MSHMIS Street & Shelter Intake Form (3.917A)

Only Use for Street Outreach, Safe Haven and Emergency Shelter Projects

Intake Date: _____ **Intake Staff/Case Manager:** _____

HOUSEHOLD INFORMATION

Answer this section for all persons in household (use additional sheets for larger families)

Full Name	Relationship to Head of Household	SSN	US Military Veteran	Date of Birth *mm/dd/yyyy*	Gender	Race *(Select all that apply)*
_____ **Name Data Quality** ☐ Full name ☐ Partial, street or code name ☐ Client doesn't know ☐ Client refused	☐ Self (Head of household)	_____ **SSN Data Quality** ☐ Full SSN Reported ☐ Approximate or partial SSN reported ☐ Client doesn't know ☐ Client refused	*(Answer for adults 18+ only)* ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	/ / **DOB Data Quality** ☐ Full DOB reported ☐ Approximate or partial DOB ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Trans Female (MTF or Male to Female) ☐ Trans Male (FTM or Female to Male) ☐ Gender Non-conforming (i.e. not exclusively male to female) ☐ Client doesn't know ☐ Client refused	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused
_____ **Name Data Quality** ☐ Full name ☐ Partial, street or code name ☐ Client doesn't know ☐ Client refused	☐ Head of Household's child ☐ Head of household's spouse or partner ☐ Head of household's other relation member (other relation to head of household) ☐ Other: non-relation member	_____ **SSN Data Quality** ☐ Full SSN Reported ☐ Approximate or partial SSN reported ☐ Client doesn't know ☐ Client refused	*(Answer for adults 18+ only)* ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	/ / **DOB Data Quality** ☐ Full DOB reported ☐ Approximate or partial DOB ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Trans Female (MTF or Male to Female) ☐ Trans Male (FTM or Female to Male) ☐ Gender Non-conforming (i.e. not exclusively male to female) ☐ Client doesn't know ☐ Client refused	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused

_____ **Name Data Quality** □ Full name □ Partial, street or code name □ Client doesn't know □ Client refused	□ Head of Household's child □ Head of household's spouse or partner □ Head of household's other relation member (other relation to head of household) □ Other: non-relation member	_____ **SSN Data Quality** □ Full SSN Reported □ Approximate or partial SSN reported □ Client doesn't know □ Client refused	*(Answer for adults 18+ only)* □ Yes □ No □ Client doesn't know □ Client refused	/ / **DOB Data Quality** □ Full DOB reported □ Approximate or partial DOB □ Client doesn't know □ Client refused	□ Female □ Male □ Trans Female (MTF or Male to Female) □ Trans Male (FTM or Female to Male) □ Gender Non-conforming (i.e. not exclusively male to female) □ Client doesn't know □ Client refused	□ American Indian or Alaskan Native □ Asian □ Black or African American □ Native Hawaiian or other Pacific Islander □ White □ Client doesn't know □ Client refused

HOUSEHOLD INFORMATION continued…

Answer this section for all persons in household (use additional sheets for larger families)

Name *(Answer for All Persons in HH)*	**Ethnicity**	**Does the client have a disabling condition?**	***Disability Type*** ***(Select all that apply)***	*If Yes, to be long-continued and indefinite duration and substantially impairs ability to live independently?* ***Not applicable for HIV/AIDS and Developmental Disability*
	□ Non- Hispanic/ Non-Latino □Hispanic/Latino □Client doesn't know □Client refused	□ Yes □ No □ Client doesn't Know □ Client refused	□ Physical □ Developmental** □ Chronic Health Condition □ HIV/AIDS** □ Mental Health Problems □ Alcohol Abuse □ Drug Abuse □ Both Alcohol & Drug Abuse	□ Yes □ No □ Client doesn't know □ Client refused
	□ Non- Hispanic/ Non-Latino □Hispanic/Latino □Client doesn't know □Client refused	□ Yes □ No □ Client doesn't Know □ Client refused	□ Physical □ Developmental** □ Chronic Health Condition □ HIV/AIDS** □ Mental Health Problems	□ Yes □ No □ Client doesn't know □ Client refused

			□ Alcohol Abuse □ Drug Abuse □ Both Alcohol & Drug Abuse	
	□ Non- Hispanic/ Non-Latino □Hispanic/Latino □Client doesn't know □Client refused	□ Yes □ No □ Client doesn't Know □ Client refused	□ Physical □ Developmental** □ Chronic Health Condition □ HIV/AIDS** □ Mental Health Problems □ Alcohol Abuse □ Drug Abuse □ Both Alcohol & Drug Abuse	□ Yes □ No □ Client doesn't know □ Client refused

