**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

**Sex**: ◻ Male ◻ Female ◻ Client Doesn’t Know ◻ Client prefers not to answer ◻ Data Not Collected

**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/Latina/o ◻ Hispanic/Latina/o ◻ 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/Latina/o ◻ **H/L**- Hispanic/Latina/o **DK**- Client Doesn’t Know; **CR**- Client prefers not to answer **Additional Race and Ethnicity Detail:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **\*Sex: M - Male F - Female ◻ DK - Client Doesn’t Know CR - Client prefers not to answer DC - Data Not Collected** | | | | | | | | | | |
| **\*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* |  |  |  |  |  |

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

**Is the individual willing to share their current zip code and town?:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip Code of Current Location (NUMBERS ONLY):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/Town of current location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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  ◻ Other  If 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  ◻ Other  If 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  ◻ Other  If 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  ◻ Other  If 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  ◻ Other  If 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:**