

AKHMIS Intake Form RHY 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

- | | |
|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> State Children's Health Insurance Program | <input type="checkbox"/> Veteran's Administration Medical Services |
| <input type="checkbox"/> Employer-Provided Health Insurance | <input type="checkbox"/> Health Insurance obtained through COBRA |
| <input type="checkbox"/> Private Pay Health Insurance | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> Indian Health Services Program | <input type="checkbox"/> 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 | |

Housing Move-In Date: *Note that if you are completing this for a project that is not a permanent housing project and 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 last night?

- | | |
|---|---|
| <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?

- | | | | |
|-----------------------------------|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> One time | <input type="checkbox"/> Two times | <input type="checkbox"/> Three times | <input type="checkbox"/> 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 st 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 | | |

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) |

Sexual Orientation

- | | | | | |
|---------------------------------------|------------------------------|----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Gay | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Questioning |
|---------------------------------------|------------------------------|----------------------------------|-----------------------------------|--------------------------------------|

Are you pregnant? Yes No
If Yes, projected birth date: ____/____/____