**CT HMIS PATH/DDaP (Street Outreach) Family Intake Form**

***Instructions: The System Entry Intake is completed if a household cannot be diverted from homelessness and needs to access services in the homeless system. The interviewer should have access to the information captured during the Diversion Screening (if it was conducted) as well as shelter stay history from HMIS (if there is a shelter history). The Intake assesses basic needs and captures HMIS required data elements for program entries. The interviewer should just confirm and update it as needed.***

**Project Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant (Head of Household) Information:**

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Middle Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name Data Quality:** 🞎 Full Name Reported 🞎 Partial, Street Name, or Code Name reported 🞎 Client Doesn't Know 🞎 Client prefers not to answer

**Date of Birth:** \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ 🞎 Full DOB Reported 🞎 Approximate or Partial DOB Reported 🞎 Client Doesn't Know 🞎 Client prefers not to answer

**Social Security Number:** \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

🞎 Full SSN Reported 🞎 Approximate or Partial SSN Reported 🞎 Client Doesn't Know 🞎 Client prefers not to answer

**Gender**: 🞎 Man (Boy, if child) 🞎 Woman (Girl, if child) 🞎 Transgender 🞎 Questioning 🞎 Non-Binary 🞎 Culturally Specific Identity (e.g., Two-Spirit) 🞎 Different Identity **IF Different Identity Please Specify** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or 🞎 Client Doesn’t Know 🞎 Client prefers not to answer

**Primary Language:** 🞎 English 🞎 Spanish 🞎 French 🞎 Portuguese 🞎 Other 🞎 Client Doesn’t Know If Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to HOH:** 🞎 Self 🞎 Spouse 🞎 Child 🞎 Step-Child 🞎 Grandparent 🞎 Guardian 🞎 Other Relative 🞎 Other Non-Relative 🞎 Grandchild

🞎 Foster-Child

**Race & Ethnicity**: 🞎 White 🞎 Black, African American or African 🞎 Asian or Asian American 🞎 American Indian, Alaska Native, or Indigenous 🞎 Native Hawaiian or Pacific Islander 🞎 Middle Eastern or North African 🞎 Client Doesn’t Know 🞎 Non-Hispanic/Non-Latin(a)(e)(o)(x) 🞎 Hispanic or Latin(a)(e)(o)(x) 🞎 Client Doesn’t Know 🞎 Client prefers not to answer

 **Additional Race and Ethnicity Detail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veteran Status:** Have you ever been on active duty in the U.S. Military? 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client prefers not to answer 🞎 Data Not Collected

**Cell Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Home Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Household Member Demographics:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** |  |  | **Date of Birth\*** | **See codes below** | **Social Security Number\*** | **Relationship to Head of Household\*** | **Veteran(Y/N)** | **Disabling Condition(Y/N)** |
| **Middle Name** | **Suffix** | **Gender\*** | **Race\*** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **\*Race**: **W**- White; B- Black or African American; A- Asian; AI**/AN**- American Indian and Alaska Native; **NH/PI**- Native Hawaiian/ Pacific Islander; ME**/NA**- Middle Eastern or North African; **NH/NL**- Non-Hispanic/Non-Latin(a)(e)(o)(x) 🞎 **H/L**- Hispanic or Latin(a)(e)(o)(x) **DK**- Client Doesn’t Know; **CR**- Client prefers not to answer  **Additional Race and Ethnicity Detail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **\*Gender**: **M -** Man (Boy, if child); F**-** Woman (Girl, if child); **T-** Transgender; **Q**- Questioning; **NB**- Non-Binary; **CSI**- Culturally Specific Identity; **DI**- Different Identity; **DK -** Client Doesn’t Know; **CR -** Client prefers not to answer |
| **\*Relation to HOH:** **SP**- Spouse; **C**- Child; **SC**- Child; **GP**- Grandparent; **G**- Guardian; **OR**- Other Relation; **ONR**- Other Non-Relative; **U**- Unknown; **FC**- Foster Child |

**Client Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Disabling Condition**: 🞎 No 🞎 Yes 🞎 Client Doesn't Know 🞎 Client prefers not to answer 🞎 Data Not Collected

