

UNIVERSAL CLIENT INTAKE FORM

Form Revised: 6/5/2017 • Revision 7

FOR STAFF USE ONLY – DO NOT COMPLETE THE GRAY SECTIONS									
Client ID #:		Today's Date:	____/____/____						
Outreach Contact Date:	____/____/____		Outreach Engagement Date:	____/____/____					
Location of Outreach Contact:	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Service Setting, non-residential <input type="checkbox"/> Service Setting, residential		Interviewed By:						
			Entered in HMIS By:						
Agency:	<input type="checkbox"/> AFHF	<input type="checkbox"/> FCAA	<input type="checkbox"/> FRM	<input type="checkbox"/> HACF	<input type="checkbox"/> MHMA	<input type="checkbox"/> RCEHN	<input type="checkbox"/> SETON	<input type="checkbox"/> Other:	

1. Name – List your first, middle, and last name, and suffix (legal names only)			
First Name:	Middle Name:	Last Name:	Suffix:
2. Other names used to receive services previously (for example, maiden name)			
First Name:	Middle Name:	Last Name:	Suffix:

3. Social Security Number:	____--____--____ (000-00-0000)	4. Date of Birth:	____/____/____ (Month/Day/Year)
	<input type="checkbox"/> Don't Know SS#		<input type="checkbox"/> Refused to Provide SS#

5. Current Address			
Street Address:	City/Town:	State:	ZIP:

6. Phone Numbers and Email	
Home:	Work:
Cell:	Email:

7. Race – Check or circle all that apply:						
<input type="checkbox"/> American Indian/Alaska 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"/> Don't Know	<input type="checkbox"/> Refused

8. Ethnicity – Check or circle only one (1) box:				
<input type="checkbox"/> Non-Hispanic / Non-Latino	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused	

9. Gender – Check or circle only one (1) box:								
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender M ⇌ F	<input type="checkbox"/> Transgender F ⇌ M	<input type="checkbox"/> Gender Queer	<input type="checkbox"/> Other	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused	

10. Family Type – Check only 1 box:	<input type="checkbox"/> Single Parent Female	<input type="checkbox"/> Single Parent Male	<input type="checkbox"/> Two Parent Household	<input type="checkbox"/> Single Person	<input type="checkbox"/> Two Adults – NO Children	<input type="checkbox"/> Other
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11. Family Size – Number in Family:	<input type="checkbox"/> One (1) Person	<input type="checkbox"/> Two (2)	<input type="checkbox"/> Three (3)	<input type="checkbox"/> Four (4)
<input type="checkbox"/> Five (5)	<input type="checkbox"/> Six (6)	<input type="checkbox"/> Seven (7)	<input type="checkbox"/> Eight (8) or more	<input type="checkbox"/> Refused

12. Veteran Status – Have you been on Active Duty in the U.S. Armed Forces? – Check or circle only one (1) box:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
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13. Disabling Condition – Do you have a Disability or Disabling Condition? – Check or circle only one (1) box:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
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14. Source and Amount of Income – How much did you earn from any of the following sources in the last 30 days:			
Earned Income	\$	TDAP	\$
Unemployment Insurance	\$	Social Security	\$
SSI	\$	Veteran's Pension	\$
SSDI	\$	Pension from Former Job	\$
Veteran's Disability	\$	Child Support	\$
Private Disability Insurance	\$	Alimony	\$
Worker's Compensation	\$	Other:	\$
TCA or TANF	\$	Other:	\$
Total Monthly Income:	\$	←←← How much did you earn last MONTH ?	

