CT HMIS TLP/PSH/Shelter + Care Individual Intake Form

Project Start Date: _____ **Project Exit Date:** _____

Applicant (Head of Household) Information:

First Name: _____ **Last Name**: _____

Middle Name: _____ **Suffix**: _____

Name Data Quality: □ Full Name Reported □ Partial, Street Name, or Code Name reported □ Client Doesn't Know □ Client prefers not to answer

Date of Birth: _____/_____/_____ □ Full DOB Reported □ Approximate or Partial DOB Reported □ Client Doesn't Know □ Client prefers not to answer

Social Security Number: _____-_____-_____

□ Full SSN Reported □ Approximate or Partial SSN Reported □ Client Doesn't Know □ Client prefers not to answer

Sex: □ Male □ Female □ Client Doesn't Know □ Client prefers not to answer □ Data Not Collected

Primary Language: □ English □ Spanish □ French □ Portuguese □ Other □ Client Doesn't Know If Other, please specify: _____

Relationship to HOH: □ Self □ Spouse □ Child □ Step-Child □ Grandparent □ Guardian □ Other Relative □ Other Non-Relative □ Grandchild □ Foster-Child

Race & Ethnicity: □ White □ Black, African American or African □ Asian or Asian American □ American Indian, Alaska Native, or Indigenous □ Native Hawaiian or Pacific Islander □ Middle Eastern or North African □ Non-Hispanic/Latina/o □ Hispanic/Latina/o □ Client Doesn't Know □ Client prefers not to answer

Additional Race and Ethnicity Detail: _____

Veteran Status: Have you ever been on active duty in the U.S. Military? □ Yes □ No □ Client doesn't know □ Client prefers not to answer

If **"YES"** QUESTIONS with an * are **required** to be answered, located at the end of this form. **If "NO" was Veteran Status Verified?** □ Yes □ No

Cell Phone: _____ Work Phone: _____ Email: _____

Form updated 09/20/23

Client Location (Program): _____
Disabling Condition: □ Yes □ No □ Client Doesn't Know □ Client prefers not to answer

Assessment Location:
□ Emergency Shelter including hotel or motel paid for with emergency shelter voucher or RHY Funded Host Home Shelter □ Substance Abuse treatment facility or detox
□ Hospital or other residential non-psychiatric medical facility □ Jail, prison, or juvenile detention facility □ Place not meant for human habitation
□ Other □ Long-term care facility or Nursing Home □ Staying or living with friends or family
□ Other – Library □ Other – Soup Kitchen

Assessment Type: □ Phone □ Virtual □ In Person

Assessment Level: □ Crisis Needs Assessment □ Housing Needs Assessment

Location of Crisis Housing or Permanent Housing Referral: _____

Prioritization Status: □ Placed on Prioritization List □ Not Placed on Prioritization List □ Not yet determined (assessment in progress)

Type of Residence: Identify the type of living situation and length of stay in that situation just prior to project start for all adults and heads of households. ***(Do not read responses. Ask question and then choose one.)***

HOMELESS SITUATION
□ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter
□ Place not meant for habitation
□ Safe Haven

INSTITUTIONAL SITUATION
□ Foster care 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
□ Psychiatric Hospital or other psychiatric facility
□ Substance Abuse treatment facility or detox center

TRANSITIONAL HOUSING SITUATION
□ Hotel / Motel paid without ES voucher
□ Staying or living in a family, member's room, apartment, or house
□ Staying or living in a family member's room, apartment, or house
□ Transitional housing for homeless persons (including youth)

PERMANENT HOUSING SITUATION
□ Rental by client no ongoing housing subsidy
□ Rental by client, with ongoing housing Subsidy

IF *Rental by client, with ongoing housing Subsidy is Checked*, Please select Subsidy from List:
□ *GPD TIP housing subsidy*
□ *VASH housing subsidy*
□ *RRH or equivalent subsidy*
□ *HCV voucher (tenant or project based) (not dedicated)*
□ *Public housing unit*
□ *Rental by client, with other ongoing housing subsidy*
□ *Emergency Housing Voucher*
□ *Family Unification Program Voucher (FUP)*
□ *Foster Youth to Independence Initiative (FYI)*
□ *Permanent Supportive Housing*
□ *Other permanent housing dedicated for formerly homeless persons*
□ Owned by client, no ongoing housing subsidy
□ Owned by client, with ongoing housing subsidy

OTHER
□ Client doesn't know
□ Client prefers not to answer
□ Data Not Collected

If Type of Residence is a ***HOMELESS SITUATION***:
Approximate Date Homelessness Started: _____/_____/_____

Length of Stay in the Prior Living Situation:

□ One night or less
□ Two days 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
□ Data Not Collected

(Regardless of where they stayed last night): Number of Times the Client Has Been Homeless on the Streets, in ES, or SH in the Past Three Years Including Today:

□ Never in 3 Years □ One Time □ Two Times □ Three Times □ Four or More Times □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

Total Number of Months Homeless on the Streets, in ES, or SH in the Past Three Years:

□ One Month (this time is the first month)

□ 2-12 Months (Specify # of Months: _____)

□ More than 12 months

□ Client Doesn't Know

□ Data Not Collected

If Type of Residence is an ***INSTITUTIONAL SITUATION***, the questions below are required**:**

Did you stay less than 90 days? □ Yes □ No

If *Yes*, On the night before did you stay on the streets, ES or SH: □ Yes □ No

Length of stay in the prior living situation:

□ 90 days or more, but less than one year

□ One year or longer

□ Client Doesn't Know

□ Client prefers not to answer

□ Data Not Collected

If Type of Residence is a ***TRANSITIONAL or PERMANENT HOUSING SITUATION***, the question below is required**:**

