## Alameda County HMIS Intake Form v2020.1

**First:** ___________________________  **Middle:** ___________________________  **Unique Identifier:** ___________________________

**Last:** ___________________________  **Suffix:** ___________________________

**Project Name:** ___________________________  **Project Start Date:** __ __ / __ __ / __ __ __ __

### 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
- [ ] Head of household’s non-relation member

### If Street Outreach Complete date of Engagement when Client has been Engaged: __ __ / __ __ / __ __ __ __

### In permanent housing?:
- [ ] Yes
- [ ] No

### Type of Residence: (Where did you stay last night?) (Select ONE)

#### Homeless Situation
- [ ] Place not meant for habitation (e.g., vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- [ ] Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- [ ] Safe Haven

#### Transitional and Permanent Housing
- [ ] Residential project or halfway house with no homeless criteria
- [ ] Hotel or motel paid for without emergency shelter voucher
- [ ] Transitional housing for homeless persons (excluding 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 housing 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 based)
- [ ] 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

#### 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 of other psychiatric facility
- [ ] Substance abuse treatment facility or detox center
- [ ] Client doesn’t know
- [ ] Client refused

### 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
- [ ] Client doesn’t know
- [ ] Client refused

#### Length of Stay Less Than 7 Nights
- [ ] No
- [ ] Yes

#### Length of Stay Less Than 90 Days
- [ ] No
- [ ] Yes

#### On the Night Before—Stayed on the streets, ES or Safe Haven
- [ ] No
- [ ] Yes

### Approximate date homelessness started: __ __ / __ __ / __ __ __ __

### Number of times on the street, in ES, or Safe Haven in the past three years:
- [ ] One time
- [ ] Two times
- [ ] Three times
- [ ] Four or more times
- [ ] Client doesn’t know
- [ ] Client refused

### Total number of months homeless on the street, in emergency shelter or SH in the past three years: __________

### Domestic Violence

**Are you, or have you been a survivor of domestic or intimate partner violence?**
- [X] No
- [ ] Yes
- [ ] Client doesn’t know
- [ ] Client refused

**If YES, how long ago did you have this experience?**
- [ ] Within the past 3 months
- [ ] 6 months to 1 year ago
- [ ] 1 year ago or more
- [ ] Client doesn’t know
- [ ] Client refused

**If YES , are you currently fleeing?**
- [X] No
- [ ] Yes
- [ ] Client doesn’t know
- [ ] Client refused

### Disability:

<table>
<thead>
<tr>
<th>Physical</th>
<th>Mental Health</th>
<th>Chronic Health Condition</th>
<th>Alcohol Drugs Both</th>
<th>Developmental</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

### Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:
- [ ] Yes
- [ ] No
- [ ] Client doesn’t know
- [ ] Client refused
### Health Insurance

#### Covered by Health Insurance?

- [ ] Yes  (identify source)
- [ ] No
- [ ] Client doesn’t know
- [ ] Client refused

- MEDICAID/Medi-Cal
- MEDICARE
- State Children’s Health Insurance
- 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 Source:

### Non-Cash Benefits

#### Receiving Non-Cash Benefits?

- [ ] No/None at all
- [ ] Yes  (identify source)
- [ ] Client doesn’t know
- [ ] Client refused

- Supplemental Nutrition Assistance Program (SNAP)
- Special Supplemental, Nutrition Program for Women, Infants, and Children
- TANF Child Care services
- TANF Transportation services
- Other TANF-Funded services
- Other Non-Cash Benefit Source:

### Cash Income for Individual

#### Income from Any Source?

- [ ] No/None at all
- [ ] Yes  (identify source and amounts)
- [ ] Client doesn’t know
- [ ] Client refused

- Earned income (i.e., employment income) $ __ __ __ __ . 00
- Unemployment Insurance $ __ __ __ __ . 00
- Worker’s Compensation $ __ __ __ __ . 00
- Private disability Insurance $ __ __ __ __ . 00
- VA Service-Connected Disability Compensation $ __ __ __ __ . 00
- Social Security Disability Insurance (SSDI) $ __ __ __ __ . 00
- Supplemental Security Income (SSI) $ __ __ __ __ . 00
- Retirement Income from Social Security $ __ __ __ __ . 00
- VA Non-Service-Connected Disability Pension $ __ __ __ __ . 00
- Pension or retirement income from a former job $ __ __ __ __ . 00
- Temporary Assistance for Needy Families (TANF) $ __ __ __ __ . 00
- General Assistance (GA) $ __ __ __ __ . 00
- Alimony or other spousal support $ __ __ __ __ . 00
- Child Support $ __ __ __ __ . 00
- Other Cash Income $ __ __ __ __ . 00
- Other Cash Income Source:

#### Total Cash Income for Individual:

$