**Type of Residence (Residence Prior to Program entry):**

**HOMELESS SITUATION**

🞎 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter

🞎 Place not meant for habitation

🞎 Safe Haven

**INSTITUTIONAL SITUATION**

🞎 Foster care 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

**TRANSITIONAL HOUSING SITUATION**

🞎 Hotel / Motel paid without ES voucher

🞎 Staying or living in a family, member’s room, apartment, or house

🞎 Staying or living in a family member’s room, apartment, or house

🞎 Transitional housing for homeless persons (including youth)

**PERMANENT HOUSING SITUATION**

🞎 Rental by client no ongoing housing subsidy

🞎 Rental by client, with ongoing housing

Subsidy

**IF *Rental by client, with ongoing housing***

***Subsidy is Checked*, Please select Subsidy from List:**

*🞎 GPD TIP housing subsidy*

*🞎 VASH housing subsidy*

*🞎 RRH or equivalent subsidy*

*🞎 HCV voucher (tenant or project based) (not dedicated)*

*🞎 Public housing unit*

*🞎 Rental by client, with other ongoing housing subsidy*

*🞎 Emergency Housing Voucher*

*🞎 Family Unification Program Voucher (FUP)*

*🞎 Foster Youth to Independence Initiative (FYI)*

*🞎 Permanent Supportive Housing*

*🞎 Other permanent housing dedicated for formerly homeless persons*

🞎 Owned by client, no ongoing housing subsidy

🞎 Owned by client, with ongoing housing subsidy

**OTHER**

🞎 Client doesn't know

🞎 Client prefers not to answer

🞎 Data Not Collected

**Approximate Date Homeless Started: *~3.917 - Record the actual or approximate date this homeless situation began (i.e., the beginning of the continuous period of homelessness on the streets, in emergency shelters, in safe havens, or moving back and forth between those places).***

**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:**

🞎 Never in 3 years

🞎 One Time

🞎 Two Times

🞎 Three Times

🞎 Four or more times

🞎 Client doesn’t know

🞎 Client prefers not to answer

🞎 Data Not Collected

**Total number of months homeless on the streets, in ES, or SH in the past three years:**

🞎 One Month (this time is the first month)

🞎 2

🞎 3

🞎 4

🞎 5

🞎 6

🞎 7

🞎 8

🞎 9

🞎 10

🞎 11

🞎 12

🞎 More than 12 Months

🞎 Client doesn’t know

🞎 Client prefers not to answer

🞎 Data Not Collected

**Domestic Violence Survivor?** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer 🞎 Data Not Collected

**If “YES” When experience occurred?**

🞎 Within the past three months

🞎 Three to six months ago (excluding six months exactly)

🞎 From six months to one year ago (excluding one year exactly)

🞎 One year ago, or more

🞎 Client doesn’t know

🞎 Client prefers not to answer

🞎 Data Not Collected

Add **Translation Assistance Needed** 🞎 Yes 🞎 No 🞎 Don't Know 🞎 Refused

**If ‘Yes,’ Preferred Language?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If “YES” Are you currently fleeing?** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer 🞎 Data Not Collected

**Non-Cash Benefit from any source?** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Head of Household** | **HH Member 2** | **HH Member 3** | **HH Member 4** | **HH Member 5** |
|  | **Check which applies** | **Check which applies** | **Check which applies** | **Check which applies** | **Check which applies** |
| (SNAP) Food Stamps | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Special Supplemental Nutrition Program for WIC | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| TANF Child Care Services | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| TANF Transportation | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Other TANF-Funded Services | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Client Doesn't know | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Client prefers not to answer | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Other (Please Specify):  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

