# NC HMIS Youth Shelter Intake Form

Basic Center Shelters

**Entrance Date:** ________________ **Client ID#:** _____________________ **Case Manager:** ___________________________

**First Name:** ___________________ **Middle Name:** ___________________ **Last Name:** ______________________________

**Name Data Quality**

- ☐ Full name reported
- ☐ Partial, street name or code name reported
- ☐ Client doesn't know
- ☐ Client refused

**SSN#:** ____________________

**SSN Data Quality**

- ☐ Full SSN Reported
- ☐ Approximate or partial SSN Reported
- ☐ Client doesn't know
- ☐ Client refused

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

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

## BASIC DEMOGRAPHIC INFORMATION

**Relationship to Head of Household**
*(Head of Household = Primary Client)*

- ☐ Self (head of household)
- ☐ Head of household's child
- ☐ Head of household's spouse or partner
- ☐ Head of household's other relation member
- ☐ Other: non-relation member

**Date of Birth**______________________________ (mm/dd/yyyy)

**Date of Birth Type**

- ☐ Full DOB Reported
- ☐ Approximate or partial DOB Reported
- ☐ Client doesn't know
- ☐ Client refused

**Gender**

- ☐ Female
- ☐ Male
- ☐ Trans Female (Male to Female)
- ☐ Trans Male (Female to Male)
- ☐ Gender Non-Conforming (i.e. not exclusively male or female)
- ☐ Client doesn't know
- ☐ Client refused

**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

**Parental Engagement in Care**

- ☐ No involvement
- ☐ Limited
- ☐ Moderate
- ☐ Strong
- ☐ Unknown

## FOSTER CARE INFORMATION

**Formerly a Ward of Child Welfare/Foster Care Agency**

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

***(If yes)*** **Number of Years** *(in Child Welfare/Foster Care)*

- ☐ Less than one year
- ☐ 1 to 2 years
- ☐ 3 to 5 or more years

**If Less than one year, Number of Months** *(in Child Welfare/Foster Care)*: ____________

**Formerly a Ward of Juvenile Justice System**

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

***(If yes)*** **Number of Years** *(in Juvenile Justice System)*

- ☐ Less than one year
- ☐ 1 to 2 years
- ☐ 3 to 5 or more years

**If Less than one year, Number of Months** *(in Juvenile Justice System)*: ____________

# 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 |
|---|---|---|---|
| ☐ Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside). | ☐ Foster care home or foster group home | ☐ Hotel or motel paid for without emergency shelter voucher | ☐ Client doesn't know |
| ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher. | ☐ Hospital or other residential non-psychiatric medical facility | ☐ Owned by client, no ongoing housing subsidy | ☐ Client refused |
| ☐ Safe Haven | ☐ Jail, prison or juvenile detention facility | ☐ Owned by client, with ongoing housing subsidy | |
| ☐ 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). | ☐ Long-term care facility or nursing home | ☐ Permanent housing (other than RRH) for formerly homeless persons | |
| | ☐ Psychiatric hospital or other psychiatric facility | ☐ Rental by client, no ongoing housing subsidy | |
| | ☐ Substance abuse treatment facility or detox center | ☐ Rental by client, with VASH housing subsidy | |
| | | ☐ Rental by client, with GPD TIP subsidy | |
| | | ☐ Rental by client, with other housing subsidy (including RRH) | |
| | | ☐ Residential project of halfway house with no homeless criteria | |
| | | ☐ Staying or living in a family member's room, apartment or house | |
| | | ☐ Staying or living in a friend's room, apartment or house | |
| | | ☐ Transitional housing for homeless persons (including homeless youth) | |

**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

*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 statues
- ☐ 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:** ____________________________

## 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? | | | |
|---|---|---|---|---|---|---|---|---|
| | *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:** ______________________________________________________________

**General Health Status**

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Client doesn't know
- ☐ Client refused

**Dental Health Status**

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Client doesn't know
- ☐ Client refused

