Universal Intake Form

Participating Agency Information
[Agency Name]
[Address]
[City, state zip]
[Phone]

[Agency Logo]

Month / Day / Year	HMIS Client ID#	Housing Move-in Date

Demographics

NAME OF HEAD OF HOUSEHOLD (first, middle, last name, suffix (e.g., Jr, Sr, III))				Client does not know	Client refused to provide	Data Not Collected
First Name		Middle Name		☐	☐	☐
Last Name		Suffix		☐	☐	☐
Name Data Quality	☐ Full Name Reported	☐ Partial, Street Name or Code name		☐	☐	☐
SSN				☐	☐	☐
SSN Data Quality	☐ Full SSN Reported	☐ Approximate or partial SSN reported		☐	☐	☐
Veteran Status *(Collected at Record Creation)*	☐ Yes	☐ No		☐	☐	☐
Relationship (to HoH)	SELF ☐	☐ Child of HOH ☐ Spouse or Partner ☐ Non-Relation				
Client Location	☐ Central TN 503					
Date of Birth				☐	☐	☐
Gender	☐ Male ☐ Female	☐ Trans Female: (MTF or Male to Female) ☐ Trans Male: (FTM or Female to Male)	☐ Gender Non-Conforming (i.e., not exclusively male or female)	☐	☐	☐
Sexual Orientation *(Optional for General population, Required for Youth)*	Which of these sexual orientations best describes how you identify?	☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Questioning ☐ Queer	☐ Unsure/Don't know ☐ Other (specify) _____ ☐ Did not answer			
Ethnicity	☐ Non-Hispanic/Latino	☐ Hispanic/Latino		☐	☐	☐

Primary Race	☐ American Indian or Alaskan Native ☐ Asian	☐ Black/African American ☐ White	☐ Native Hawaiian or Other Pacific Islander	☐	☐	☐
Secondary Race (Leave Blank if None)	☐ American Indian or Alaskan Native ☐ Asian	☐ Black/African American ☐ White	☐ Native Hawaiian or Other Pacific Islander	NA	NA	☐
Primary Language	☐ English	☐ Spanish	☐ Other, specify:			☐

Disability and Healthcare Information

PRIMARY DISABILITY:

☐ Alcohol Abuse
☐ Both Alcohol and Drug Abuse
☐ Chronic Health Condition
☐ Developmental
☐ Drug Abuse
☐ HIV/AIDS *(If checked client record must be locked)*
☐ Mental Health Problem
☐ Physical

START DATE: _____/ _____/_____

	Yes	No	Client does not know	Client refused to provide	Data Not Collected
Disability Determination: *If the client is self-reporting their disability to you, it will count as yes.*	☐	☐	☐	☐	☐
If YES, expected to be of long-continued, and indefinite duration and substantially impairs ability to live independently.	☐	☐	☐	☐	☐

Is the Above Condition going to be long term? ☐ Yes ☐ No

End Date: _____/ _____/_____

SECONDARY DISABILITY:

☐ Alcohol Abuse
☐ Both Alcohol and Drug Abuse
☐ Chronic Health Condition
☐ Developmental
☐ Drug Abuse
☐ HIV/AIDS *(If checked client record must be locked)*
☐ Mental Health Problem
☐ Physical

START DATE:_____/ _____/_____

	Yes	No	Client does not know	Client refused to provide	Data Not Collected
Disability Determination:	☐	☐	☐	☐	☐
If YES, expected to be of long-continued, and indefinite duration and substantially impairs ability to live independently.	☐	☐	☐	☐	☐

If the client has more than 2 disability types, please add the information to the back of this form

• RIN (Recipient Identification Number) _____

• What health plan are you enrolled in? _____

	Yes	No	Client does not know	Client refused to provide	Data Not Collected
Have you visited your primary care physician within the past 6 months?	☐	☐	☐	☐	☐

• Where have you gone most often to seek medical care in the past 12 months?_____

DOMESTIC VIOLENCE VICTIM/SURVIVOR

☐ Yes ☐ No ☐ Client Does Not Know ☐ Client Refused

If "Yes", when experience occurred?
☐ Within the past 3 months ☐ 3-6 months ago ☐ 6-12 months ago
☐ More than a year ago ☐ Client Does Not Know ☐ Client Refused
☐ Data Not Collected

If "Yes", are you currently fleeing? *(If "Yes" client record must be locked)*
☐ Yes ☐ No ☐ Client Does Not Know ☐ Client Refused

Prior Living Situation

To be considered chronically homeless, an individual must have a disability and have been living in a place not meant for human habitation, in an emergency shelter (ES), or in a safe haven (SH) for the last 12 months continuously, or on at least four occasions in the last three years ***where those occasions cumulatively total at least 12 months***

Complete the following questions in the workflow in order to determine the client's history with chronic homelessness. Ask questions as they appear and follow the instructions carefully in the workflow as you continue with the assessment.