**Covered by Health Insurance:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

**Connection with SOAR:** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

**Disabling Conditions (All Clients)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Head of Household** | **HH Member 2** | **HH Member 3** | **HH Member 4** | **HH Member 5** |
| **Disabling Condition** (All Adults)*No, Yes, Client Doesn’t Know, Client prefers not to answer, Data Not Collected* | **N/A** |  |  |  |  |
| **Physical Disability** (All Clients)*No, Yes, Client Doesn’t Know, Client prefers not to answer, Data Not Collected*  |  |  |  |  |  |
| If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *No, Yes, Client Doesn’t Know, Client prefers not to answer, Data Not Collected* |  |  |  |  |  |
| **Developmental Disability** (All Clients)*No, Yes, Client Doesn’t Know, Client prefers not to answer, Data Not Collected* |  |  |  |  |  |
| **Chronic Health Condition** (All Clients)*No, Yes, Client Doesn’t Know, Client prefers not to answer, Data Not Collected* |  |  |  |  |  |
| If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *No, Yes, Client Doesn’t Know, Client prefers not to answer, Data Not Collected* |  |  |  |  |  |
| **HIV/AIDS** (All Clients)*No, Yes, Client Doesn’t Know, Client prefers not to answer, Data Not Collected* |  |  |  |  |  |
| **Mental Health Disorder** (All Clients)*No, Yes, Client Doesn’t Know, Client prefers not to answer, Data Not Collected* |  |  |  |  |  |
| If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *No, Yes, Client Doesn’t Know, Client prefers not to answer, Data Not Collected* |  |  |  |  |  |
| **Substance Abuse Disorder (**All Clients)*No, Alcohol Abuse, Drug Abuse, Both Alcohol and Drug, Client Doesn’t Know, Client prefers not to answer, Data Not Collected* |  |  |  |  |  |
| If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |

**Prior Zip Code (Numbers ONLY):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shared Housing Information:**

*(Shared housing means clients will be on separate leases or living as roommates. Not clients living together as a couple)***:**

**Would the client accept Shared Housing if offered?** 🞎 Yes 🞎 No

**Health Insurance** (select which applies for each member)**:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Head of Household (HOH)** | **Member 2** | **Member 3** | **Member 4** | **Member 5** |
| 🞎 MEDICAID🞎 MEDICARE🞎 State Children’s Health Insurance Program🞎 Veteran’s Health Administration (VHA)🞎 Employer-Provided Health Insurance🞎 Health Insurance obtained through COBRA🞎 State Health Insurance for Adults🞎 Private Pay Health Insurance🞎 Indian Health Services Program🞎 OtherIf Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 MEDICAID🞎 MEDICARE🞎 State Children’s Health Insurance Program🞎 Veteran’s Health Administration (VHA)🞎 Employer-Provided Health Insurance🞎 Health Insurance obtained through COBRA🞎 State Health Insurance for Adults🞎 Private Pay Health Insurance🞎 Indian Health Services Program🞎 OtherIf Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 MEDICAID🞎 MEDICARE🞎 State Children’s Health Insurance Program🞎 Veteran’s Health Administration (VHA)🞎 Employer-Provided Health Insurance🞎 Health Insurance obtained through COBRA🞎 State Health Insurance for Adults🞎 Private Pay Health Insurance🞎 Indian Health Services Program🞎 OtherIf Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 MEDICAID🞎 MEDICARE🞎 State Children’s Health Insurance Program🞎 Veteran’s Health Administration (VHA)🞎 Employer-Provided Health Insurance🞎 Health Insurance obtained through COBRA🞎 State Health Insurance for Adults🞎 Private Pay Health Insurance🞎 Indian Health Services Program🞎 OtherIf Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 MEDICAID🞎 MEDICARE🞎 State Children’s Health Insurance Program🞎 Veteran’s Health Administration (VHA)🞎 Employer-Provided Health Insurance🞎 Health Insurance obtained through COBRA🞎 State Health Insurance for Adults🞎 Private Pay Health Insurance🞎 Indian Health Services Program🞎 OtherIf Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Income**

**Income received from any source (HOH and Adults only)?** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client prefers not to answer🞎 Data Not Collected

\*Note: *Income received by or on behalf of a minor child should be recorded as part of the household income under the Head of Household****.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Head of Household** | **HH Member 1** | **HH Member 2** | **HH Member 3** |
| **Income Type** | **Monthly Amount** | **Monthly Amount** | **Monthly Amount** | **Monthly Amount** |
| Unemployment Insurance | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Earned/Employed Income | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Supplemental Security Income (SSI) | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Social Security Disability Insurance (SSDI) | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| VA Service-Connected Disability Compensation  | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Private Disability Insurance | 🞎 N 🞎 Y $ |  🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Retirement Income from Social Security | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| General Assistance (GA) | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Temporary Assistance for Needy Families (TANF) | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| VA Non-Service-Connected Disability Pension | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Pension or Retirement income from a former job | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Child Support | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Alimony or other spousal support | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Worker’s Compensation | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| Other SourceSpecify: | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ | 🞎 N 🞎 Y $ |
| CLIENT INCOME TOTAL: | $ | $ | $ | $ |

