**CT HMIS Services Family Intake Form**

**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 🞎 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

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 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**: 🞎 Yes 🞎 No 🞎 Client Doesn't Know 🞎 Client prefers not to answer

**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

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

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

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

**Non-cash benefit from any source?** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client prefers not to answer

*If yes, Non-cash benefit source is required*. **Check those that apply:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Head of Household** | **HH Member 1** | **HH Member 2** | **HH Member 3** | **HH Member 4** |
|  | **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:**🞎 Yes 🞎 No 🞎 Client Doesn't Know 🞎 Client prefers not to answer

**Disabling Conditions (All Clients):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Head of Household** | **HH Member 2** | **HH Member 3** | **HH Member 4** | **HH Member 5** |
| **Substance Abuse 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** (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** |  **Member 2** | **Member 3** | **Member 4** | **Member 5** |
| **Income Type** | Monthly Amount | Monthly Amount | Monthly Amount | Monthly Amount | Monthly Amount |
| Unemployment Insurance |  |  |  |  |  |
| Earned Income (i.e., Employment income) |  |  |  |  |  |
| Supplemental Security income (SSI) |  |  |  |  |  |
| Social Security Disability Income (SSDI) |  |  |  |  |  |
| VA Service Connected Disability Compensation |  |  |  |  |  |
| Private Disability Insurance |  |  |  |  |  |
| Temporary Assistance for Needy Families (TANF) |  |  |  |  |  |
| General Assistance (GA) |  |  |  |  |  |
| Retirement Income and Social Security |  |  |  |  |  |
| VA Non-Service-Connected Disability Pension |  |  |  |  |  |
| Pension or retirement income from another job |  |  |  |  |  |
| Child Support |  |  |  |  |  |
| Alimony or other spousal support |  |  |  |  |  |
| Worker's Compensation |  |  |  |  |  |
| Other Source |  |  |  |  |  |
| **Client Income Total:** |  |  |  |  |  |

**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

**Additional notes:**