Prior Living Situation Table

Homeless Shelter	**1** Place not meant for habitation		**2** Safe Haven		**3** Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	
Institutional Setting	**4** Hospital or other residential non-psychiatric medical facility	**5** Jail, prison or juvenile detention facility	**6** Long-term care facility or nursing home	**7** Psychiatric hospital or other psychiatric facility	**8** Substance abuse treatment facility or detox center	**9** Foster Care home or foster care group home
Transitional/Perm. Housing Situation	**10** Hotel or motel paid for without emergency shelter voucher	**11** Transitional housing for homeless persons (including homeless youth)	**12** Host home (non-crisis)	**13** Residential project or halfway house with no homeless criteria	**14** Staying or living in a friend's room, apartment or house	**15** Staying or living in a family member's room, apartment or house
	16 Rental by client, with VASH subsidy	**17** Rental by client, with GPD TIP subsidy	**18** Permanent housing (other than RRH) for formerly homeless persons	19 Rental by client, with RRH or equivalent subsidy	**20** Rental by client, with HCV voucher (tenant or project based)	**21** Rental by client in a public housing unit
	22 Rental by client, no ongoing housing subsidy	**23** Rental by client, with other ongoing housing subsidy	**24** Owned by client, with ongoing housing subsidy	**25** Owned by client, no ongoing housing subsidy	**26** Client doesn't know **27** Client refused **28** Data not collected	

Typical Sleeping Places Table

A Homeless community encampment	**B** Park	**C** CTA	**D** Emergency Room	**E** Police Station	**F** Car	**G** Street	**H** Abandoned/Uninhabited Building	**I** Viaduct	**J** Other

Section I	**HOUSING STATUS**	
	☐ Category 1 - Homeless ☐ Category 2 - At Imminent Risk of Losing Housing ☐ Category 3 - Homeless only under other federal Statutes ☐ Category 4 - Fleeing Domestic Violence	☐ At-risk of homelessness ☐ Stably Housed ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Section I	**1) Prior Living Situation** Complete and code the response from the **Prior Living Situation Table** above (#1-25)	# _____		
Prior Living Situation Questions	**2)** Is this the type of place that you typically sleep?	☐ Yes	☐ No	☐Client Doesn't Know ☐ Client Refused
	2b) If Yes and selected a situation that falls under "**Place not meant for habitation (#1 in Prior Living Situation Table)**", please ask for the type of place they usually sleep and/or of the community in which the individual often engages. Complete and code the response from the **Typical Sleeping Places table above (A-J)**	Letter: _____		
	3) If No, where do you typically sleep? **Complete and code the response from the Prior Living Situation table above (#1-25)**		# _____	
	3b) If selected a situation that falls under "**Place Not Meant for Habitation (#1)**", please ask for the type of place they usually sleep and/or of the community in which the individual often engages. Complete and code the response from the **Typical Sleeping Places table above (A-J)**		Letter: _____	
	4) Please briefly describe the place that you stay. You are welcome to include an address for team members to use to contact you regarding the availability or permanent housing or other shelter resources.			

	5) If selected a situation that falls under "**Place Not Meant for Habitation (#1)**" please ask if they currently stay in this setting with children.	☐ Yes	☐ No

Section II

You will need to reference the client's current residence from **Question 1** to inform yourself on which questions to answer below.

	Literally Homeless Situation: **1 - 3**	Institutional Situation: **4 - 9**	Transitional/Permanent Housing Situation: **10 - 25**	
Section II	**Length of stay in Prior Living 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	**Length of Stay in Prior Living 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 **Did you stay in this institutional situation less than 90 days?** ☐ Yes (Continue to section III) ☐ No (If no- Do not continue with the interview)	**Length of Stay in Prior Living Situation** ☐ One night or Less ☐ Two to six nights ☐ One week 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 **Did you stay in the housing situation less than 7 nights?** ☐ Yes (Continue to Section III) ☐ No (If no- Do not continue with the interview)	☐ Client Doesn't Know ☐ Client Refused
Section III	**N/A** Continue to Sections Below	On the **night before** entering the institutional situation, did you stay on the streets, in emergency shelter or a safe haven? ☐ Yes (Continue to Section IV) ☐ No (If no- Do not continue with the interview)	On the **night before** entering the housing situation did you stay on the streets, in emergency shelter, or a safe haven? ☐ Yes (Continue to Section IV) ☐ No (If no- Do not continue with the interview)	☐ Client Doesn't Know ☐ Client Refused

The Client may have breaks in their stay on the streets, ES, of SH. A break in homelessness is considered to be:

- 7 or more consecutive nights in a housing situation (See section III)
- 90 or more consecutive days in an institutional situation (see section II)

Follow up questions:

1. (If coming from **Literal Homelessness**) Did you stay anywhere other than on the streets, in emergency shelter, or safe haven for less than seven nights?
2. (If coming from **Institutional Situation**) Were you in jail, hospital, or other institutional setting for less than 90 days?

