**CT HMIS Transitional Housing Program, Permanent Supportive Housing, Shelter + Care Family Intake**

**Project Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Project Exit 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 🞎 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

If **“YES”** QUESTIONS with an \* are **required** to be answered, located at the end of this form. **If “NO” was Veteran Status Verified?** 🞎 Yes 🞎 No

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Household Member Demographics:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** |  |  | **Date of Birth** | **See codes below** | **Social Security Number** | **Relationship to HoH\*** | **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 |
| **\*Head of Household’s:** **C** - Child; **SP** - Spouse or Partner; **ORM** - Other Relation Member; **ONR** - Other Non-Relation Member |

**Client Location (Program):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Type of Residence:** Identify the type of living situation and length of stay in that situation just prior to project start for all adults and heads of households. ***(Do not read responses. Ask question and then choose one.)***

**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

If Type of Residence is a ***Homeless Situation*:**

**Approximate Date Homelessness Started: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**Length of Stay in the Prior Living Situation:**

🞎 One night or less

🞎 Two days 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

🞎 Data Not Collected

**(Regardless of where they stayed last night): Number of Times the Client Has Been Homeless 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)

🞎 2-12 Months (Specify # of Months: \_\_\_\_\_\_)

🞎 More than 12 months

🞎 Client Doesn’t Know

🞎 Data Not Collected

If Type of Residence is an ***INSTITUTIONAL SITUATION***, the questions below are required**:**

**Did you stay less than 90** **days?** 🞎 Yes 🞎 No

 **If *Yes***, **On the night before did you stay on the streets, ES or SH**: 🞎 Yes 🞎 No

**Length of stay in the prior living situation:**

🞎 90 days or more, but less than one year

🞎 One year or longer

🞎 Client Doesn’t Know

🞎 Client prefers not to answer

🞎 Data Not Collected

If Type of Residence is a ***TRANSITIONAL or PERMANENT HOUSING SITUATION***, the question below is required**:**

**Did you stay less than 7 nights?** 🞎 Yes 🞎 No

**If *Yes***, **On the night before did you stay on the streets, ES or SH:** 🞎 Yes 🞎 No

**Length of Stay in the Prior Living Situation:**

🞎 One night or less

🞎 Two days to six nights

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

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

🞎 Within the past three months

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

🞎 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

**If “YES” Are you currently fleeing?** 🞎 Yes 🞎 No 🞎 Don't Know 🞎 Refused 🞎 Data Not Collected

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

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

**Non-cash benefit from any source? (Head of household and Adults)** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client prefers not to answer 🞎 Data Not Collected
*Non-cash benefits 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 2** | **HH Member 3** | **HH Member 4** | **HH Member 5** |
| **Non-Cash Benefits** | **YES / NO** | **YES / NO** | **YES / NO** | **YES / NO** | **YES / NO** |
| Supplemental Nutrition Assistance Program (SNAP) |  |  |  |  |  |
| Special Supplemental Nutrition Program for WIC |  |  |  |  |  |
| TANF Child Care Services |  |  |  |  |  |
| TANF Transportation |  |  |  |  |  |
| Other TANF Funded Services |  |  |  |  |  |
| Other Source (Please Specify):  |  |  |  |  |  |

**Covered by Health Insurance:**🞎 Yes 🞎 No 🞎 Client Doesn't Know 🞎 Client prefers not to answer 🞎 Data Not Collected

**General Health Status:** 🞎 Excellent 🞎 Very Good 🞎 Good 🞎 Fair 🞎 Poor 🞎 Client Doesn't Know 🞎 Client prefers not to answer

**Sexual Orientation:**

🞎 Heterosexual 🞎 Gay 🞎 Lesbian 🞎 Bisexual 🞎 Questioning/Unsure 🞎Other 🞎 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** |
| **Substance Use Disorder:** *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| 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* |  |  |  |  |  |
| **Mental Health Disorder** *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| If yes, Expected to substantially impair ability to live independently? *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| **Developmental Disability:** *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| **Chronic Health Condition:** *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| If yes, Expected to substantially impair ability to live independently? *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| **HIV/AIDS**: *Yes, No, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| **Physical Disability:** *No, Alcohol Abuse, Drug Abuse, Both Alcohol and Drug, Client Doesn’t Know, Client prefers not to answer* |  |  |  |  |  |
| 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* |  |  |  |  |  |

**Health Insurance**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Insurance** | **Head of Household****YES / NO** | **HH****Member 2****YES / NO** | **HH****Member 3****YES / NO** | **HH** **Member 4****YES /NO** | **HH****Member 5****YES / NO** |
| Medicaid / HUSKY A, C, D |  |  |  |  |  |
| Medicare |  |  |  |  |  |
| State Children’s Health Insurance Program – HUSKY B |  |  |  |  |  |
| Veteran’s Health Administration (VHA) |  |  |  |  |  |
| Employer-Provided Health Insurance |  |  |  |  |  |
| Health Insurance Obtained through COBRA |  |  |  |  |  |
| Private Pay Health Insurance |  |  |  |  |  |
| Indian Health Services Program |  |  |  |  |  |
| State Health Insurance for Adults  |  |  |  |  |  |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

**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

**Income received from any source?** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client prefers not to answer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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: | $ | $ | $ | $ |

**CT Veteran Additional Information** (*For GPD - Grant Per Diem programs only*)**:**

**Veteran Eligibility:** 🞎 Type 1 🞎 Type 2 🞎 Type 3 🞎 Type 4

**Client is Income Eligible:** 🞎 Yes 🞎 No

**Client Hard to Find:** 🞎 Yes 🞎 No

**Refused Services:** 🞎 Refused Services 🞎 Hard to Engage

**Service Status:** 🞎 Engaged 🞎 Unengaged 🞎 Exited

**Transitional Choosers:** 🞎 Yes 🞎 No

**Chronic Homeless Verified:** 🞎 Yes 🞎 No

**Chronic Homeless Verified Date**: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**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 Interventions

**Additional notes:**