15. What is the highest level of school completed? – Check or circle only one (1) box:		<input type="checkbox"/> No Schooling Completed	<input type="checkbox"/> Nursery School to 4 th Grade	<input type="checkbox"/> 5 th or 6 th Grade
<input type="checkbox"/> 7 th or 8 th Grade	<input type="checkbox"/> 9 th Grade	<input type="checkbox"/> 10 th Grade	<input type="checkbox"/> 11 th Grade	<input type="checkbox"/> 12 th Grade, No Diploma
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Post-Secondary School	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused

16. Health Insurance – check or circle all health care benefits that you have:						
<input type="checkbox"/> Medical Assistance (MA) HealthChoice	<input type="checkbox"/> Maryland Children's Health Program (MCHP)	<input type="checkbox"/> Medicare	<input type="checkbox"/> VA Medical Services	<input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance through COBRA	<input type="checkbox"/> Private Pay Health Insurance

17. Who could we contact in the event of an emergency:			
Name:		Relationship:	
Phone # 1:		Phone # 2:	
Other emergency contact or address:			

18. Family Members – Please list all family members that currently live with you:

Name – First/Middle Initial/Last	Date of Birth (if known)	Social Security Number (if known)	Relationship
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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19. Current Living Situation/Housing Status – Check or circle only one (1) box:

<input type="checkbox"/> Homeless	<input type="checkbox"/> At Imminent Risk of Losing Housing	<input type="checkbox"/> Homeless Only Under Other Federal Statutes	<input type="checkbox"/> Fleeing Domestic Violence
<input type="checkbox"/> At-Risk of Homelessness	<input type="checkbox"/> Stably Housed	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
If STABLY HOUSED , does the client rent or own the housing? Check or circle only one (1) box:		<input type="checkbox"/> Rent	<input type="checkbox"/> Own
Housing Notes:			

20. Type of Most Recent Residence – Where did you stay last night? – Check only one (1) box:						
<input type="checkbox"/> Emergency Shelter Including Hotel/Motel Vouchers	<input type="checkbox"/> Foster Care Home or Foster Care Group Home	<input type="checkbox"/> Hospital or Residential Non-psychiatric Medical Facility	<input type="checkbox"/> Hotel or Motel Paid for <u>Without</u> a Voucher – Self-Pay	<input type="checkbox"/> Jail, Prison or Juvenile Detention Center	<input type="checkbox"/> Long-Term Care Facility or Nursing Home	<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	<input type="checkbox"/> Place Not Meant for Habitation – vehicle, streets, outdoors, empty building, etc.	<input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility	<input type="checkbox"/> Rental by Client, No Ongoing Housing Subsidy	<input type="checkbox"/> Rental by Client, With VASH* 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 or Halfway House with No Homeless Criteria	<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Staying or Living in a Family Member’s Room, Apt., or House	<input type="checkbox"/> Staying or Living in a Friend’s Room, Apt., or House	<input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center	<input type="checkbox"/> Transitional Housing for Homeless Persons
<input type="checkbox"/> Other	<input type="checkbox"/> Client Doesn’t Know	<input type="checkbox"/> Client Refused	If “Other” Specify:			

* Veteran’s Administration Supportive Housing (VASH) ** Grant and Per Diem (GPD) Transition in Place (TIP) Program

21. Length of Stay at Most Recent Residence (see above) – Check or circle only one (1) box:							
<input type="checkbox"/> One (1) day or less	<input type="checkbox"/> Two (2) days to one (1) week	<input type="checkbox"/> More than 1 week, but less than 1 month	<input type="checkbox"/> One (1) to 3 months	<input type="checkbox"/> More than 3 months, but less than 1 year	<input type="checkbox"/> One (1) year or longer	<input type="checkbox"/> Client Doesn’t Know	<input type="checkbox"/> Client Refused

22. ZIP Code of Last Permanent Residence: (Downtown Frederick is 21701)	ZIP:
<input type="checkbox"/> Client Doesn’t Know ZIP Code	<input type="checkbox"/> Client Refused to Answer

23. Is the Client Entering or Enrolling in a Program from the Streets, an Emergency Shelter, or a Safe Haven Project? Check only one (1) box:				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn’t Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