If answer to either of these questions is yes, include all those days in the client's total number of days homeless and continue back to the next break in homelessness.

Section IV

Approximate date this episode of homelessness started ______________ (MM / DD /YYYY)

If the client does not remember the exact date but remembers the month and year, the worker may substitute the day for the 1st.

Regardless of where they stayed last night- What is the number of times the client has been on the streets, in ES, of SH in the past **three** years, including today?

☐ One Time ☐ Three Times ☐ Client doesn't know

☐ Two Times ☐ Four Times ☐ Client refused

Total number of months homeless (on the street, in ES or SH) in past three years

☐ One Month ☐ More than 12 months ☐ Client doesn't know

☐ 2-12 Months (# of Months_____) ☐ Client refused

Current Living Situation

Complete the following questions in the workflow in order to determine the client's current living situation.

Current Living Situation Table

Homeless Shelter	**1** Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)		**2** Safe Haven		**3** Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	
Institutional Setting	**4** Hospital or other residential non-psychiatric medical facility	**5** Jail, prison or juvenile detention facility	**6** Long-term care facility or nursing home	**7** Psychiatric hospital or other psychiatric facility	**8** Substance abuse treatment facility or detox center	**9** Foster care home or foster care group home
Transitional/Perm. Housing Situation	**10** Residential project or halfway house with no homeless criteria	**11** Hotel or motel paid for without emergency shelter voucher	**12** Transitional housing for homeless persons (including homeless youth)	**13** Host Home (non-crisis)	**14** Staying or living in a friend's room, apartment or house	**15** Staying or living in a family member's room, apartment or house
	16 Rental by client, with GPD TIP housing subsidy	**17** Rental by client, with VASH housing subsidy	**18** Permanent housing (other than RRH) for formerly homeless persons	**19** Rental by client, with RRH or equivalent subsidy	**20** Rental by client, with HCV voucher (tenant or project based)	**21** Rental by client in a public housing unit
	22 Rental by client, no ongoing housing subsidy	**23** Rental by client, with other ongoing housing subsidy	**24** Owned by client, with ongoing housing subsidy	**25** Owned by client, no ongoing housing subsidy	**26** **Other** **27** Worker unable to determine **28** Client doesn't know **29** Client refused **30** Data not collected	

Current Living Situation Questions

1) Current Living Situation Complete and code the response from the **Current Living Situation Table** above (#1-25)	# _____		
2) Is client going to have to leave their current living situation within 14 days?	☐ Yes	☐ No	☐ Client Doesn't Know ☐ Client Refused
3) Does individual or family have resources or support networks to obtain other permanent housing?	☐ Yes	☐ No	☐ Client Doesn't Know ☐ Client Refused
3b) If "Yes" has a subsequent residence been identified?	☐ Yes	☐ No	☐ Client Doesn't Know ☐ Client Refused
4) Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	☐ Yes	☐ No	☐ Client Doesn't Know ☐ Client Refused
5) Has the client moved 2 or more times in the last 60 days?	☐ Yes	☐ No	☐ Client Doesn't Know ☐ Client Refused

Income

HOUSEHOLD INCOME

Does the household have any current income?

☐ Yes ☐ No ☐ Client Does Not Know ☐ Client Refused ☐ Data Not Collected

IF YES: Please indicate the household member receiving the income, the source code of the income, the monthly amount (to the nearest dollar) of the source and when the income started.

