CT HMIS Rapid Rehousing, Homelessness Prevention & Emergency Solutions Grant Individual Intake

Instructions: The System Entry Intake is completed if a household cannot be diverted from homelessness and needs to access services in the homeless system. The interviewer should have access to the information captured during the Diversion Screening (if it was conducted) as well as shelter stay history from HMIS (if there is a shelter history). The Intake assesses basic needs and captures HMIS required data elements for program entries. The interviewer should just confirm and update it as needed.

Project Start Date: _____ **In Permanent Housing (*RRH/ESG Clients only*):** □ **Yes** □ **No (**If "YES:") **Date of Move-In:** _____
(Indicate the date on which the client achieved placement in permanent housing.)

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: _____

Emergency Contact Name and Phone #: _____

Client Location (Program): _____

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)

Disabling Condition: □ Yes □ No □ Client Doesn't Know □ Client prefers not to answer

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 dedicate*
□ *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

Disabling Conditions:

Substance Abuse Disorder: □ No □ Alcohol Abuse □ Drug Abuse □ Both Alcohol and Drug Abuse □ 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

Housed by Rapid Rehousing Program? □ Yes □ No

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

Health Insurance (select which applies):

□ MEDICAID

□ MEDICARE

□ State Children's Health Insurance Program

□ Veteran's Health Administration (VHA)

□ Employer-Provided Health Insurance

□ Health Insurance obtained through COBRA

□ State Health Insurance for Adults

□ Private Pay Health Insurance

□ Indian Health Services Program

□ Other
If Other, Specify: _____

Income received from any source? □ 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**	$

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: