

# AKHMIS Intake Form

## CoC, ESG, and / or BHAP – Street Outreach Only

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

Intake Completed By: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Project Start Date (use for Back-Date): \_\_\_/\_\_\_/\_\_\_\_\_

Client Name	SSN	Veteran? Y or N	Date of Birth	Race	Ethnicity	Gender	Relationship to Head of Household
							Self

**Race (select up to two from):** American Indian / Alaska Native, Asian, Black / African American, Native Hawaiian / Other Pacific Islander, or White

**Ethnicity (select one from):** Non-Hispanic / Non-Latino or Hispanic / Latino

**Gender (select one from):** Female, Male, Trans Female (Male to Female), Trans Male (Female to Male), or Gender Non-Conforming

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

Is the client staying on the Streets, in Shelter, or Safe Haven? \_\_\_ Yes \_\_\_ No \_\_\_ Unknown

Contact Comment:

Date of Engagement: \_\_\_/\_\_\_/\_\_\_\_\_

**Covered by Health Insurance?** \_\_\_ Yes (if yes, select specific type(s)) \_\_\_ No

\_\_\_ Medicaid

\_\_\_ State Children's Health Insurance Program

\_\_\_ Employer-Provided Health Insurance

\_\_\_ Private Pay Health Insurance

\_\_\_ Indian Health Services Program

\_\_\_ Medicare

\_\_\_ Veteran's Administration Medical Services

\_\_\_ Health Insurance obtained through COBRA

\_\_\_ State Health Insurance for Adults

\_\_\_ Other

**Do you have a Disabling Condition?** \_\_\_ Yes \_\_\_ No

If Yes, indicate the specific type(s) and answer the additional questions

Disability Type	Yes or No	Expected to be of long-continued and indefinite duration and substantially impair the individual's ability to live independently?	Condition going to be long-term?
Alcohol Abuse			
Both Alcohol and Drug Abuse			
Chronic Health Condition			
Developmental			
Drug Abuse			
HIV / AIDS			
Mental Health Problem			
Physical			

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**Do you have any of the specific following conditions?**

- |  |   |
|--|---|
| <input type="checkbox"/> Alzheimer's Type Dementia | <input type="checkbox"/> Chronic Alcoholism |
| <input type="checkbox"/> Developmental Disability  | <input type="checkbox"/> Mental Illness     |
| <input type="checkbox"/> Traumatic Brain Injury    |   |

**Alaska Universal Data Elements (answer for all, even if z-Not Affiliated):**

Primary Alaska Native Regional Corporation?	
Secondary Alaska Native Regional Corporation?	

Select from: Ahtna, Aleut, Arctic Slope Regional, Bering Straits Native, Bristol Bay Native, Calista, Chugach Alaska, Cook Inlet Regional, Doyon Limited, Koniag, NANA Regional, Sealaska, 13<sup>th</sup> Regional, Descendant BIA Card Only, or z-Not Affiliated

**Housing Move-In Date:** *Note that if this data element is filled in on the Entry Assessment in HMIS for this client, remove it on the Entry Assessment.*

**Where did you sleep the night before coming into Shelter?**

- |   |   |
|---|---|
| <input type="checkbox"/> Place not meant for habitation                     | <input type="checkbox"/> Emergency shelter, including hotel paid for with voucher       |
| <input type="checkbox"/> Safe haven (not available in Alaska)               | <input type="checkbox"/> Interim Housing (not common in Alaska)                         |
| <input type="checkbox"/> Foster care home or foster care group home         | <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility       | <input type="checkbox"/> Long-term care facility or nursing home                        |
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Substance abuse treatment facility or detox center             |
| <input type="checkbox"/> Hotel paid for without voucher                     | <input type="checkbox"/> Owned by client, no ongoing housing subsidy                    |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy      | <input type="checkbox"/> Permanent housing (not RRH) for homeless persons               |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy       | <input type="checkbox"/> Rental by client, with VASH subsidy                            |
| <input type="checkbox"/> Rental by client, with GPD TIP subsidy             | <input type="checkbox"/> Rental by client, with other subsidy (including RRH)           |
| <input type="checkbox"/> Residential with no homeless criteria              | <input type="checkbox"/> Staying or living in family's apartment / house                |
| <input type="checkbox"/> Staying or living in friend's apartment / house    | <input type="checkbox"/> Transitional housing for homeless persons                      |