Disability **Notes**:

_____

_____

HOUSEHOLD INFORMATON continued… Answer this section for all persons in the household (use additional sheets for larger families)			
Name *(Answer for All Persons in HH)*	**Pregnant**	**Currently Covered by Health Insurance?**	***(If Client has Health Insurance)*** **Select All Type(s) That Apply**
	☐ Yes ☐ No *(If Yes)* **Projected Date of Birth** _____	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ MEDICAID ☐ MEDICARE ☐ State Children's Health Insurance Program ☐ Veteran Administration (VA) Medical Services ☐ Employer Provided Health Insurance ☐ Health Insurance Obtained through COBRA ☐ Private Pay Health Insurance ☐ State Health Insurance for Adults ☐ Indian Health Services Program ☐ Other (Please Specify: _____)
	☐ Yes ☐ No *(If Yes)* **Projected Date of Birth** _____	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ MEDICAID ☐ MEDICARE ☐ State Children's Health Insurance Program ☐ Veteran Administration (VA) Medical Services ☐ Employer Provided Health Insurance ☐ Health Insurance Obtained through COBRA ☐ Private Pay Health Insurance ☐ State Health Insurance for Adults ☐ Indian Health Services Program ☐ Other (Please Specify: _____)
	☐ Yes ☐ No *(If Yes)*	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ MEDICAID ☐ MEDICARE ☐ State Children's Health Insurance Program ☐ Veteran Administration (VA) Medical Services

	Projected Date of Birth _____		☐ Employer Provided Health Insurance ☐ Health Insurance Obtained through COBRA ☐ Private Pay Health Insurance ☐ State Health Insurance for Adults ☐ Indian Health Services Program ☐ Other (Please Specify: _____)

HOMELESS HISTORY INTERVIEW

Answer the following questions for the Head of Household and Adults
(Use additional sheets if members of the same household have different homeless histories)

Chronic status is determined by a client's history of homelessness, disability status, and the length of time spent on the street, in an emergency shelter or safe haven. Requires a substantiated disability and, continuously homeless for past 12 months to qualify or 4 separate occasions in the past 3 years as long as the combined occasions total at least 12 months. Intake workers should not instruct the client on the length of time/# of episodes necessary to qualify as chronically homeless. Questions should be asked in the exact order they are presented below.

Describe the client's prior living situation (night before project entry)?

(Select one Prior Living Situation and answer the corresponding questions in the order in which they appear)

	Literally Homeless Situation	Institutional Situation	Temporary/Permanent Housing Situation	Don't Know/ Refused
SECTION I	☐ Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside) ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY-funded Host Home shelter ☐ Safe Haven	☐ Foster care home or foster 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	☐ Hotel or motel paid for without emergency shelter voucher ☐ Host Home (non crisis) ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with VASH housing subsidy ☐ Rental by client, with GPD TIP housing subsidy ☐ Rental by client with Housing Choice Voucher (HCV) (tenant or project based) ☐ Rental by client, with other ongoing housing subsidy ☐ Rental by client, with RRH or equivalent subsidy ☐ Rental by client in a public housing unit ☐ Residential project of halfway house with no homeless criteria ☐ Staying or living in a family member's room, apartment or house	☐ Client doesn't know ☐ Client refused

			☐ Staying or living in a friend's room, apartment or house ☐ Transitional housing for homeless persons (including homeless youth)	
SECTION II	**Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)?** ☐ 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	**Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?** ☐ 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 **Did you stay in the institutional situation less than 90 days?** ☐ Yes **(If YES – Complete SECTION III)** ☐ No **(If NO- End Homeless History Interview)**	**Length of Stay in Prior Living Situation (i.e. the housing situation identified above)** ☐ 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 **Did you stay in the housing situation less than 7 nights?** ☐ Yes **(If YES – Complete SECTION III)** ☐ No **(If NO – End Homeless History Interview)**	☐ Client doesn't know ☐ Client refused
SECTION III	**N/A** **Complete SECTION IV Below**	**On the night before entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?** ☐ Yes **(If YES – Complete SECTION IV)** ☐ No **(If NO- End Homeless History Interview)**	**On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?** ☐ Yes **(If YES – Complete SECTION IV)** ☐ No **(If NO – End Homeless History Interview)**	☐ Client doesn't know ☐ Client refused

*Have the client look back to the date of the last time s(he) "had a place to sleep **other than** the streets, ES, or SH".*
If the client knows the month and year but not the day, the worker may substitute the day of the month with the same day of the month as project entry.