**HUD PATH Data**

**Date of Engagement: \_\_\_\_\_\_/\_\_\_\_\_\_ /\_\_\_\_\_\_ Date of PATH Status Determination: \_\_\_\_\_\_/\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_**
**Client Became Enrolled in PATH?** 🞎 Yes 🞎 No
IF “NO:” **Reason Not Enrolled?** 🞎 Client was found Ineligible for PATH 🞎 Client was not enrolled for other reason(s) 🞎 Unable to locate client

**DMHAS Specific Question** (\*= Required Information)**:**

**\*Primary Language Spoken**:

🞎 English

🞎 Spanish

🞎 Chinese

🞎 Russian

🞎 Arabic

🞎 Portuguese

🞎 Bengali

🞎 French

🞎 Malay, Indonesian

🞎 German

🞎 Japanese

🞎 Farsi (Persian)

🞎 Urdu

🞎 Punjabi

🞎 Vietnamese

🞎 Tamil

🞎 Javanese

🞎 Korean

🞎 Turkish

🞎 Telugu

🞎 Marathi

🞎 Italian

🞎 Thai

🞎 Burmese

🞎 Kannada

🞎 Gujarati

🞎 Polish

🞎 Hindi

🞎 Cantonese

🞎 Haitian Creole

🞎 Unknown

🞎 Other

**Religion:**

🞎 Protestant

🞎 Catholic

🞎 Jewish

🞎 Muslim

🞎 Buddhist

🞎 Mormon

🞎 Orthodox Christian

🞎 Hindu

🞎 Pentecostal

🞎 None

🞎 Other

🞎 Unknown

**\*Marital Status:**

🞎 Never Married

🞎 Married

🞎 Separated

🞎 Divorced/Annulled

🞎 Widowed

🞎 Civil Union

🞎 Other

🞎 Unknown

**\*Primary Referral Source:**

🞎 Self

🞎 Family/Friend

🞎 Mental Health Provider

🞎 Substance Abuse Provider

🞎 Medical Health Practitioner

🞎 School

🞎 Employer/Supervisor

🞎 Employee Assistance Program

🞎 Clergy/Church/Synagogue

🞎 Dept. of Children and Families

🞎 Dept. of Social Services

🞎 Dept. of Developmental Disabilities

🞎 Other Community Referral

🞎 Court Order

🞎 Probation/Parole

🞎 Police

🞎 Shelter

🞎 Dept. of Corrections

🞎 Other

🞎 Unknown

**\*Pregnancy Status:** 🞎 No 🞎 Yes 🞎 Client Doesn't Know 🞎 Client prefers not to answer 🞎 Data Not Collected

**Tobacco:** 🞎 Yes 🞎 No 🞎 Unknown

**Co-Occurring Assessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Mental Health Screening Used:** 🞎 Nothing 🞎 Mental Health Screen Form III 🞎 Modified Mini 🞎 Declined 🞎 Medically or Clinically Inappropriate

 **\* Mental Health Screening Score:** 🞎 Nothing 🞎 #\_\_\_\_ 0 – 15 (Form III & Modified Mini) 🞎 #\_\_\_\_\_\_ 16-23 (Modified Mini)

 \* **MH Screen Mod Mini #14 and #15 Yes response to 2 (Trauma Questions):** 🞎 Yes 🞎 No
 \* **MH Screen Mod Mini #4 (Yes response to Suicidality):** 🞎 Yes 🞎 No

 \* **MH Screen** - **Gambling Question Response:** 🞎 Yes 🞎 No

**\*Substance Abuse Screening Used:** 🞎 SSI Alcohol and Drugs 🞎 SSI-AOD 🞎 CAGE- Adapted to Include Drugs 🞎 Declined 🞎 Medically or Clinically Inappropriate

