

MSHMIS Youth Street Outreach Intake Form

Entrance Date: _____

Client ID#: _____

Case Manager: _____

First Name: _____

Middle Name: _____

Last Name: _____

Name Data Quality

- | | | |
|---|---|--|
| <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 |

SSN#: _____

SSN Data Quality

- | | |
|--|--|
| <input type="checkbox"/> Full SSN Reported | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Approximate or partial SSN Reported | <input type="checkbox"/> Client refused |

U.S. Military Veteran (Active Duty) – *Answer for youth 18 and older*

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client refused |

BASIC DEMOGRAPHIC INFORMATION

Relationship to Head of Household

(Head of Household = Primary Client)

- | | | |
|--|--|---|
| <input type="checkbox"/> Self (head of household) | <input type="checkbox"/> Head of household's spouse or partner | <input type="checkbox"/> Other: non-relation member |
| <input type="checkbox"/> Head of household's child | <input type="checkbox"/> Head of household's other relation member | |

Date of Birth _____ (mm/dd/yyyy)

Date of Birth Type

- | | |
|--|--|
| <input type="checkbox"/> Full DOB Reported | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Approximate or partial DOB Reported | <input type="checkbox"/> Client refused |

Gender

- | | | |
|---|--|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender – female to male | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Male | <input type="checkbox"/> Doesn't identify as male, female or transgender | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Transgender – male to female | | |

Race (Select All)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Client doesn't know
- Client refused

Ethnicity

- Non-Hispanic/Non-Latino
- Hispanic/Latino
- Client doesn't know
- Client refused

Sexual Orientation

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Questioning/Unsure
- Client doesn't know
- Client refused

HEALTH AND DISABILITY INFORMATION

Does the client have a disabling condition?

- Yes
- No
- Client doesn't know
- Client refused

Disability Sub-assessment

Disability Type	Disability Determination				If Yes, to be of long-continued and indefinite duration and substantially impairs ability to live independently?				Documentation of disability and severity on File? Y/N	Currently receiving services/treatment for this disability			
	Yes	No	Client doesn't know	Client Refused	Yes	No	Client doesn't know	Client Refused		Yes	No	Client doesn't know	Client Refused
Physical													
Developmental													
Chronic Health Condition													
HIV/AIDS													
Mental Health Problem													
Alcohol Abuse													
Drug Abuse													
Both Alcohol & Drug Abuse													

Notes on Disability: _____

Pregnant?

- Yes
- No

- Client doesn't know
- Client refused

If Yes, Projected Birth Date: _____

Covered by Health Insurance?

- Yes
- No

- Client doesn't know
- Client refused

HEALTH INSURANCE sub-assessment

Insurance Type	Yes	No
MEDICAID		
MEDICARE		
State Children's Health Insurance Program		
Veteran 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 (Please Specify: _____)		

LOCATION

Client Location (CoC Code): _____

Zip Code of Last Permanent Address: _____

City of Residence: _____

County of Residence: _____

HOMELESS HISTORY INTERVIEW

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"/> Foster care home or foster group home	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher.	<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Client refused
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Owned by client, with ongoing housing subsidy	
<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"/> Long-term care facility or nursing home	<input type="checkbox"/> Permanent housing for formerly homeless persons (such as CoC Project)	
	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Rental by client, no ongoing housing subsidy	
	<input type="checkbox"/> Substance abuse treatment facility or detox center	<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)	

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**

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> One Time | <input type="checkbox"/> Three Times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two Times | <input type="checkbox"/> Four or more Times | <input type="checkbox"/> 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)

- | | | |
|--|--|--|
| <input type="checkbox"/> One month (this time is the first month) | <input type="checkbox"/> More than 12 months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 2 – 12 months → Must specify # months _____ | | <input type="checkbox"/> Client refused |

Housing Status

- | | | |
|--|--|--|
| <input type="checkbox"/> Category 1 - Homeless | <input type="checkbox"/> Category 3 – Homeless only under other federal statutes | <input type="checkbox"/> Stably Housed |
| <input type="checkbox"/> Category 2 – At imminent risk of losing housing | <input type="checkbox"/> Category 4 – Fleeing domestic violence | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> At-risk of homelessness | <input type="checkbox"/> Client refused |

COMMERCIAL SEXUAL EXPLOITATION

Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)? **This includes any form of sexual relations*

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client refused |

If Yes, In the last three months?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client refused |

If Yes, How many times?

