**Emergency Shelter Intake Form**

***To help ensure data quality and accurate reporting***:

1. Use 'Client prefers not to answer' or 'Client doesn’t know' instead of leaving a question blank.

2. Clients should self-report answers to all questions.

3. Clients may refuse to share information and still receive services.

4. Complete for ALL household members *(please note: some questions are for adults only)*.

**Demographics**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Intake Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  | HMIS Client ID#: U.S. Veteran? Yes\_\_\_\_ No \_\_\_ *(Adults only)* |
| **Relationship to Head of Household (HH):**\_\_\_\_ Self (HH)\_\_\_\_ HH spouse or partner | \_\_\_\_ HH Child\_\_\_\_ HH other relation member\_\_\_\_ Other / Non-relation |

**Race & Ethnicity:** *(Select all that apply)*

|  |  |
| --- | --- |
| \_\_\_\_ American Indian, Alaska Native, or Indigenous\_\_\_\_ Asian or Asian American\_\_\_\_ Black, African American, or African\_\_\_\_ Hispanic/Latina/e/o | \_\_\_\_ Middle Eastern or North African \_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_ White \_\_\_\_ Client doesn’t know\_\_\_\_ Client prefers not to answer |

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

**Gender:** *(Select all that apply)*

|  |  |
| --- | --- |
| \_\_\_\_ Woman (Girl, if child) \_\_\_\_ Man (Boy, if child) \_\_\_\_ Culturally Specific Identity (e.g., Two-Spirit) \_\_\_\_ Transgender | \_\_\_\_ Non-Binary\_\_\_\_ Questioning\_\_\_\_ Different Identity\_\_\_\_ Client doesn't know\_\_\_\_ Client prefers not to answer |

**If Different Identity, Please Specify*:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Do You Have a Disabling Condition?**

|  |  |
| --- | --- |
| \_\_\_\_ No \_\_\_\_ Yes | \_\_\_\_ Client doesn't know \_\_\_\_ Client prefers not to answer |

**Type of Disability:**

|  |  |
| --- | --- |
|  \_\_\_\_ Alcohol Use Disorder \_\_\_\_ Drug Use Disorder \_\_\_\_ Both Alcohol and Drug Use Disorder \_\_\_\_ Developmental Disability | \_\_\_\_ HIV/AIDS \_\_\_\_ Mental Health Disorder \_\_\_\_ Physical Disability \_\_\_\_ Chronic Health Condition |

**Health Insurance**

**Covered by Health Insurance?**

|  |  |
| --- | --- |
| \_\_\_\_ No \_\_\_\_ Yes | \_\_\_\_ Client doesn't know \_\_\_\_ Client prefers not to answer |

**Health Insurance Type:**

|  |  |
| --- | --- |
| \_\_\_\_ MEDICAID\_\_\_\_ MEDICARE\_\_\_\_ State Children’s Health Insurance Program\_\_\_\_ Veteran’s Health Administration (VHA)\_\_\_\_ Employer- Provided Health Insurance | \_\_\_\_ Health Insurance obtained through \_\_\_\_ COBRA\_\_\_\_ Private Pay Health Insurance\_\_\_\_ State Health Insurance for Adults\_\_\_\_ Indian Health Services Program\_\_\_\_ Other |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***The remaining questions on the following pages are for adults only***

**Homeless Living Situation**

**Prior Living Situation** *(where did you sleep last night?)*

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

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

\_\_\_\_ Safe Haven (A form of supportive housing that serves hard-to-reach persons experiencing homelessness with severe mental illness and/or substance use disorders who are on the street and have been unable or unwilling to participate in supportive services.)