**\* Employment Status:**

🞎 Employed full time (in competitive employment)

🞎 Employed part time (in competitive employment)

🞎 Unemployed (looking for work in the past 30 days, or on a layoff)

🞎 Paid but non-competitive work (transitional employment programs)

🞎 Paid but non-competitive work (work inside the clubhouse or treatment agency, mobile work crews and consumer-run businesses)

🞎 Not in Labor Force: student enrolled in a school or job-training program

🞎 Not in Labor Force: homemaker

🞎 Not in Labor Force: retired

🞎 Not in Labor Force: SSI SSDI

🞎 Not in Labor Force: Inmate of institution.

🞎 Not in Labor Force: other reason

🞎 Other

🞎 Unknown

**\*Highest Grade Completed:**

🞎 (1- 32) #\_\_\_\_\_\_\_\_

🞎 Unknown

**Number of Persons Dependent on Income:**

(1 – 15) #\_\_\_\_\_\_\_\_

**Number of Minors Dependent on Income:**

(1 – 14) #\_\_\_\_\_\_\_\_

**\*Principle Income Source:**

🞎 Disability

🞎 None

🞎 Other

🞎 Public Assistance

🞎 Retirement

🞎 Salary

🞎 Unknown

**\*Living situation at time of episodic assessment:**

🞎 Private residence, client owns or holds lease

🞎 Private residence, friend or relative owns the residence or holds lease

🞎 Single Room Occupancy (Hotel, YMCA, Rooming House)

🞎 Private residence, Community agency owns or holds lease

🞎 Residential Care Home/ Board and Care

🞎 Congregate residential care (24-hour supervision, group setting, services focus on MH, SA, &/or MR issues, Recovery House.)

🞎 Crisis / Respite Bed

🞎 Skilled Nursing Facility/Intermediate Care Facility /Nursing Home

🞎 Psychiatric/SA/Medical Inpatient.

🞎 Correctional Facility

🞎 Homeless Shelter,

🞎 Homeless (including on street),

🞎 Other,

🞎 Unknown

**Was Client Homeless in Last Six Months:** 🞎 Yes 🞎 No 🞎 Unknown

**Number of Days in the Last 30 that the client lived in a Controlled Environment?** (0 – 30) \_\_\_\_\_\_\_

*Enter a value between 0 and 30 to represent the number of days in a controlled environment*

**\*Number of arrests in last 30 days: (0 – 30) \_\_\_\_\_\_\_\_\_\_\_\_**

*Enter a value between 0 and 30 to represent the number of arrests; if unknown then write in Unknown*

**Number of Self-Help programs/meetings in last 30 days** (0 – 90) \_\_\_\_\_\_\_\_\_\_

*Enter a value between 0 and 90 to represent the number of programs/meetings attended; if unknown then write in Unknown*

**\*Social support from family and/or friends in last 30:** 🞎 Yes 🞎 No 🞎 Unknown

**DMHAS - Insurance Type**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Insurance Type 1** | **Insurance Policy Number****(\*\*- REQUIRED)** | **Insurance Policy Start Date** | **Insurance Policy End Date** |
|  | **YES / NO\*** |  |  |  |
| No Health Insurance  |  |  |  |  |
| Other private insurance  |  |  |  |  |
| Medicare  |  |  |  |  |
| Champus  |  |  |  |  |
| \*\*Medicaid Husky C (***Insurance Policy Number Required)*** |  |  |  |  |
| HMO (including Managed Medicaid)  |  |  |  |  |
| GA-SAGA  |  |  |  |  |
| ATR-Access to Recovery  |  |  |  |  |
| Self-Pay  |  |  |  |  |
| Medicaid LIA Husky D  |  |  |  |  |
| Medicare Part A  |  |  |  |  |
| Medicare Part B  |  |  |  |  |
| Money Follows the Person (MFP)  |  |  |  |  |
| Nursing Home Waiver  |  |  |  |  |
| \*\*Medicaid BHH (***Insurance Policy Number Required)*** |  |  |  |  |
| \*\*Medicaid- Husky A (***Insurance Policy Number Required)*** |  |  |  |  |
| Medicaid BHH - Waiver |  |  |  |  |
| Other  |  |  |  |  |
| Unknown |  |  |  |  |

