COHMIS

CoC/ESG Intake Form for Project Types:

Emergency Shelter, Safe Haven, Street Outreach

SOCIAL SECURITY NUMBER (SSN)										

QUALITY OF SSN	☐ Full SSN reported ☐ Approximate/partial SSN reported	☐ Client doesn't know ☐ Client refused ☐ Data not collected

CLIENT NAME

Last:			
First:			
Middle:		Suffix:	

QUALITY OF NAME	☐ Full name reported ☐ Partial, street name, or code name reported	☐ Client doesn't know ☐ Client refused ☐ Data not collected

DATE OF BIRTH (DOB) (MM/DD/YYYY)										

QUALITY OF DOB	☐ Full DOB reported ☐ Approximate/partial DOB reported	☐ Client doesn't know ☐ Client refused ☐ Data not collected

GENDER

☐ Female ☐ Male	☐ Trans Female (MTF or Male to Female) ☐ Trans Male (FTM or Female to Male) ☐ Gender Non-Conforming (not exclusively male or female)	☐ Client doesn't know ☐ Client refused ☐ Data not collected

RACE

☐ White ☐ Black or African American	☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Asian	☐ Client doesn't know ☐ Client refused ☐ Data not collected

ETHNICITY

☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino	☐ Client doesn't know ☐ Client refused ☐ Data not collected

VETERAN STATUS

☐ Yes ☐ No	☐ Client doesn't know ☐ Client refused ☐ Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD

☐ Self (head of household) ☐ Head of household's child ☐ Head of household's spouse or partner	☐ Head of household's other relation member ☐ Other: non-relation member

PROJECT NAME	
PROJECT START DATE (MM/DD/YYYY)	
Has the client ever experienced homelessness before?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
DATE OF ENGAGEMENT	(nbn Shelter & Outreach only)

PRIOR LIVING SITUATION *(Where did the client sleep the night before entering this project?) (PICK ONLY 1)*

HOMELESS SITUATION

- ☐ Place not meant for human habitation (vehicle, anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher or RHY-funded host home
- ☐ Safe Haven

INSTITUTIONAL SITUATION

- ☐ Foster care home 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 & PERMANENT HOUSING SITUATION

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent subsidy
- ☐ Rental by client, with HCV voucher (tenant or project)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION *(How long did the client stay in that situation?)*

- ☐ One night or less
- ☐ Two 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 refused
- ☐ Data not collected

APPROXIMATE DATE HOMELESSNESS STARTED

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)*

- ☐ One time
- ☐ Two times
- ☐ Three times
- ☐ Four or more times
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

Total number of months homeless on the streets, in ES, or SH in the past three years

- ☐ One month (first time)
- ☐ Two months
- ☐ Three months
- ☐ Four months
- ☐ Five months
- ☐ Six months
- ☐ Seven months
- ☐ Eight months
- ☐ Nine months
- ☐ Ten months
- ☐ Eleven months
- ☐ Twelve months
- ☐ More than 12 months
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

DISABLING CONDITION

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

PHYSICAL DISABILITY

☐ No
☐ Yes*

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES for Physical Disability**
Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

DEVELOPMENTAL DISABILITY

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

CHRONIC HEALTH CONDITION

☐ No
☐ Yes*

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES for Chronic Health Condition**
Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

HIV/AIDS

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

MENTAL HEALTH PROBLEM

☐ No
☐ Yes*

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES for Mental Health Problem**
Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

SUBSTANCE ABUSE PROBLEM

☐ No
☐ Alcohol abuse
☐ Drug abuse
☐ Both alcohol and drug abuse

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES for Substance Abuse Problem**
Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR		
	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected
***If YES to Domestic Violence Victim/Survivor**		
When did this experience occur?	☐ Within the past three months ☐ Three to six months ago (excluding six months exactly) ☐ From six to twelve months ago (excluding one year exactly) ☐ More than a year ago	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you currently fleeing?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

CASH INCOME FOR INDIVIDUAL		
Income from Any Source?	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected

***If YES to Income from Any Source – Indicate all sources that apply**

Income Source (Check all that apply)	Monthly Amount
☐ Earned Income	
☐ Unemployment Insurance	
☐ Supplemental Security Income (SSI)	
☐ Social Security Disability Insurance (SSDI)	
☐ VA Service-Connected Disability Compensation	
☐ VA Non-Service Connected Disability Pension	
☐ Private Disability Insurance	
☐ Worker's Compensation	
☐ Temporary Assistance for Needy Families (TANF)	
☐ General Assistance (GA)	
☐ Retirement Income from Social Security	
☐ Pension or Retirement Income from a Former Job	
☐ Child Support	
☐ Alimony and Other Spousal Support	
☐ Other Cash Income (Specify: _____)	
Total Monthly Amount	

NON-CASH BENEFITS

Receiving Non-Cash Benefits?	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected

***If YES to Receiving Non-Cash Benefits – Indicate all sources that apply**

☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐ TANF Childcare Services
☐ TANF Transportation Services
☐ Other TANF-Funded Services
☐ Other Non-Cash Benefit (Specify source:_____)

HEALTH INSURANCE

Covered by Health Insurance?	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected

***If YES to Covered by Health Insurance – Indicate all sources that apply**

☐ Medicaid
☐ Medicare
☐ State Children's Health Insurance Program
☐ Veteran's Administration (VA) Medical Services
☐ Employer-Provided Health Insurance
☐ Health Insurance Obtained Through COBRA
☐ Private Pay Health Insurance
☐ State Health Insurance for Adults
☐ Indian Health Services Program
☐ Other Health Insurance (Specify source:_____)

Would you like to share the reasons or factors you feel contributed to your homelessness?	☐ No ☐ Yes*

***If YES please indicate all reasons that apply**

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

PIKES PEAK CoC ENTRY QUESTIONS	
Did you relocate to Colorado/Colorado Springs?	
☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
***If YES , why? (**select all that apply)	
☐ Care of sick relative ☐ Climate ☐ Colorado marijuana laws ☐ Driver's Licenses/Identification Cards for Immigrants ☐ Employment	☐ Family Support ☐ Medical Needs ☐ Natural Disaster ☐ Needed services ☐ Domestic Violence

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