Household Member	Income code	Monthly Amount	Start Date
		$	
		$	
		$	
		$	
		$	

EI = Earned Income
SSDI = Social Security Disability Income
WC = Worker's compensation
CS = Child support
RI = Retirement income from Social Security
UI = Unemployment Insurance
VA = VA Service Connected
VAN = VA Non-Service Connected
AS = Alimony or other spousal support
TANF = Temporary Assistance for Needy Families
SSI = Supplemental Security Income
PD = Private disability insurance
GA = General Assistance
PFJ = Pension from a former job
Other = Describe other income

*For Each **Individual** Household Member with income record their individual total income from all sources below*

Household Member	Total Monthly Income

Household Member	Total Monthly Income

Total Monthly Household Income $ **Number of Household Members**

2019 AREA MEDIAN INCOME (AMI)

Household Size	1	2	3	4	5	6	7	8
30% AMI	$ 1,560	$ 1,783	$ 2,005	$ 2,228	$ 2,407	$ 2,585	$ 2,762	$ 2,942
50% AMI	$ 2,600	$ 2,971	$ 3,341	$ 3,712	$ 4,012	$ 4,308	$ 4,604	$ 4,904
80% AMI	$ 4,160	$ 4,754	$ 5,346	$ 5,940	$ 6,420	$ 6,893	$ 7,366	$ 7,846
100% AMI	$ 5,200	$ 5,942	$ 6,683	$ 7,425	$8,025	$8,616	$9,208	$9,808

TOTAL MONTHLY HOUSEHOLD INCOME AS PERCENTAGE OF AMI:

☐ BELOW 30% ☐ 30%-49% ☐ 50%-79% ☐ 80%-99% ☐ 100% and above

50% AND ABOVE

Employment

Employment Questions			
	1) Are you currently employed? *By employed, I mean working at a job for which you are paid*	☐ Yes	☐ No
	2) How many hours do you work in a typical week?	☐ 30 Hours or more ☐ 20 to 29 hours ☐ 10 to 19 hours	☐ Less than 10 hours ☐ Not employed
	3) Do you have a disability or health condition that limits your ability to work?	☐ Yes	☐ No
	4) Are you currently looking for work?	☐ Yes	☐ No

Non-Cash Benefits

Does the household currently receive any Non-Cash Benefits?

☐ Yes ☐ No ☐ Client Does Not Know ☐ Client Refused ☐ Data Not Collected

IF YES – Please indicate which of the following non-cash benefits have you received over the last 30 days.
(You may use "All" if all household members receive the benefit)

Food stamps or money for food on a benefits card (If yes, amount of benefit) Amount (optional): $		Start Date/ End Date
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:	_____/_____
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)		
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:	_____/_____
TANF child care services		
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:	_____/_____
TANF transportation services		
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:	_____/_____
Other TANF-Funded Services		
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:	_____/_____
Other Source (specify):		
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:	_____/_____

Health Insurance

COVERED BY HEALTH INSURANCE

Do household members currently have health insurance?

☐ Yes ☐ Data Not Collected ☐ Client Does Not Know ☐ Client Refused

☐ No

START DATE: _____/ _____/_____

If Yes – Complete the following *(You may use "All" if all household members receive the benefit)*

Medicaid	
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:
Medicare	
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:
Illinois All Kids (State Children's Health Insurance Program)	
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:
Veteran's Administration Medical Services	
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:
Employer Provided Health Insurance	
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:
Health Insurance obtained through COBRA	
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:
Private Pay Health Insurance	
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:
Indian Health Services Program	
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:
Other Source (specify):	Other Source (specify):
☐ Yes ☐ No ☐ Data Not Collected	☐ Yes ☐ No ☐ Data Not Collected

End Date: _____/ _____/_____

Education

Education Questions	**1)** Are you currently enrolled in school? *By school, I mean any type of education or training program*	☐ Yes	☐ No	
	2) Are you attending school regularly? *By school, I mean any type of education or training program*	☐ Yes	☐ No	☐ Not enrolled

	3) What is the highest level of education you have completed?	☐ Less than 9th grade ☐ 9th-11th grade ☐ 12th but no diploma ☐ High school diploma/GED ☐ Some vocational training or trade school, but no credential or certificate ☐ Credential or certificate, but no degree ☐ Some college credit, but no degree ☐ Associate's or four-year degree or more ☐ Bachelor's or four-year degree or more ☐ Other: _____

Pregnancy / Parenthood

Pregnancy/Parenting Questions	**1)** Are you currently pregnant or do you have a pregnant partner?	☐ Yes		☐ No	
	2) Are you a parent?	☐ Yes		☐ No	
	3) Does your child/ do (any of) your children live with you?	☐ Yes, full time	☐ Yes, some of the time	☐ No	☐ Not applicable

Permanent Connections

Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statement:	
1) There are people I can depend on to help me if I really need it?	☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

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All Applicants Must Sign Below

By signing below, I attest that the information I have provided for eligibility and intake is a true and accurate account of the current situation, income and household.

Client signature: _____ Date: _____

Agency Representative Name (print): _____

Agency Representative Signature: _____ Date: _____