

NC HMIS Youth Street Outreach Intake

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"/> Trans Male (Female to Male) | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Male | <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female) | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Trans Female (Male to Female) | | |

Race (Select All)

- | | | |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Black or African American | | |

Ethnicity

- | | |
|--|--|
| <input type="checkbox"/> Non-Hispanic/Non-Latino | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Client refused |

Sexual Orientation

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Questioning/Unsure | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Lesbian | | |

HEALTH AND DISABILITY INFORMATION

Does the client have a disabling condition?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> 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? | | | |
|---------------------------|--------------------------|----|---------------------|----------------|--|----|---------------------|----------------|
| | 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"/> Hospital or other residential non-psychiatric medical facility | <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 (other than RRH) for formerly homeless persons | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher. | <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home | <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 housing subsidy (including RRH) | |
| <input type="checkbox"/> Safe Haven | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center | <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"/> 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). | | | |

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 4 – Fleeing domestic violence |
| <input type="checkbox"/> Category 2 – At imminent risk of losing housing | <input type="checkbox"/> At-risk of homelessness |
| <input type="checkbox"/> Category 3 – Homeless only under other federal statuses | <input type="checkbox"/> Stably Housed |
| | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> 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 **EACH** contact made with street outreach clients.

Please see the *HMIS Data Collection –Street Outreach Supplemental Form* and *2017 HUD Data Standards* for more information.