substance Abuse: Yes No Client Doesn't Know Client Refused

Data not Collected

Expected to be of long continued duration and substantially impairs ability to live independently?

Yes No Client Doesn't Know Client Refused Data not Collected

Documentation of Disability severity on file? Yes No

Received Services/Treatment While in the Program? Yes No

Domestic Violence

Information Date: _____

Domestic Violence Victim/Survivor: (select one)

Yes No Client Doesn't Know Client Refused Data not Collected

If Yes, When Experience Occurred:

Within the Past 3 Months 6 to 12 Months Ago

3 to 6 Months Ago One year or longer

Client doesn't know Client refused

Data not collected

Are You Currently Fleeing? Yes No Client Doesn't Know Client Refused

Data Not Collected

Residential Move-In Date: (Rapid Re-Housing Only)

Has the client been placed into Permanent Housing: No Yes

If yes, specify Permanent Housing Move In Date: ___/___/___

Last Grade Completed: (select one)

Less than grade 5 Grade 5-6 Grades 7-8 Grades 9-11

Grade 12 School program does not have grade levels GED

Some college Associates Degree Bachelor's Degree

Graduate Degree Vocational Certification Client Doesn't know

Client refused Data not collected

Household composition

Individual/Family Type:

Individual Male

Two Parent Family-Adult

- Individual Female
- Two parent Family-Youth
- Individual Male Youth (<18)
- Adult Couple w/o Children
- Individual Female Youth (<18)
- Household w/ only children
- Single Parent Household-Male Head
- Other household type
- Single Parent Family-Female Head
- Household member- adult
- Single Parent Family- Youth Head
- Household Member- child

Zip Code of Last Permanent Address: _____

Zip Code Data Quality: (select one)

- Full/Partial Zip Code Reported
- Don't know
- Refused

Date Left Last Permanent Address ____/____/____

City/Town of Last Permanent Address _____

Country of Last Permanent Address _____

County of Last Permanent Address

- Atlantic
- Cumberland
- Mercer
- Passaic
- Warren
- Bergen
- Essex
- Middlesex
- Salem
- NJ-

Unknown

- Burlington
- Gloucester
- Monmouth
- Somerset
- USA not NJ
- Camden
- Hudson
- Morris
- Sussex
- Non USA
- Cape May
- Hunterdon
- Ocean
- Union
- Unknown

Birth Place _____

Citizen US Citizen Registered Alien Undocumented Alien

Alien Registration _____

Primary Language:

- English Spanish French Chinese Arabic
Hebrew Russian Sign Language Other Creole
Greek Italian Japanese Vietnamese Braille

Optional Military Data Elements

Duration of Active Duty (months) _____

Served in a war zone: Yes No

Veteran: Yes No

Current Student: Yes No

Children's Education Questions

Education Enrollment Status: (select one) Yes No Don't Know Refused

How many children? _____

If yes, was/is the child connected to the McKinney-Vento Homeless Assistance Act school liaison?

(select one) Yes No Don't Know Refused

Grade: _____

Type of School: (select one)

- Public school Parochial or other private school Don't know
Refused

If not enrolled, last date of enrollment [MM/YYYY]

Student Body Age: _____

School County _____ **School Name** _____

Space for each additional child: _____

Barriers to enrollment :(select all that apply)

- None
- School Records
- School Selection
- Transportation
- Immunization or Other Medical Records
- Other Enrollment Issues
- Residency Required
- Birth Certificates
- Legal Guardianship requirements
- Physical examination records

Marital Status

- Single
- Married
- Common Law
- Divorced
- Separated
- Remarried
- Widow(er)
- Civil Union

Services Sought: (select all that apply)

- Shelter/Housing
- Financial Assistance - Housing

HMIS Consent Form

Information collected in the HMIS database is protected in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and the U.S. Department of Housing and Urban Development HMIS Data Standards. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

I UNDERSTAND THAT:

- The partner agencies may share limited identifying information about the people they serve with other parties working to end homelessness.
- The release of my information does not guarantee that I will receive assistance. This release of information includes public funded cash disbursements received during the past 3 years.
- This authorization will remain in effect for the time period listed below unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement or Revocation form.
- The following personal information will not be shared with any HMIS partner agencies via this HMIS computer system.
 1. HIV/AIDS information, such as status, diagnostic test results, mode of transmission, sexuality.
 2. Domestic violence information, such as abuse history, abuser information, trauma information.

3. Behavioral health information, such as substance and alcohol abuse and mental illness.

4. Clients supportive services contacts, medication information and case notes.

- If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the partner agencies, except public (county, state or federal) cash disbursements.
- If I am applying for county, state or federal cash disbursements such as ESG or SSVF, this information will be shared with Collaborative users and State agencies.

By signing this form, I agree to share the following level of information with other partner agencies via the HMIS computer system:

<p><input type="checkbox"/> a) I agree to share my name, gender, ancestry, program enrollment and exit dates, demographic information, miscellaneous section, and contacts information, cash disbursements via the HMIS system with other partner agencies.</p>	<p><input type="checkbox"/> b) I DO NOT agree to share my name, gender, ancestry, program enrollment and exit dates, demographic information, miscellaneous section, and contacts information, cash disbursements via the HMIS system with other partner agencies.</p>
<p>Client's Name</p> <p>_____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Client's Date of Birth</p> <p>____ / ____ / ____</p>