What Counts as a Break in Homelessness?

As the client looks back, there may be breaks in their stay on the streets, ES, or SH. A break in homelessness is considered to be:

- ***7 or more consecutive nights in a Housing Situation** (see Section III above).*
- ***90 or more consecutive days in an Institutional Situation** (see Section II above)*

Follow-up questions:

1. *"Did you stay anywhere other than on the streets, in emergency shelter, or safe haven for less than 7 nights" (if not an institution). or*
2. *"Were you in jail/hospital/other Institution less 90 days" (if break is an institution).*

If 1 or 2 is yes, include all those days in the client's total number of days homeless and continue back to the next break in homelessness.

SECTION IV

Approximate date homelessness started: _____(M/D/YYYY)

Regardless of where they stayed last night -- **Number of times the client has been on the streets, in ES, or SH in the past three years, including today**

- ☐ One Time
- ☐ Two Times
- ☐ Three Times
- ☐ Four or more Times
- ☐ Client doesn't know
- ☐ Client refused

Total number of months homeless (on the street, in emergency shelter or safe haven) in the past 3 years?
(e.g. # of cumulative, but not necessarily consecutive months spent homeless)

- ☐ One month (this time is the first month)
- ☐ 2 – 12 months → Must specify # months____
- ☐ More than 12 months
- ☐ Client doesn't know
- ☐ Client refused

Answer the following questions for all Household Members (Unless Otherwise Specified)

Housing Status

- ☐ Category 1 - Homeless
- ☐ Category 2 – At imminent risk of losing housing
- ☐ Category 3 – Homeless only under other federal statues
- ☐ Category 4 – Fleeing domestic violence
- ☐ At-risk of homelessness
- ☐ Stably Housed
- ☐ Client doesn't know
- ☐ Client refused

Zip Code of Last Permanent Address: _____ **City of Residence:** _____**County of Residence:** _____

Answer the following questions for Head of Household Only

Client Location *(CoC Code):* _____

****Answer the following questions for HEAD OF HOUSEHOLD and ADULTS only! (Print additional pages where needed) ****

DOMESTIC VIOLENCE

*Domestic Violence Victim/Survivor should be indicated as **"Yes"** if the person has experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has taken place **within the individual's or family's primary nighttime residence.***

Domestic Violence Victim/Survivor?

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

***(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 refused

*Currently fleeing should be indicated as **"Yes"** if the Person is fleeing, or is attempting to flee, the domestic violence situation **or** is afraid to return to their primary nighttime residence.*

***(If yes)* Are you currently fleeing?**

☐ Yes
☐ No
☐ Client doesn't know
☐ Client refused

Overview of domestic violence

_____
_____

INCOME & NON-CASH BENEFITS

Currently receiving income from any source?

☐ Yes
☐ No
☐ Client refused
☐ Client doesn't know

X	Source of Income (Monthly)	Family Member	Amount from Source
	Alimony or Other Spousal Support		$ .00
	Child Support		$ .00
	Earned Income *(Employment)*		$ .00
	General Assistance		$ .00
	Pension or Retirement Income from a Former Job		$ .00
	Private Disability Insurance		$ .00
	Retirement Income from Social Security		$ .00
	SSDI *(Social Security Disability Insurance)*		$ .00
	SSI *(Supplemental Security Income)*		$ .00
	TANF *(Temporary Assistance for Needy Families or FIP grant)*		$ .00
	Unemployment Insurance		$ .00
	VA Service-Connected Disability Compensation		$ .00
	VA Non-Service-Connected Disability Pension		$ .00
	Workers Compensation		$ .00
	Other *(Including Gifts from Friends and Family)* **Specify***:*_____		$ .00
	No Financial Resources		**N/A**

Total Monthly Income $_____ (Per Household Member)

Currently receiving any non-cash benefits?

☐ Yes
☐ No
☐ Client doesn't know
☐ Client refused

X	Source of Non-Cash Benefit (Monthly)	Family Member	Amount (If applicable)
	Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)		$ .00
	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)		$ .00
	TANF Child Care Services		$ .00
	TANF Transportation Services		$ .00
	Other TANF Funded Services		$ .00
	Other Source – **Specify**: _____		$ .00

Connection With SOAR?

