This form was prepared by the Office of Homeless Services and is optional and not required for HMIS monitoring.

# Agency/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assessment Date: \_\_\_\_\_\_\_\_\_\_\_

Client Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_ -\_\_\_\_\_ - \_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_

## DISABILITY INFORMATION

Does the client have a Disabling Condition?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client prefers not to answer |

If yes, check all that apply

|  |  |  |
| --- | --- | --- |
| ☐ Alcohol abuse  | ☐ HIV/AIDS  | ☐ Substance Use Disorder  |
| ☐ Chronic health condition  | ☐ Mental Health Disorder  |    |
| ☐ Developmental  | ☐ Physical  |

## HEALTH INSURANCE INFORMATION

Is the client covered by Health Insurance?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client prefers not to answer |

If yes, check all that apply

|  |  |
| --- | --- |
| ☐ \_\_\_\_\_\_\_\_ Medicaid  | ☐ \_\_\_\_\_\_\_\_ COBRA  |
| ☐ \_\_\_\_\_\_\_\_ Medicare  | ☐ \_\_\_\_\_\_\_\_ Private Pay Health Insurance  |
| ☐ \_\_\_\_\_\_\_\_ State Children’s Health Insurance  | ☐ \_\_\_\_\_\_\_\_ State Health Insurance for Adults  |
| ☐ \_\_\_\_\_\_\_\_ Veteran’s Health Administration (VHA)  | ☐ \_\_\_\_\_\_\_\_ Indian Health Services Program  |
| ☐ \_\_\_\_\_\_\_\_ Employer-Provided Health Insurance  | ☐ \_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

## Section 2: Complete for Head of Household and All Adults

Is client pregnant?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client prefers not to answer |

If yes, does client know their approximate birth date? \_\_\_\_\_\_\_\_ If yes, projected birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### INCOME INFORMATION

Record each adult’s income on their own intake form. If a minor child has income, include it on the HoH’s intake.

Does the client have Income from any source?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client prefers not to answer |

Total Monthly Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, check all that apply and include amount per month:

|  |  |
| --- | --- |
| $\_\_\_\_\_\_\_\_ Alimony or other spousal support  | $\_\_\_\_\_\_\_\_ SSI  |
| $\_\_\_\_\_\_\_\_ Child support  | $\_\_\_\_\_\_\_\_ SSDI  |
| $\_\_\_\_\_\_\_\_ Earned income  | $\_\_\_\_\_\_\_\_ TANF  |
| $\_\_\_\_\_\_\_\_ General Assistance  | $\_\_\_\_\_\_\_\_ Unemployment Insurance  |
| $ \_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | $\_\_\_\_\_\_\_\_ VA non-service connected disability pension  |
| $\_\_\_\_\_\_\_\_ Pension or retirement income  | $\_\_\_\_\_\_\_\_ VA service connected disability compensation  |
| $\_\_\_\_\_\_\_\_ Private disability insurance  | $\_\_\_\_\_\_\_\_ Worker’s Compensation  |
| $\_\_\_\_\_\_\_\_ Retirement income from social security  |   |

### NON-CASH BENEFIT INFORMATION

Does the client have Non-Cash Benefits from any source?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client prefers not to answer |

If yes, check all that apply and include amount per month:

|  |  |  |
| --- | --- | --- |
| $\_\_\_\_\_\_\_\_ SNAP  | $\_\_\_\_\_\_\_\_ TANF Child Care Services  | $\_\_\_\_\_\_\_\_ Other TANF-Funded Services  |
| $\_\_\_\_\_\_\_\_ WIC  | $\_\_\_\_\_\_\_\_ TANF Transportation Services  | $\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

### DOMESTIC VIOLENCE INFORMATION

Is Client a Survivor of Domestic Violence?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client prefers not to answer |

 If yes, when did experience occur?

|  |  |  |
| --- | --- | --- |
| ☐ Within the past 3 months  | ☐ 6 to 12 months ago  | ☐ Client doesn’t know  |
| ☐ 3 to 6 months ago  | ☐ More than a year ago  | ☐ Client prefers not to answer |

If yes, is the client currently fleeing domestic violence?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes  | ☐ No  | ☐ Client Doesn’t Know  | ☐ Client prefers not to answer |

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HUD/VASH VOUCHER TRACKING (enter at occurrence as applicable)

Date: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

Voucher Change:

|  |  |
| --- | --- |
| ☐ Referral package forwarded to PHA  | ☐ Voucher was administratively absorbed by new PHA  |
| ☐ Voucher denied by PHA  | ☐ Voucher was converted to Housing Choice Voucher  |
| ☐ Voucher issued by PHA  | ☐ Voucher was converted to Housing Choice Voucher  |
| ☐ Voucher revoked or expired  | ☐ Veteran exited – voucher was returned  |
| ☐ Voucher in use – veteran moved into housing  | ☐ Veteran exited – family maintained the voucher  |
| ☐ Voucher was ported locally  | ☐ Veteran exited – prior to ever receiving a voucher  |
| ☐ Voucher was administratively absorbed by new PHA  | ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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