- | | | |
|------------------------------|-------------------------------------|--|
| <input type="checkbox"/> 1-3 | <input type="checkbox"/> 8-11 | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 4-7 | <input type="checkbox"/> 12 or more | <input type="checkbox"/> Client refused |

If Yes, Ever made/persuaded to have sex in exchange for something

**Did someone ever make or persuade you to have sex with anyone else in exchange for something such as money, food, drugs or shelter?*

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client refused |

If Yes, In the last three months?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client refused |

COMMERCIAL LABOR EXPLOITATION

Ever afraid to quit/leave a work situation due to threats of violence to yourself, family or friends?

- Yes
- No

- Client doesn't know
- Client refused

Ever promised work where the work or payment was different than what you expected?

- Yes
- No

- Client doesn't know
- Client refused

If Yes (to either of the above), did you feel forced, pressured or tricked into continuing this job?

- Yes
- No

- Client doesn't know
- Client refused

If Yes (to either of the above), have you had any jobs like these in the last 3 months?

- Yes
- No

- Client doesn't know
- Client refused

CONTACT INFORMATION

Contact Type: _____

Contact Name: _____

Contact Address: _____

Contact Phone: _____

Contact Email: _____

Contact Type: _____

Contact Name: _____

Contact Address: _____

Contact Phone: _____

Contact Email: _____

Providers **MUST** record the date and location of **EACH** contact made with street outreach clients.

Please see the *HMIS Data Collection – Street Outreach Supplemental Form* and *2014 HUD Data Standards* for more information.

FUNDER SPECIFIC QUESTIONS

ESG ONLY

Currently receiving income from any source? *(Youth Income Only – Do not include parents' income)*

- Yes
 No

- Client doesn't know
 Client refused

X	Source of Income (Monthly)	Family Member	Amount from Source
	Alimony or Other Spousal Support		\$.00
	Child Support		\$.00
	Earned Income <i>(Employment)</i>		\$.00
	General Assistance		\$.00
	Pension or Retirement Income from a Former Job		\$.00
	Private Disability Insurance		\$.00
	Retirement Income from Social Security		\$.00
	SSDI <i>(Social Security Disability Income)</i>		\$.00
	SSI <i>(Supplemental Security Income)</i>		\$.00
	TANF <i>(Temporary Assistance for Needy Families or FIP grant)</i>		\$.00
	Unemployment Insurance		\$.00
	VA Service-Connected Disability Compensation		\$.00
	VA Non-Service-Connected Disability Pension		\$.00
	Workers Compensation		\$.00
	Other <i>(Including Gifts from Friends and Family)</i>		\$.00
	No Financial Resources		N/A

(If Other Source) Specify: _____

Total Monthly Income \$ _____

Currently receiving any non-cash benefits? *(Youth Benefits Only – Do not include parents' benefits)*

- Yes
 No

- Client doesn't know
 Client refused

X	Source of Non-Cash Benefit (Monthly)	Family Member	Amount (If applicable)
	Supplemental Nutrition Assistance Program <i>(Food Stamps)</i>		\$.00
	Special Supplemental Nutrition Program for WIC		\$.00
	TANF Child Care Services		\$.00
	TANF Transportation Services		\$.00
	Other TANF Funded Services		\$.00
	Section 8, Public Housing or rental assistance		\$.00
	Temporary Rental Assistance		\$.00
	Other Source – Specify: _____		\$.00

Domestic Violence Victim/Survivor should be indicated as “**Yes**” if the person has experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has taken place **within the individual’s or family’s primary nighttime residence**.

Domestic Violence Victim/Survivor?

- Yes
- No
- Client doesn’t know
- Client refused

(If yes) When Experience Occurred

- Within the past three months
- Three to six months ago (excluding six months exactly)
- Six months to one year ago (excluding one year exactly)
- One year ago or more
- Client doesn’t know
- Client refused

Currently fleeing should be indicated as “**Yes**” if the Person is fleeing, or is attempting to flee, the domestic violence situation **or** is afraid to return to their primary nighttime residence.

(If yes) Are you currently fleeing?

- Yes
- No
- Client doesn’t know
- Client refused

Overview of domestic violence