**Mental Health Status**

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Client doesn't know
- ☐ Client refused

**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: ____________________________________________) | | |

## EDUCATION INFORMATION

**Last Grade Completed**

- ☐ Less than Grade 5
- ☐ Grades 5-6
- ☐ Grades 7-8
- ☐ Grades 9-11
- ☐ Grade 12/High School Diploma
- ☐ School program doesn't have grade levels
- ☐ GED
- ☐ Some College
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Graduate Degree
- ☐ Vocational Certification
- ☐ Client does know
- ☐ Client refused

**School Status**

- ☐ Attending School Regularly
- ☐ Attending School Irregularly
- ☐ Graduated High School
- ☐ Obtained GED
- ☐ Dropped Out
- ☐ Suspended
- ☐ Expelled
- ☐ Client doesn't know
- ☐ Client refused

## EMPLOYMENT INFORMATION

**Employed?**

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

**If Yes, Type of Employment**

- ☐ Full-time
- ☐ Part-time
- ☐ Seasonal/sporadic (including day labor)

**If No, Why not Employed**

- ☐ Looking for work
- ☐ Unable to work
- ☐ Not looking for work

# INCOME & NON-CASH BENEFITS

**(Youth) Currently receiving income from any source?** *(Not Required for Basic Center Projects)*

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

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

*(If Other Source)* **Specify:** ____________________________________________________________________________

**Total Monthly Income $**_______________

**Currently receiving any non-cash benefits?**

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

| X | Source of Non-Cash Benefit (Monthly) | Amount (If applicable) |
|---|---|---|
| | Supplemental Nutrition Assistance Program *(Food Stamps)* | $ .00 |
| | Special Supplemental Nutrition Program for WIC | $ .00 |
| | TANF Child Care Services | $ .00 |
| | TANF Transportation Services | $ .00 |
| | Other TANF Funded Services | $ .00 |
| | Other Source – **Specify**: _______________________________ | $ .00 |

# YOUNG PERSON'S CRITICAL ISSUES

| Issue | Yes | No |
|---|---|---|
| Unemployment *(FAMILY MEMBER)* | | |
| Mental Health Issues (*FAMILY MEMBER*) | | |
| Physical Disability (*FAMILY MEMBER*) | | |
| Alcohol or Substance Abuse (*FAMILY MEMBER*) | | |
| Insufficient Income to Support Youth | | |
| Incarcerated Parent of Youth | | |

# REFERRAL INFORMATION

**Referral Source**

- ☐ Self-Referral
- ☐ Individual *(Parent/Guardian, Relative, Friend, Foster Parent, Other Individual)*
- ☐ Outreach Project
- ☐ Temporary Shelter
- ☐ Residential Project
- ☐ Hotline
- ☐ Child Welfare/CPS
- ☐ Juvenile Justice
- ☐ Law Enforcement/Police
- ☐ Mental Hospital
- ☐ School
- ☐ Other Organization
- ☐ Client doesn't know
- ☐ Client refused

**If Referred by FYSB Outreach Project,** Number of times approached by outreach prior to entering the project**: _________**

# BCP DETERMINATION STATUS

**Date of BCP Status Determination**: _______/__________/______________

**Youth Eligible for RHY Services**

- ☐ Yes
- ☐ No

**If yes, runaway youth?:**

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

**If no, reason why services are not funded by BCP grant:**

- ☐ Out of age range
- ☐ Ward of the State – Immediate Reunification
- ☐ Ward of the Criminal Justice System – Immediate Reunification
- ☐ Other

## CONTACT INFORMATION

**Contact Type**: ______________________
**Contact Name**: ______________________
**Contact Address**: ______________________
**Contact Phone**: ______________________
**Contact Email:** ______________________

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**Contact Phone**: ______________________
**Contact Email:** ______________________

## FUNDER SPECIFIC QUESTIONS

### REQUIRED FOR HUD FUNDED PROJECTS

*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 **<u>or</u>** 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**

______________________________________________________________________________