

## 1. Intake Information

Intake Date ____/____/____ MM DD YYYY		Intake Staff Name _____	
Household Type	<input type="checkbox"/> Single Adult (18+) <input type="checkbox"/> Multi-Parent Family <input type="checkbox"/> Couple With No Children		
	<input type="checkbox"/> Single Youth (<18) <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Other Relative Family		
	<input type="checkbox"/> Other		
If household type is anything other than "Single" an intake assessment must be completed for each household member.			
Household ID (HMIS Assigned): _____			

## 2. Primary Client/ Head of Household (HOH) Information

Name (First, Middle, Last, Suffix) _____			
Alias/AKA _____		Client ID (HMIS Assigned) _____	
SSN	_____-____-____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	Date of Birth	____/____/____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>Race and Ethnicity</b>  Select as many as are applicable:	<input type="checkbox"/> American Indian, Alaska Native or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer  Additional Race and Ethnicity Detail:	<b>Gender</b>  Select as many as are applicable:	<input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity Specify: <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>Sexual Orientation</b>	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Other Specify: <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<b>Veteran Status</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>Disabling Condition</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<b>Placement</b>	Code Blue Placement? <input type="checkbox"/> No <input type="checkbox"/> Yes Placement Type/Location:

### 3. Prior Living Situation

<b>What was the situation the client was living in immediately prior to project entry?</b>  Complete parts A, B, and C for all clients	<b>A) Prior Living Situation</b>	
	<b>Homeless Situations</b> <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home Shelter <input type="checkbox"/> Safe Haven  <b>Institutional Situations</b> <input type="checkbox"/> Foster care home or FC group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psych facility <input type="checkbox"/> Substance abuse treatment facility or detox center  <b>Other</b> <input type="checkbox"/> Client doesn't know	<b>Temporary Housing Situations</b> <input type="checkbox"/> Transitional housing for homeless persons (including youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house  <b>Permanent Housing Situations</b> <input type="checkbox"/> Rental by client: <input type="checkbox"/> No ongoing housing subsidy <input type="checkbox"/> Ongoing housing subsidy Subsidy Type: _____ <input type="checkbox"/> Owned by client: <input type="checkbox"/> No ongoing housing subsidy <input type="checkbox"/> Ongoing housing subsidy  <input type="checkbox"/> Client prefers not to answer
	<b>B) Length of Stay in Previous Place</b>	
	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>C) Date Client started being homeless on the streets, in a shelter, or safe haven</b> Determine the date of the last time the client had a place to sleep that was not on the streets, in an emergency shelter, or in a safe haven. As the client looks back, there may be breaks in their stay at these locations.  The breaks <u>are allowed</u> to be included in the look back period to calculate the start date <u>only if</u> : <ul style="list-style-type: none"> <li>• The client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; OR</li> <li>• The break in their time on the streets, shelters, or safe havens was less than 7 nights. The time homeless would not be broken by a stay less than 7 consecutive nights; OR</li> <li>• The break in their time on the streets, shelters, or safe havens was less than 90 days in any of the places listed as "institutional situations." The time homeless would not be broken by a stay less than 90 consecutive nights.</li> </ul>		
<b>Approximate date current episode of homelessness started</b> _____ / _____ / _____		
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?	<input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	Total number of months homeless on the street, in ES or SH in the past three years.
		<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2-12 months (# _____) <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer



# Homeless Alliance of WNY HMIS Data Intake Template

## FY24 – DSS Projects: Head of Household

### Signatures

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Intake Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_