Homeless Alliance of WNY HMIS Data Intake Template

FY24 – TH, RRH, PSH, SSO, HP, & CE Projects: Head of Household

1. Intake Information

Intake Date _____/_____/_____ MM DD YYYY		Intake Staff Name _____	
Household Type	☐ Single Adult (18+) ☐ Single Youth (<18)	☐ Multi-Parent Family ☐ Single Parent Family	☐ Couple With No Children ☐ Other Relative Family ☐ 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	_____-_____-_____ ☐ Client doesn't know ☐ Client prefers not to answer	**Date of Birth**	_____/_____/_____ ☐ Client doesn't know ☐ Client prefers not to answer
Race and Ethnicity Select as many as are applicable:	☐ American Indian, Alaska Native or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Client doesn't know ☐ Client prefers not to answer Additional Race and Ethnicity Detail:	**Gender** Select as many as are applicable:	☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally Specific Identity (e.g., Two-Spirit) ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity Specify: ☐ Client doesn't know ☐ Client prefers not to answer
Sexual Orientation (Required for all YHDP, all RHY, and CoC-funded PSH projects)	☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Questioning/Unsure ☐ Other Specify: ☐ Client doesn't know ☐ Client prefers not to answer	**Veteran Status**	☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer
Survivor of Domestic Violence	☐ No ☐ Yes		☐ Client doesn't know ☐ Client prefers not to answer
If Yes, When experience occurred:	☐ Within the past three months ☐ 3 to 6 months ago (excluding 6 months exactly) ☐ 6 to 12 months ago (excluding one year exactly) ☐ One year ago, or more		☐ Client doesn't know ☐ Client prefers not to answer

If Yes, Are you currently fleeing?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer

3. Prior Living Situation

What was the situation the client was living in immediately prior to project entry?

Complete Parts A and B for all clients

If the length of stay in an institution was less than 90 days OR the length of stay in a temporary, permanent or other housing situation was less than one week (7 nights), complete Part C.

If the client's prior living situation was a homeless situation OR the client answered "Yes" to Part C, complete Part D.

A) Prior Living Situation

Homeless Situations
- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home Shelter
- ☐ Safe Haven

Institutional Situations
- ☐ Foster care home or FC 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 psych facility
- ☐ Substance abuse treatment facility or detox center

Other
- ☐ Client doesn't know

Temporary Housing Situations
- ☐ Transitional housing for homeless persons (including youth)
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Host Home (non-crisis)
- ☐ Staying in a friend's room, apartment, or house
- ☐ Staying or living in a family member's room, apartment, or house

Permanent Housing Situations
- ☐ Rental by client:
  - ☐ No ongoing housing subsidy
  - ☐ Ongoing housing subsidy
  - Subsidy Type: _____
- ☐ Owned by client:
  - ☐ No ongoing housing subsidy
  - ☐ Ongoing housing subsidy
  - Subsidy Type: _____
- ☐ Client prefers not to answer

B) Length of Stay in Previous Place

- ☐ 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

C) Break in Time Homeless

On the night before did you stay on the streets, in a shelter, or a safe haven?
- ☐ No
- ☐ Yes

D) Date Client started being homeless on the streets, in a shelter, or safe haven

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>:
- 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
- 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
- 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.

Approximate date current episode of homelessness started	_____/_____/_____		
Regardless of where you stayed last night, number of times you have been on the streets, in ES, or SH in the past three years including today?	☐ One time ☐ Two times ☐ Three times ☐ Four or more times ☐ Client doesn't know ☐ Client prefers not to answer	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) ☐ 2-12 months (# _____) ☐ More than 12 months ☐ Client doesn't know ☐ Client prefers not to answer

4. Income Information (optional for CE projects)

Monthly Income at Intake Does the client have income from any source? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer	**If Yes, indicate the amount of income from each source:**	**Amount**
	☐ Earned Income (i.e., employment income)	
	☐ Unemployment Insurance	
	☐ Supplemental Security Income (SSI)	
	☐ Social Security Disability Insurance (SSDI)	
	☐ VA Non-Service-Connected Disability Pension	
	☐ Private disability insurance	
	☐ Worker's Compensation	
	☐ Temporary Assistance for Needy Families (TANF)	
	☐ General Assistance (GA)	
	☐ Retirement from Social Security	
	☐ Pension or retirement income from a former job	
	☐ Child support	
	☐ Alimony or other spousal support	
	☐ Other source – Specify:	
	Total Monthly Income:	**$ _____**

5. Non-Cash Benefits Information (optional for CE projects)

Non-Cash Benefits at Intake Does the client have non-cash benefits from any source? ☐ No ☐ Yes ☐ Client doesn't know Client prefers not to answer	**If Yes, indicate all sources that apply:**
	☐ Supplemental Nutrition Assistance Program (SNAP) *Previously known as Food Stamps*
	☐ Special Supplemental Nutrition Program Women, Infants, and Children (WIC)
	☐ TANF Childcare Services
	☐ TANF Transportation Services
	☐ Other TANF-funded services
	☐ Other source – Specify:

6. Insurance Information (optional for CE projects)

Health Insurance at Intake Is the client covered by Health Insurance? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer	**If Yes, indicate all sources that apply:**
	☐ MEDICAID
	☐ MEDICARE
	☐ State Children's Health Insurance Program
	☐ Veteran's Health Administration (VHA)
	☐ Employer-Provided Health Insurance
	☐ Health Insurance obtained through COBRA
	☐ Private Pay Health Insurance
	☐ State Health Insurance for Adults
	☐ Indian Health Services Program
	☐ Other source - Specify:

7. Disability Information (optional for CE projects)

Disability Information at Intake Does the client have a disabling condition? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer	**If yes, indicate all that apply:**	**Is the disability expected to be of long, continued, indefinite duration and substantially impairs the client's ability to live independently?**
	☐ Physical Disability	☐
	☐ Developmental Disability	☐
	☐ Chronic Health Condition	☐
	☐ HIV/AIDS	☐
	☐ Mental Health Disorder	☐
	☐ Substance Use Disorder	☐

8.Translation Assistance Information

Translation Need Does the client need translation assistance? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer	**If yes, indicate their preferred language:**

9. Permanent Housing Move-in Date

Housing Move-In Date Enter the date the client's homelessness ended and they moved into permanent housing. Leave blank until move-in has occurred.	_____/_____/_____ MM DD YYYY

10. Locally Required Elements (NY-508)

Primary Reason Homeless:	
☐ Aged out of foster care	☐ Mental Health
☐ Asked to leave by landlord	☐ Mortgage foreclosure on rental property lived in
☐ Court eviction by landlord	☐ Mortgage foreclosure of own home
☐ Domestic Violence (DV)	☐ Problems with building
☐ Eviction by primary tenant	☐ Problems with landlord
☐ Fire or natural disaster	☐ Release from institution
☐ Health/Safety violation	☐ Relocation from out of the NY-508 CoC area
☐ Household dispute (not DV)	☐ Substance Use
☐ Loss of job/income (includes public benefits)	☐ Utility shut-off/arrears
☐ Medical Condition	☐ Violence/Assault (not DV)
Zip Code of Last Permanent Address:	

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:** ___/___/____