

# MSHMIS Universal Data Elements (UDE) Intake Form (3.917A)

(For Emergency Shelter, Safe Haven and Street Outreach Projects ONLY – All other project types must use the MSHMIS UDE 3.917B Assessment)

Intake Date: \_\_\_\_\_

Intake Staff/Case Manager: \_\_\_\_\_

**Answer this section for all persons in household (use additional sheets for larger families)**

Full Name	Relationship to Head of Household	SSN	Active Duty US Military Veteran	Date of Birth mm/dd/yyyy
<p>_____</p> <p><b>Name Data Quality</b></p> <input type="checkbox"/> Full name <input type="checkbox"/> Partial, street or code name <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Self (Head of household)	<p>_____</p> <p><b>SSN Data Quality</b></p> <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p>(Answer for adults 18+ only)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p>/ /</p> <p><b>DOB Data Quality</b></p> <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or partial DOB <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<p>_____</p> <p><b>Name Data Quality</b></p> <input type="checkbox"/> Full name <input type="checkbox"/> Partial, street or code name <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<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 (other relation to head of household) <input type="checkbox"/> Other: non-relation member	<p>_____</p> <p><b>SSN Data Quality</b></p> <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p>(Answer for adults 18+ only)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p>/ /</p> <p><b>DOB Data Quality</b></p> <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or partial DOB <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<p>_____</p> <p><b>Name Data Quality</b></p> <input type="checkbox"/> Full name <input type="checkbox"/> Partial, street or code name <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<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 (other relation to head of household) <input type="checkbox"/> Other: non-relation member	<p>_____</p> <p><b>SSN Data Quality</b></p> <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p>(Answer for adults 18+ only)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p>/ /</p> <p><b>DOB Data Quality</b></p> <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or partial DOB <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<p>_____</p> <p><b>Name Data Quality</b></p> <input type="checkbox"/> Full name <input type="checkbox"/> Partial, street or code name <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<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 (other relation to head of household) <input type="checkbox"/> Other: non-relation member	<p>_____</p> <p><b>SSN Data Quality</b></p> <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p>(Answer for adults 18+ only)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p>/ /</p> <p><b>DOB Data Quality</b></p> <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or partial DOB <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

### Universal Data Elements Continued

**Answer this section for all persons in household (use additional sheets for larger families)**

Name	Gender	Race <i>(Select all that apply)</i>	Ethnicity	Does the client have a disabling condition?
	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Doesn't identify as male, female or transgender <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Doesn't identify as male, female or transgender <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Doesn't identify as male, female or transgender <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Doesn't identify as male, female or transgender <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

## Homeless History Interview

**Answer the following questions for ALL Household Members**

**(Use additional sheets if members of the same household have different homeless histories)**

*Chronic status is determined by a client's history of homelessness, disability status, and the length of time spent on the street, in an emergency shelter or safe haven. Requires a substantiated disability and, continuously homeless for past 12 months to qualify or 4 separate occasions in the past 3 years as long as the combined occasions total at least 12 months. Intake workers should not instruct the client on the length of time/# of episodes necessary to qualify as chronically homeless. Questions should be asked in the exact order they are presented below.*

### Describe the client's living situation (immediately) prior to project entry?

Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Don't Know/Refused
<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside).  <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher.  <input type="checkbox"/> Safe Haven  <input type="checkbox"/> Interim Housing (e.g. client applied for permanent housing and a unit/voucher has been reserved but client is not able to move in immediately).	<input type="checkbox"/> Foster care home or foster 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	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (such as CoC Project) <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project of halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> Client doesn't know  <input type="checkbox"/> Client refused

### Length of Stay in Prior Living Situation?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> One night or less                        | <input type="checkbox"/> One month or more but less than 90 days | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two to six nights                        | <input type="checkbox"/> 90 days or more but less than one year  | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> One week or more but less than one month | <input type="checkbox"/> One year or longer                      |  |

*Have the client look back to the date of the last time s(he) "had a place to sleep **other than** the streets, ES, or SH".*

*If the client knows the month and year but not the day, the worker may substitute the day of the month with the same day of the month as project entry.*

#### *What Counts as a Break in Homelessness?*

*As the client looks back, there may be breaks in their stay on the streets, ES, or SH. A break in homelessness is considered to be:*

- **7 or more consecutive nights in a Housing Situation** (see Section III above).
- **90 or more consecutive days in an Institutional Situation** (see Section II above)

*Follow-up questions:*

1. "Did you stay anywhere other than on the streets, in emergency shelter, or safe haven for less than 7 nights" (if not an institution). or
2. "Were you in jail/hospital/other Institution less 90 days" (if break is an institution).

**If 1 or 2 is yes, include all those days in the client's total number of days homeless and continue back to the next break in homelessness.**

Approximate date homelessness started: \_\_\_\_\_(M/D/YYYY)

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

- 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 safe haven) in the **past 3 years?**

**(e.g. # of cumulative, but not necessarily consecutive months spent homeless)**

- One month (this time is the first month)
- 2 – 12 months → Must specify # months \_\_\_\_\_
- More than 12 months
- Client doesn't know
- Client refused

**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

Client Location (CoC Code): \_\_\_\_\_

Zip Code of Last Permanent Address: \_\_\_\_\_

City of Residence: \_\_\_\_\_

County of Residence: \_\_\_\_\_

**CONTACT INFORMATION**

Contact Type: \_\_\_\_\_

Contact Type: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Email: \_\_\_\_\_