

NHC Partner Agencies Intake Form for HMIS: INDIVIDUAL CLIENTS [+Use for additional household members who join later.]

Data Collection Instructions:

This intake form should be completed by agency staff, whenever possible, along with the appropriate LSNDG/NHC ROI form.

HMIS Instructions:

Be sure to use "Enter Data As" (EDA) for the appropriate Project Entry service provider.

If information is missing, follow-up with the client or staff person responsible for gathering information to complete the missing information. DO NOT enter "don't know" or "refused" unless the Client doesn't know or refused an answer.

Section I: Demographics [In HMIS, use ClientPoint Search and Profile Tab.]

1. Name: First: _____ Middle: _____ Last: _____ Suffix: _____

If client is joining a household later, please note head of household HMIS Client ID #: _____

1A. Name Data Quality (Use DQ Answer Choices): _____

2. Social Security Number (SSN): _____

2A. SSN Data Quality (Use DQ Answer Choices): _____

3. Date of Birth (D.O.B.):* ____/____/____ * D.O.B. Required for ALL clients.

If client doesn't know or refuses to provide DOB, use 01/01/estimated year of birth as the DOB.

3A. D.O.B. Type (Use DQ Answer Choices): _____

Data Quality (DQ) Answer Choices:

- F- Full
- A - Approx. - Approximate or Partial
- DK - Client doesn't know
- R - Client refused
- NC - Data not collected

4. Race: *(Select up to 5 races)*

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Client doesn't know
- Client refused
- Data not collected

If client does not identify with any race options above, select "Client refused."

5. Ethnicity:

- Non-Hispanic/Non-Latino
- Hispanic Latino
- Client doesn't know
- Client refused
- Data not collected

Hispanic/Latino clients who identify as must also identify a race response (often White).

6. Gender:

- Female
- Male
- Trans Female (MTF or Male to Female)
- Trans Male (FTM or Female to Male)
- Gender Non-Conforming (not exclusively male or female)
- Client doesn't know
- Client refused
- Data not collected

7. U.S. Military Veteran:

Has the client ever served in the United States Armed Forces? (Army, Navy, Air Force, Marine Corps, Coast Guard) *(18+ only)*

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

Section II: Program Entry [In HMIS, use Entry/Exit Tab or Module]

8. Provider Name: _____ 9. Type: **HUD** 10. Entry Date: ____ / ____ / ____ (Month/Day/Year)

11. Does the client have a **disability of long duration**? Yes No Client doesn't know Client refused Data not collected

- Documentation is **not** required to answer "yes." Clients can answer "yes" even if they have never been officially diagnosed with a disability (see definitions).
- Alcohol/drug abuse **is** considered a disability of long duration.

11A. Disabilities Detail

HMIS Tips: Enter disabilities using HUD Verification. Disability Determination is "Yes" if the client has the disability during the time period. Start date is the project entry date or a date prior to the project entry date.

Disability Type	Disability Determination	Start Date	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	Notes about disability, disability verification collection, etc.
<u>Mental Health Problem</u> (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	Project Entry Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	
<u>Physical</u> (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	
<u>Developmental</u> (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	
<u>Chronic Health Condition</u> (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	
Alcohol Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	
Drug Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	
Both Alcohol and Drug Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	
HIV/AIDS (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	
Other (Specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	

HEALTH INSURANCE INFORMATION - Required of ALL Clients

12. Covered by Health Insurance Yes No Client doesn't know Client refused Data not collected

HMIS Tips: Enter health insurance using the HUD Verification tool. A response is required for each health insurance source. Check Yes/No/Data Not Collected for each health insurance type. Start date is the program entry date or a date prior to the project entry date.

12A. Health Insurance Detail

MEDICAID	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<u>Notes about health insurance</u>
MEDICARE	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	
State Children's Health Insurance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	
Employer-Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	
Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	
Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	
State Health Insurance for Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	
Indian Health Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	
Other, specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	

13. Relationship to Head of Household [Mark "Self", unless client is an additional household member who is joining the household.]

- Self (single/head of household)
- Head of household's child
- Head of household's other relation member
- Head of household's spouse or partner
- Other: non-relation member
- Data not collected

HOUSING INFORMATION - Required of ALL Adult/HoH Clients

14. Client Location: LA-506

15. Current Parish of Residence: _____

16. Parish Preference:

- Livingston St. Tammany Washington
- St. Helena Tangipahoa

17. Residence Prior to Project Entry

17A. Type of Living Situation During Night Before Entry (Pick ONLY ONE under literally homeless, institutional, OR transitional and permanent housing)