\_\_\_\_ Foster care home 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

\_\_\_\_ Substance abuse treatment facility or detox center

\_\_\_\_ Transitional housing for homeless persons (including homeless youth)

\_\_\_\_ Residential project or halfway house with no homeless criteria

\_\_\_\_ Hotel or motel paid for without emergency shelter voucher

\_\_\_\_ Host Home (non-crisis)

\_\_\_\_ Staying or living with family, temporary tenure (e.g., room, apartment, or house)

\_\_\_\_ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)

\_\_\_\_ Moved from one HOPWA funded project to HOPWA TH

\_\_\_\_ Staying or living in a friend’s room, apartment, or house

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

\_\_\_\_ Staying or living with family, permanent tenure

\_\_\_\_ Staying or living with friends, permanent tenure

\_\_\_\_ Moved from one HOPWA funded project to HOPWA PH

\_\_\_\_ Rental by client, no ongoing housing subsidy

\_\_\_\_ Rental by client, with ongoing housing subsidy

\_\_\_\_ Owned by client, with ongoing housing subsidy

\_\_\_\_ Owned by client, no ongoing housing subsidy

\_\_\_\_ No exit interview completed

\_\_\_\_ Client prefers not to answer

\_\_\_\_ Data not collected

**Length of Stay in Previous Place:**

|  |  |
| --- | --- |
| \_\_\_\_ One night or less\_\_\_\_ Two 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 |

**Approximate date this episode of homelessness started:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

**Regardless of where you stayed last night, number of times you have been on the streets, in shelter, or safe haven in the past three years including today:**

|  |  |
| --- | --- |
| \_\_\_\_ One time\_\_\_\_ Two Times\_\_\_\_ Three times | \_\_\_\_ Four or more times\_\_\_\_ Client doesn’t know\_\_\_\_ Client prefers not to answer |

**Total number of months homeless on the street, in shelter or safe haven in the past three years:**

|  |  |
| --- | --- |
| \_\_\_\_ One month (this time is the first month)\_\_\_\_ Months ranging from 2-12 (choose the appropriate number of months) | \_\_\_\_ More than 12 months\_\_\_\_ Client doesn’t know\_\_\_\_ Client prefers not to answer |

**Domestic Violence**

**Survivor of Domestic Violence?**

|  |  |
| --- | --- |
| \_\_\_\_ No \_\_\_\_ Yes | \_\_\_\_ Client doesn't know \_\_\_\_ Client prefers not to answer |

**If Yes for survivor of Domestic Violence, when experience occurred:**

|  |  |
| --- | --- |
| \_\_\_\_ Within the past three months\_\_\_\_ Three to six months ago\_\_\_\_ From six to twelve months | \_\_\_\_ More than a year ago\_\_\_\_ Client doesn’t know \_\_\_\_ Client prefers not to answer |

**If Yes for survivor of Domestic Violence, are you currently fleeing?**

|  |  |
| --- | --- |
| \_\_\_\_ No \_\_\_\_ Yes | \_\_\_\_ Client doesn't know \_\_\_\_ Client prefers not to answer |

**Income**

**Non-Cash Benefits from Any Source:**

|  |  |
| --- | --- |
| \_\_\_\_ No \_\_\_\_ Yes | \_\_\_\_ Client doesn't know \_\_\_\_ Client prefers not to answer |

**Source of Non-Cash Benefit and Monthly Amount Received *(Select all that apply)***

|  |  |
| --- | --- |
| $\_\_\_\_Supplemental Nutrition Assistance $\_\_\_\_Program (Food Stamps)$\_\_\_\_TANF Child Care Services  | $\_\_\_\_ TANF Transportation Services$\_\_\_\_Other TANF Funded Services$\_\_\_\_Other Source |

**If Other, Please Specify:**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Amount of Non-Cash Benefit:**

**Income from Any Source**

|  |  |
| --- | --- |
| \_\_\_\_ No \_\_\_\_ Yes | \_\_\_\_ Client doesn't know \_\_\_\_ Client prefers not to answer |

**Source of Income and Monthly Amount Received:**

|  |  |
| --- | --- |
| $\_\_\_\_Alimony or Other Spousal Support$\_\_\_\_Child Support$\_\_\_\_Earned Income$\_\_\_\_General Assistance$\_\_\_\_Pension or retired income from another job$\_\_\_\_Private Disability Insurance$\_\_\_\_Retirement Income from Social Security$\_\_\_\_Self Employment Wages | $\_\_\_\_SSI$\_\_\_\_ SSDI$\_\_\_\_TANF$\_\_\_\_Unemployed Insurance$\_\_\_\_VA Non-Service Connected Disability Pension$\_\_\_\_VA Service Connected Disability Compensation$\_\_\_\_Workers Compensation $\_\_\_\_Other Source |

**If Other, Please Specify:**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*