**Mental Health Diagnosis Assessment**

**Please provide ALL the ICD 10 Codes if Available and the Diagnosis:**

|  |  |  |  |
| --- | --- | --- | --- |
| AXIS I  |  |  |  |
| AXIS I  |  |  |  |
| AXIS I  |  |  |  |
| AXIS II  |  |  |  |
| AXIS II  |  |  |  |
| AXIS III  |  |  |  |
| AXIS III  |  |  |  |
| AXIS III  |  |  |  |
| AXIS IV  |  |  |  |
| AXIS IV  |  |  |  |
| AXIS IV  |  |  |  |
| AXIS V  |  |  | (GAF) |

**DSM Summary**

**Target symptoms being addressed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When under stress this client may:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If substance user, has client used in past 6 months?** 🞎 Yes 🞎 No

**The best way to respond:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date last used substance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current risk behaviors in last 6 months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Substance Abuse:**

**Currently Using:** 🞎 Yes 🞎 No **Last Used Date**: \_\_\_\_\_\_\_\_\_\_\_

**Frequency of use:**

🞎 Daily 🞎 Once or Twice a Week

🞎 Weekly 🞎 Monthly 🞎 Less than Monthly

**Currently in Treatment:** 🞎 Yes 🞎 No **Last Treatment Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsor Information:**

First Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Longest Time abstinent**: Enter the numeric value and then select the term i.e., days, weeks, months, years

**Longest Time Free**: \_\_\_\_\_\_\_\_\_ (number)

**Measure of Longest Time Free**: 🞎 Day(s) 🞎 Week(s) 🞎 Month(s) 🞎 Year(s)

**Drug Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Primary Drug of Choice** | **Secondary Drug of Choice** | **Tertiary Drug of Choice** | **Forth Drug of Choice**  | **Fifth Drug of Choice** |
| None  |  |  |  |  |  |
| Amphetamines  |  |  |  |  |  |
| Alcohol  |  |  |  |  |  |
| Barbiturates  |  |  |  |  |  |
| Benzodiazepines  |  |  |  |  |  |
| Cocaine  |  |  |  |  |  |
| Crack  |  |  |  |  |  |
| Hallucinogens: LSD, DMS, STP, etc.  |  |  |  |  |  |
| Heroin  |  |  |  |  |  |
| Inhalants  |  |  |  |  |  |
| Marijuana, Hashish, THC  |  |  |  |  |  |
| Methamphetamines  |  |  |  |  |  |
| Non-Prescriptive Methadone  |  |  |  |  |  |
| Other Opiates and Synthetics  |  |  |  |  |  |
| Other Sedatives or Hypnotics  |  |  |  |  |  |
| Other Stimulants  |  |  |  |  |  |
| Over-the-Counter  |  |  |  |  |  |
| PCP  |  |  |  |  |  |
| Tranquilizers  |  |  |  |  |  |
| Other  |  |  |  |  |  |
| Unknown  |  |  |  |  |  |

**Method of Use:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Primary Drug of Choice Method of Use**  | **Secondary Drug of Choice Method of use**  | **Tertiary Drug of Choice Method of Use**  | **Forth Drug of Choice Method of Use**  | **Fifth Drug of Choice Method of Use**  |
| Oral,  |  |  |  |  |  |
| Smoking,  |  |  |  |  |  |
| Inhalation,  |  |  |  |  |  |
| Injection,  |  |  |  |  |  |
| Other  |  |  |  |  |  |
| Unknown  |  |  |  |  |  |

**Number of days (last 30) in which client used the drug:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Primary Drug of Choice Last Use**  | **Secondary Drug of Choice Last Use** | **Tertiary Drug of Choice Last Use** | **Forth Drug of Choice Last Use** | **Fifth Drug of Choice Last Use** |
| 0 to 30 Days |  |  |  |  |  |

**Age at which the client first used the Drug:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Primary Drug of Choice Age at First Use**  | **Secondary Drug of Choice Age at First Use** | **Tertiary Drug of Choice Age at First Use** | **Forth Drug of Choice Age at First Use** | **Fifth Drug of Choice Age at First Use** |
| Age |  |  |  |  |  |