<p><u>Literally Homeless Situation</u></p> <p><input type="checkbox"/> Place not meant for habitation (a vehicle, abandoned building, bus/train/subway station/airport, or anywhere outside)</p> <p><input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher</p> <p style="text-align: center;">↓</p>	<p><u>Institutional Situation</u></p> <p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison, or juvenile detention facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility or detox center</p> <p style="text-align: center;">↓</p>	<p><u>Transitional and Permanent Housing Situation</u></p> <p><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</p> <p><input type="checkbox"/> Owned by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, with ongoing housing subsidy</p> <p><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons</p> <p><input type="checkbox"/> Rental by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, with VASH subsidy</p> <p><input type="checkbox"/> Rental by client, with GPD TIP subsidy</p> <p><input type="checkbox"/> Rental by client, with other ongoing housing subsidy (including RRH)</p> <p><input type="checkbox"/> Residential project or halfway house with no homeless criteria</p> <p><input type="checkbox"/> Staying or living in a family member's room, apartment or house</p> <p><input type="checkbox"/> Staying or living in a friend's room, apartment or house</p> <p><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</p> <p><input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data not collected</p> <p style="text-align: center;">↓</p>
<p>17B. Length of Stay in Previous Place (Literally homeless situation)</p> <p><input type="checkbox"/> One night or less</p> <p><input type="checkbox"/> Two to six nights</p> <p><input type="checkbox"/> One week or more, but less than one month</p> <p><input type="checkbox"/> One month or more, but less than 90 days</p> <p><input type="checkbox"/> 90 days or more, but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p style="text-align: center;">↓</p> <p>SKIP 17C. PROCEED TO 17D.</p>	<p>17B. Length of Stay at Prior Night Living Situation (Institutional situation)</p> <p><input type="checkbox"/> One night or less</p> <p><input type="checkbox"/> Two to six nights</p> <p><input type="checkbox"/> One week or more, but less than one month</p> <p><input type="checkbox"/> One month or more, but less than 90 days</p> <p><input type="checkbox"/> 90 days or more, but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p style="text-align: center;">→</p>	<p>17B. Length of Stay at Prior Night Living Situation (Transitional and permanent situation)</p> <p><input type="checkbox"/> One night or less</p> <p><input type="checkbox"/> Two to six nights</p> <p><input type="checkbox"/> One week or more, but less than one month</p> <p><input type="checkbox"/> One month or more, but less than 90 days</p> <p><input type="checkbox"/> 90 days or more, but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p style="text-align: center;">↓</p> <p>17C. If UNSHADED response, this series of questions is complete; PROCEED TO 18..</p> <p><i>If SHADED response is selected, ASK QUESTION:</i></p> <p>Did you stay on the streets or in emergency shelter the night prior to entering the Institutional / Transitional or Permanent Housing Situation?</p> <p><input type="checkbox"/> Yes [PROCEED TO 17D.]</p> <p><input type="checkbox"/> No [PROCEED TO 18.]</p>

17D. Approximate date homelessness (resding on the streets and/or in an emergency shelter) started: ____/____/____

17E. Regardless of where you stayed last night, number of times the client has been on the streets or in emergency shelter in the past three years (including today): 1 time 2 times 3 times 4 or more times Client doesn't know Client refused Data not collected

17F. Total number of months homeless on the street or in emergency shelter in the past 3 years

1 month (this time is the first) 2 months 3 months 4 months 5 months 6 months 7 months 8 months
 9 months 10 months 11 months 12 months More than 12 months Client doesn't know Client refused Data not collected

INCOME AND BENEFITS INFORMATION - Required of ALL Adult/HoH Clients

18. Income from any source Yes No Client doesn't know Client refused Data not collected

18A. Total Monthly Income: \$ _____

HMIS Tips: Enter income using the HUD Verification tool. Start date must be the project entry date or a date prior to the project entry date.

(HUD)=HUD-approved source.

18B. Monthly Income Detail:

		Monthly amount			Monthly amount
Earned Income (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	VA Non-Service Connected Disability Pension (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$
Unemployment Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	Pension or retirement income from another job (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$
SSI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	Child Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$
SSDI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	Alimony or Other Spousal Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$
VA Service Connected Disability Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	Other (specify) (HUD) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$
Private Disability Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	Notes about income, income verification, etc.		
Worker's Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$			
TANF (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$			
General Assistance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$			
Retirement Income From Social Security (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$			

19. Non-cash benefit from any source Yes No Client doesn't know Client refused Data not collected

HMIS Tips: Enter non-cash benefits using the HUD Verification tool. Start date is the program entry date. "Receiving benefit" will remain "Yes" even if benefit ends. Do not record an amount for non-cash benefits in HMIS.

19A. Non-Cash Benefits Detail

Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Other TANF-Funded services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
Special Supplemental Nutrition Program for WIC (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Section 8, Public housing, or other ongoing rental assistance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
TANF Child Care Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Temporary rental assistance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC

FAMILY/DOMESTIC VIOLENCE INFORMATION - Required of ALL Adult/HoH Clients

20. Domestic violence victim/survivor (ever)

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

20A. If yes for domestic violence victim/survivor, when experience occurred

- Within the past 3 months
- 3-6 months ago
- 6-12 months ago
- More than 1 year ago
- Client doesn't know
- Client refused
- Data not collected

20B. If yes for domestic violence victim/survivor, are you currently fleeing?

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

****Required for Street Outreach Only****

22. Date of First Contact

____/____/____

23. Date of Engagement

____/____/____

****Required for PH Projects Only****

This should not be recorded until the client has moved into PH unit.

24. Housing Move-in Date

____/____/____

FOSTER CARE INFORMATION - Required of ALL Adult/HoH Clients

21. Have you ever been in foster care?

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

21A. If yes for foster care, at what age did you exit foster care?

- 0-5
- 6-12
- 13-17
- 18+
- Client doesn't know
- Client refused
- Data not collected

21B. If yes for foster care, where did you reside immediately after exiting foster care?

- Client doesn't know
- Client refused
- Data not collected