Did you stay less than 7 nights? □ Yes □ No

If Yes, **On the night before did you stay on the streets, ES or SH:** □ Yes □ No

Length of Stay in the Prior Living Situation:

□ One night or less

□ Two days to six nights

Domestic Violence Survivor? □ Yes □ No □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

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 prefers not to answer

□ Data Not Collected

If "YES" Are you currently fleeing? □ Yes □ No □ Don't Know □ Refused □ Data Not Collected

Add **Translation Assistance Needed** □ Yes □ No □ Don't Know □ Refused

If 'Yes,' Preferred Language? _____

Non-cash benefit from any source? □ Yes □ No □ Client doesn't know □ Client prefers not to answer □ Data Not Collected
If yes, Non-cash benefit source is required. **Check those that apply:**

□ Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)

□ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

□ TANF Child Care Services

□ TANF Transportation services

□ Other TANF-funded services

□ Other Source , specify if Other:_____

Covered by Health Insurance: □ Yes □ No □ Client Doesn't Know □ Client prefers not to answer

General Health Status: □ Excellent □ Very Good □ Good □ Fair □ Poor □ Client Doesn't Know □ Client prefers not to answer

Disabling Conditions:

Substance Use Disorder: □ No □ Alcohol Use □ Drug Use □ Both Alcohol and Drug Use □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

If yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? □ No □ Yes □ Client doesn't know

□ Client prefers not to answer □ Data Not Collected

Mental Health Disorder: □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

If yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? □ Yes □ No □ Client Doesn't Know

□ Client prefers not to answer

Developmental Disability: □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

Chronic Health Condition: □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

If yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? □ No □ Yes □ Client doesn't know

□ Client prefers not to answer □ Data Not Collected

HIV/AIDS: □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

Physical Disability: □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

If yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? □ No □ Yes □ Client doesn't know

□ Client prefers not to answer □ Data Not Collected

Health Insurance (select which applies)**:**

□ MEDICAID

□ MEDICARE

□ State Children's Health Insurance Program

□ Veteran's Health Administration (VHA)

□ State Health Insurance for Adults

□ Private Pay Health Insurance

□ Indian Health Services Program

□ Other

□ Employer-Provided Health Insurance

If Other, Specify: _____

□ Health Insurance obtained through COBRA

Prior Zip Code (Numbers Only): _____

Is the individual willing to share their current zip code and town?: _____

Zip Code of Current Location (NUMBERS ONLY): _____

City/Town of current location: _____

Shared Housing Information:
*(Shared housing means clients will be on separate leases or living as roommates. Not clients living together as a couple)***:**

Would the client accept Shared Housing if offered? □ Yes □ No

<u>Income received from any source</u>? □ Yes □ No □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

Income Type	Monthly Amount	Income Type	Monthly Amount
Unemployment Insurance	□ N □ Y $	VA Non-Service-Connected Disability Pension	□ N □ Y $
Earned/Employed Income	□ N □ Y $	Pension or Retirement income from a former job	□ N □ Y $
Supplemental Security Income (SSI)	□ N □ Y $	Child Support	□ N □ Y $
Social Security Disability Insurance (SSDI)	□ N □ Y $	Alimony or other spousal support	□ N □ Y $
VA Service-Connected Disability Compensation	□ N □ Y $	Worker's Compensation	□ N □ Y $

Private Disability Insurance	□ N □ Y $	Other Source, Specify:	□ N □ Y $
Retirement Income From Social Security	□ N □ Y $		
General Assistance (GA)	□ N □ Y $		
Temporary Assistance for Needy Families (TANF)	□ N □ Y $	**Client Income Total**	$

CT Veteran Additional Information (*For GPD - Grant Per Diem programs only*):

Veteran Eligibility: □ Type 1 □ Type 2 □ Type 3 □ Type 4
Client is Income Eligible: □ Yes □ No
Client Hard to Find: □ Yes □ No
Refused Services: □ Refused Services □ Hard to Engage
Service Status: □ Engaged □ Unengaged □ Exited
Transitional Choosers: □ Yes □ No
Chronic Homeless Verified: □ Yes □ No
Chronic Homeless Verified Date: _____/_____/_____

Veteran Information:

DD214 Order Date: _____/_____/_____ **DD214 Receive Date:** _____/_____/_____

Service Connected Disability: □ Yes □ No

***Branch of military:** □ Air Force □ Army □ Marines □ Navy □ Coast Guard □ Space Force □ Client Doesn't Know □ Client prefers not to answer □ Other

Reserves: □ Yes □ No

***Discharge status:** □ Honorable □ General under Honorable Conditions □ Under Other than Honorable Conditions □ Bad Conduct □ Dishonorable

□ Uncharacterized □ Don't Know □ Refused

***Date Entered Service:** _____/_____/_____ ***Date Separated Service:** _____/_____/_____

Months of Active Duty: _____

Campaign Badge Veteran: □ Yes □ No

Stand Down Event: □ Yes □ No

Serve in a War Zone: □ Yes □ No □ Client Doesn't Know □ Client prefers not to answer

If YES, please select the **War Zone Name**: □ Afghanistan □ China, Burma, India □ Don't Know □ Europe □ Iraq □ Korea □ Laos and Cambodia □ North Africa □ Other □ Persian Gulf □ Refused □ South China Sea □ South Pacific □ Vietnam

***Months Served in a Warzone: _____**

***If Yes, Received Friendly or Hostile Fire: _____**

***Theatre of Operations:** □ World War II □ Korean War □ Vietnam War □ Persian Gulf War (Operation Desert Storm) □ Afghanistan (Operation Enduring Freedom) □ Iraq (Operation Iraqi Freedom) □ Iraq (Operation New Dawn) □ Other Peace-keeping Operations or Military Interventions

Additional notes: