

HMIS Data Intake Template

FY26 – ES, SO, & SH Projects: Head of Household

1. Intake Information

Intake Date ____/____/____ MM DD YYYY		Intake Staff Name _____	
Household Type <input type="checkbox"/> Single	Household ID (HMIS Assigned): _____ If household type is anything other than "Single" an intake assessment must be completed for each household member.		
	<input type="checkbox"/> Couple with no children	<input type="checkbox"/> Male Single Parent	<input type="checkbox"/> Grandparent(s) and Child
	<input type="checkbox"/> Two Parent Family	<input type="checkbox"/> Foster Parent(s)	<input type="checkbox"/> Other
	<input type="checkbox"/> Female Single Parent	<input type="checkbox"/> Non-Custodial Caregiver(s)	

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
Race and Ethnicity 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/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: _____	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	Veteran Status <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Survivor of Domestic Violence <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
If Yes, When experience occurred: <input type="checkbox"/> Within the past three months <input type="checkbox"/> 3 to 6 months ago (excluding 6 months exactly) <input type="checkbox"/> 6 to 12 months ago (excluding one year exactly) <input type="checkbox"/> One year ago, or more	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

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If Yes, Are you currently fleeing?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> 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, B, and C for all clients	A) Prior Living Situation	
	Homeless Situations <ul style="list-style-type: none"> <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 Institutional Situations <ul style="list-style-type: none"> <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 Other <ul style="list-style-type: none"> <input type="checkbox"/> Client doesn't know 	Temporary Housing Situations <ul style="list-style-type: none"> <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 Permanent Housing Situations <ul style="list-style-type: none"> <input type="checkbox"/> Rental by client: <ul style="list-style-type: none"> <input type="checkbox"/> No ongoing housing subsidy <input type="checkbox"/> Ongoing housing subsidy Subsidy Type: _____ <input type="checkbox"/> Owned by client: <ul style="list-style-type: none"> <input type="checkbox"/> No ongoing housing subsidy <input type="checkbox"/> Ongoing housing subsidy <input type="checkbox"/> Client prefers not to answer
	B) Length of Stay in Previous Place	
<ul style="list-style-type: none"> <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 	<ul style="list-style-type: none"> <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 	

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C) 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 are allowed to be included in the look back period to calculate the start date only if:

- 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 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
- ☐ 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. Locally Required Elements (NY-508)

Primary Reason Homeless:

- | | |
|--|---|
| <input type="checkbox"/> Aged out of foster care | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Asked to leave by landlord | <input type="checkbox"/> Mortgage foreclosure on rental property lived in |
| <input type="checkbox"/> Court eviction by landlord | <input type="checkbox"/> Mortgage foreclosure of own home |
| <input type="checkbox"/> Domestic Violence (DV) | <input type="checkbox"/> Problems with building |
| <input type="checkbox"/> Eviction by primary tenant | <input type="checkbox"/> Problems with landlord |
| <input type="checkbox"/> Fire or natural disaster | <input type="checkbox"/> Release from institution |
| <input type="checkbox"/> Health/Safety violation | <input type="checkbox"/> Relocation from out of the NY-508 CoC area |
| <input type="checkbox"/> Household dispute (not DV) | <input type="checkbox"/> Substance Use |
| <input type="checkbox"/> Loss of job/income (includes public benefits) | <input type="checkbox"/> Utility shut-off/arrears |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> 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:** ____ / ____ / ____