☐ Yes
☐ No
☐ Client Doesn't Know
☐ Client Refused

CONTACT INFORMATION

To obtain the client's emergency contact information, intake staff should ask the client, "*If you wish to be contacted regarding benefits that you may be eligible for or in the case of an emergency, we will need your best Contact Information. Some services are very time limited so please be as accurate as possible and include how we might reach you even as your circumstances are changing."*

Client's Cell Phone Number _____

Email Address _____

Emergency Contact's Name _____

Contact's Address: Street _____

Contact Type (Relationship to Client) _____

City _____ **State** _____

Phone Number _____

Contact's Zip Code _____

Second Phone Number _____

Current Living Situation (previously known as Contacts)

Street Outreach Projects MUST record a Current Living Situation for every contact made with each client including when the project start date, prior living situation or date of engagement is recorded on the same day. **Please refer to the Street Outreach Supplemental Form for more detail.**

Night-by-Night shelters should **only** record a Current Living Situation if the interaction between the shelter personnel and client goes beyond a basic provision of shelter services (e.g., Contacts may include activities such as a conversation between the shelter worker and the client about the client's well-being or needs, an office visit to discuss their housing plan, or a referral to another community service)

Describe the client's current living situation (where they are today)

(Select one Living Situation and answer the corresponding questions in the order in which they appear)

Literally Homeless Situation	Institutional Situation	Temporary/Permanent Housing Situation	Don't Know/ Refused
☐ Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside)	☐ Foster care home or foster group home	☐ Hotel or motel paid for without emergency shelter voucher	☐ Client doesn't know
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY-funded Host Home shelter	☐ Hospital or other residential non-psychiatric medical facility	☐ Host Home (non crisis)	☐ Client refused
☐ Safe Haven	☐ Jail, prison or juvenile detention facility	☐ Owned by client, no ongoing housing subsidy	
	☐ Long-term care facility or nursing home	☐ Owned by client, with ongoing housing subsidy	
	☐ Psychiatric hospital or other psychiatric facility	☐ Permanent housing (other than RRH) for formerly homeless persons	
	☐ Substance abuse treatment facility or detox center	☐ Rental by client, no ongoing housing subsidy	
		☐ Rental by client, with VASH housing subsidy	
		☐ Rental by client, with GPD TIP housing subsidy	
		☐ Rental by client with Housing Choice Voucher (HCV) (tenant or project based)	
		☐ Rental by client, with other ongoing housing subsidy	
		☐ Rental by client, with RRH or equivalent subsidy	
		☐ Rental by client in a public housing unit	
		☐ Residential project of halfway house with no homeless criteria	
		☐ Staying or living in a family member's room, apartment or house	
		☐ Staying or living in a friend's room, apartment or house	
		☐ Transitional housing for homeless persons (including homeless youth)	

Is client going to have to leave their current living situation within 14 days?

□ Yes □ No □ Client doesn't know □ Client refused

Has a subsequent residence been identified?

□ Yes □ No □ Client doesn't know □ Client refused

Does individual or family have resources or support networks to obtain other permanent housing?

□ Yes □ No □ Client doesn't know □ Client refused

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

□ Yes □ No □ Client doesn't know □ Client refused

Has the client moved 2 or more times in the last 60 days?

□ Yes □ No □ Client doesn't know □ Client refused

Location Details: _____

Date of Engagement _____

FUNDER SPECIFIC QUESTIONS

Only answer questions in this box if your agency receives ESP-TANF funding from DHS or through The Salvation Army (Required for ALL clients)

Referred from HARA? □ Yes □ No

→ If No, Date Client Referred to HARA: ___ / ___ / _____

TANF Eligible Family? □ Yes □ No

ESP Billing Status:

□ Bill ESP for this Client

□ Do Not Bill ESP for this Client

□ Health Care for Homeless Vets Qualified

□ Not Applicable

 # in Household_____

 # Adults_____

 # Children_____

DHS-ESP ONLY

DHS ESP Motel Funding Request

Motel Programs HoH ONLY

(One line for each Funding Request)

Total Hotel/ Motel Amount	Coverage Start Date	Coverage End Date	ESP Hotel/Motel Vendor Name	County of ESP Hotel/Motel:
$.				
$.				