



COHMIS

Minimum Template Intake Form

Any Project in HMIS that Uses the Minimal Template

SOCIAL SECURITY NUMBER (SSN)									
QUALITY OF SSN		<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate/partial SSN reported				<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected			
CLIENT NAME									
Last:									
First:									
Middle:							Suffix:		
QUALITY OF NAME		<input type="checkbox"/> Full name reported <input type="checkbox"/> Partial, street name, or code name reported				<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected			
DATE OF BIRTH (DOB) (MM/DD/YYYY)									
QUALITY OF DOB		<input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate/partial DOB reported				<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected			
GENDER									
<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (not exclusively male or female)				<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected			
RACE									
<input type="checkbox"/> White <input type="checkbox"/> Black or African American		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian				<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected			
ETHNICITY									
<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected							
VETERAN STATUS									
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected							
RELATIONSHIP TO HEAD OF HOUSEHOLD									
<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner		<input type="checkbox"/> Head of household's other relation member <input type="checkbox"/> Other: non-relation member							

PROJECT NAME										
PROJECT START DATE (MM/DD/YYYY)										
Has the client ever experienced homelessness before?	<input type="checkbox"/> No		<input type="checkbox"/> Client doesn't know							
	<input type="checkbox"/> Yes		<input type="checkbox"/> Client refused		<input type="checkbox"/> Data not collected					
PRIOR LIVING SITUATION (Where did the client sleep the night before entering this project?) (PICK ONLY 1)										
HOMELESS SITUATION										
<input type="checkbox"/> Place not meant for human habitation (vehicle, anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher or RHY-funded host home <input type="checkbox"/> Safe Haven										
INSTITUTIONAL SITUATION										
<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										
TRANSITIONAL & PERMANENT HOUSING SITUATION										
<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy										
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected										
LENGTH OF STAY IN PRIOR LIVING SITUATION (How long did the client stay in that situation?)										
<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 <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected										
APPROXIMATE DATE HOMELESSNESS STARTED (for the client's <u>current</u> episode of homelessness)										
					MONTH	DAY	YEAR			
Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today (Regardless of where they stayed last night)										
<input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected										
Total number of months homeless on the streets, in ES, or SH in the past three years										
<input type="checkbox"/> One month (first time) <input type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months <input type="checkbox"/> Six months <input type="checkbox"/> Seven months <input type="checkbox"/> Eight months <input type="checkbox"/> Nine months <input type="checkbox"/> Ten months <input type="checkbox"/> Eleven months <input type="checkbox"/> Twelve months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected										

DISABLING CONDITION	
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

Would you like to share the reasons or factors you feel contributed to your homelessness?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
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***If YES please indicate all reasons that apply**

<input type="checkbox"/> Abuse or violence in my home	<input type="checkbox"/> Lost a job, could not find work
<input type="checkbox"/> Alcohol or substance use problems	<input type="checkbox"/> Medical Expenses
<input type="checkbox"/> Asked to leave or evicted	<input type="checkbox"/> Mental health condition
<input type="checkbox"/> Bad credit	<input type="checkbox"/> Moved to find work
<input type="checkbox"/> Client Choice	<input type="checkbox"/> Problems with public benefits
<input type="checkbox"/> COVID-19	<input type="checkbox"/> PTSD
<input type="checkbox"/> Disabling conditions	<input type="checkbox"/> Reasons related to my race or ethnicity
<input type="checkbox"/> Discharged from foster care	<input type="checkbox"/> Reasons related to my sexual orientation or gender identity
<input type="checkbox"/> Discharged from jail	<input type="checkbox"/> Relationship problems or family breakup
<input type="checkbox"/> Discharged from prison	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Family member or personal illness	<input type="checkbox"/> Unable to pay rent or mortgage
<input type="checkbox"/> Language barrier	<input type="checkbox"/> Unable to pay utilities
<input type="checkbox"/> Legal problems	<input type="checkbox"/> Other reason (Please specify: _____)

CONTACT INFORMATION (Optional – entered on the Contacts tab)	
Phone number	
Email	

ADDRESS (Optional – entered on the Locations tab)			
Street			
City			
State		Zip Code	

Signature of applicant stating all information is true and correct

Date