**How long were you there?**

- |  |   |
|--|---|
| <input type="checkbox"/> One night or less                         | <input type="checkbox"/> Two to six nights                        |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> One month or more, but less than 90 days |
| <input type="checkbox"/> 90 days or more, but less than one year   | <input type="checkbox"/> One year or longer                       |

**Approximate date homelessness started:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**How many times have you been on the Streets, in Shelter, or in a Safe Haven in the last 3 years, including today?**

- One time                       Two times                       Three times                       Four or more times

**How many months have you been on the Streets, in Shelter, or in a Safe Haven in the last 3 years?**

- |   |                                    |                                    |
|---|------------------------------------|------------------------------------|
| <input type="checkbox"/> 1 month (this time is the 1 <sup>st</sup> month) | <input type="checkbox"/> 2 months  | <input type="checkbox"/> 3 months  |
| <input type="checkbox"/> 4 months   | <input type="checkbox"/> 5 months  | <input type="checkbox"/> 6 months  |
| <input type="checkbox"/> 7 months   | <input type="checkbox"/> 8 months  | <input type="checkbox"/> 9 months  |
| <input type="checkbox"/> 10 months  | <input type="checkbox"/> 11 months | <input type="checkbox"/> 12 months |
| <input type="checkbox"/> More than 12 months                              |                                    |                                    |

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**What is the primary reason you are experiencing homelessness?**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Illness / Injury            | <input type="checkbox"/> Domestic Violence                    | <input type="checkbox"/> Hours of Work Cut       |
| <input type="checkbox"/> House Repairs               | <input type="checkbox"/> ATAP Delays / Sanctions              | <input type="checkbox"/> Death in Family         |
| <input type="checkbox"/> Legal Issues                | <input type="checkbox"/> Unemployed (<60 days)                | <input type="checkbox"/> Unemployed (>60 days)   |
| <input type="checkbox"/> Nonpayment of Child Support | <input type="checkbox"/> Benefits Interrupted                 | <input type="checkbox"/> In Treatment            |
| <input type="checkbox"/> Low Wages / Fixed Income    | <input type="checkbox"/> Car Trouble / Accident               | <input type="checkbox"/> Lost Partner / Roommate |
| <input type="checkbox"/> Theft Victim                | <input type="checkbox"/> New Job / Paycheck Delay             | <input type="checkbox"/> Moved to AK w/ No Funds |
| <input type="checkbox"/> Mortgage Foreclosure        | <input type="checkbox"/> Loss of Job                          | <input type="checkbox"/> Released from Medical   |
| <input type="checkbox"/> Released from Jail / Prison | <input type="checkbox"/> Living with Someone & Asked to Leave | <input type="checkbox"/> Other (specify)         |

**Do you have any monthly income?**     Yes     No

**If Yes, what is the total monthly amount?**    \$ \_\_\_\_\_

**If Yes, select the specific sources and the monthly amount of each source**

Alimony or other spousal support	\$
TANF	\$
Child support	\$
Earned income	\$
General assistance	\$
Pension or retirement income from another job	\$
Private disability insurance	\$
SSDI	\$
SSI	\$
Retirement income from social security	\$
Unemployment insurance	\$
VA service connected disability compensation	\$
VA non-service connected disability pension	\$
Worker's compensation	\$
Other	\$

**Do you receive any non-cash benefits?**     Yes (if yes, select specific type(s))     No

- |   |   |
|---|---|
| <input type="checkbox"/> TANF Child Care Services   | <input type="checkbox"/> TANF Transportation Services                   |
| <input type="checkbox"/> Other TANF-Funded Services | <input type="checkbox"/> Special Supplemental Nutrition Program for WIC |
| <input type="checkbox"/> SNAP (Food Stamps)         | <input type="checkbox"/> Other Source                                   |

**Domestic Violence Victim / Survivor?**     Yes     No

**If Yes, when did last experience occur?**

Within the last 3 months     6 – 12 months ago     More than a year ago

**If Yes, currently fleeing the domestic violence situation?**     Yes     No