**Last Permanent Address (*Head of Household and All Adults*): *Required for DDaP***

**Address Data Quality:** 🞎 Full Address Reported 🞎 Incomplete or Estimated Address Reported 🞎 Client doesn’t know 🞎 Client prefers not to answer

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Discharge Address (If Discharged): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Veteran Information:**

**DD214 Order Date: \_\_\_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DD214 Receive Date: \_\_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

**Service Connected Disability:** 🞎 Yes 🞎 No

**\*Branch of military:** 🞎 Air Force 🞎 Army 🞎 Marines 🞎 Navy 🞎 Coast Guard 🞎Space Force 🞎 Client Doesn’t Know 🞎 Client prefers not to answer 🞎 Other

**Reserves:** 🞎 Yes 🞎 No

**\*Discharge status:** 🞎 Honorable 🞎 General under Honorable Conditions 🞎 Under Other than Honorable Conditions 🞎 Bad Conduct 🞎 Dishonorable

🞎 Uncharacterized 🞎 Don’t Know 🞎 Refused

**\*Date Entered Service: \_\_\_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*Date Separated Service: \_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

**Months of Active Duty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campaign Badge Veteran:** 🞎 Yes 🞎 No

**Stand Down Event:** 🞎 Yes 🞎 No

**Serve in a War Zone****:** 🞎 Yes 🞎 No 🞎 Client Doesn’t Know 🞎 Client prefers not to answer

*If YES, please select the* **War Zone Name**: 🞎 Afghanistan 🞎 China, Burma, India 🞎 Don’t Know 🞎 Europe 🞎 Iraq 🞎 Korea 🞎 Laos and Cambodia 🞎 North Africa

🞎 Other 🞎 Persian Gulf 🞎 Refused 🞎 South China Sea 🞎 South Pacific 🞎 Vietnam

\***Months Served in a Warzone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*If Yes, Received Friendly or Hostile Fire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Theatre of Operations:** 🞎 World War II 🞎 Korean War 🞎 Vietnam War 🞎 Persian Gulf War (Operation Desert Storm) 🞎 Afghanistan (Operation Enduring Freedom) 🞎 Iraq (Operation Iraqi Freedom) 🞎 Iraq (Operation New Dawn) 🞎 Other Peace-keeping Operations or Military Intervention

**Current Living Situation:** All street outreach projects are expected to ***record every contact made with each client by recording their Current Living Situation***, including when the Project Start Date, Prior Living Situation or Date of Engagement is recorded on the same day. There may or may not be a contact made at project exit.

**Information Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Living Situation:**

🞎 Emergency Shelter including hotel or motel paid for with Emergency Shelter voucher or RHY Funded Host Home Shelter

🞎 Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)

🞎 Safe Haven

🞎 Worker unable to determine

🞎 Other

**Location Details: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Type:**

🞎 Adult Day Care

🞎 Alcohol or Drug Abuse Services

🞎 Alcohol or Drug Treatment

🞎 Assisted Housing (ES, TH, PSH)

🞎 Case Management

🞎 Child Care Assistance

🞎 Education (RHY)

🞎 Employment Skills Training

🞎 Health care

🞎 Housing Search and Info

🞎 Housing Services: Minor Renovation/repair

🞎 Housing Services: One-time rental payments

🞎 Housing Services: Security Deposits

🞎 Income Benefits

🞎 Legal Services

🞎 Life Skills (Outside of CM)

🞎 Meals (Breakfast/Lunch/Dinner/Sack Lunch)

🞎 Medical Insurance Plan

🞎 Mental Health

🞎 Mental Health Services

🞎 Mortgage Assistance

🞎 Moving Costs

🞎 Primary Medical Care

🞎 Referral

🞎 Rehabilitation

🞎 Rental Assistance

🞎 Screening and Diagnostics

🞎 Supportive and Supervisory services in residential

🞎 T1016 – Case Management with Client Face to Face

🞎 T116B – Case Management with Collateral

🞎 T116C – Case Management with Client B Y TELEPHONE

🞎 Transportation

🞎 Utility Assistance

**Additional notes:**