24. If “Yes” to Question 23. – “Client entered/enrolled from the streets, emergency shelter or safe haven” – <u>What is approximate entry date:</u>	(mm/dd/yyyy)
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25. Regardless of where the client stayed last night, what is the number of times the client has been on the streets, in Emergency Shelter, or a Safe Haven Project in the past three (3) years including today?			
<input type="checkbox"/> Never in the 3 years	<input type="checkbox"/> One time	<input type="checkbox"/> Two times	<input type="checkbox"/> Three times
<input type="checkbox"/> Four or more times	<input type="checkbox"/> Client doesn’t know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

26. Total number of months the client has been homeless on the streets, in Emergency Shelter, or a Safe Haven Project in the past three (3) years? Check only one (1) box:

<input type="checkbox"/> One time (this is 1 st month)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> More than 12 months	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

27. Project or Program Entry Date:

28. Project or Program Exit Date:

Entry and Exit Notes:

29. Destination – Where will you stay after exiting project? – Check only one (1) box:

<input type="checkbox"/> Emergency Shelter Including Hotel/Motel Vouchers	<input type="checkbox"/> Foster Care Home or Foster Care Group Home	<input type="checkbox"/> Hospital or Residential Non-psychiatric Medical Facility	<input type="checkbox"/> Hotel or Motel Paid for <u>Without</u> a Voucher – Self-Pay	<input type="checkbox"/> Jail, Prison or Juvenile Detention Center	<input type="checkbox"/> Long-Term Care Facility or Nursing Home	<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	<input type="checkbox"/> Place Not Meant for Habitation – vehicle, streets, outdoors, empty building, etc.	<input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility	<input type="checkbox"/> Rental by Client, No Ongoing Housing Subsidy	<input type="checkbox"/> Rental by Client, With VASH* 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 or Halfway House with No Homeless Criteria	<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Staying or Living in a Family, Permanent Tenure	<input type="checkbox"/> Staying or Living in a Family, Temporary Tenure	<input type="checkbox"/> Staying or Living with Friends, Permanent Tenure	<input type="checkbox"/> Staying or Living with Friends, Temporary Tenure
<input type="checkbox"/> Moved from HOPWA Funded Project to HOPWA PH	<input type="checkbox"/> Moved from HOPWA Funded Project to HOPWA TH	<input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center	<input type="checkbox"/> Transitional Housing for Homeless Persons	<input type="checkbox"/> Deceased	<input type="checkbox"/> No Exit Interview Completed	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Refused	<input type="checkbox"/> Other	If "Other" Specify:				

30. Relationship to Head of Household

<input type="checkbox"/> Self (head of household)	<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	<input type="checkbox"/> Other: Non-relation member
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31. Sexual Orientation – Optional - Required for FCAA Community Health Center Patients ONLY

<input type="checkbox"/> Lesbian, Gay or Homosexual	<input type="checkbox"/> Straight or Heterosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Other or something else	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
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Acknowledgements and Consent to Participate in the Homeless Management Information System (HMIS)

Acknowledgements: The information that I have provided is true and accurate to the best of my knowledge. Furthermore, I understand that rules for acceptance into programs are the same for everyone without regard to race, color, national origin, age, sex or handicap. I also understand that I have the right to appeal a decision if I feel services have been incorrectly denied, reduced, suspended or terminated.

Homeless Management Information System (HMIS): HMIS is a computerized record keeping system that captures information and the service needs of people experiencing poverty or homelessness. This agency uses HMIS as their data management tool to collect information on the clients served and the services provided. The HMIS system benefits you because you may not have to complete an additional intake interview should you need services from a collaborating agency that also uses HMIS. The information shared with one or more collaborating agencies will be used to help you access services such as emergency assistance, shelter, and transitional housing. Your written consent allows this agency to share your intake information with other collaborating agencies. You have the right to request information about who has viewed or updated your HMIS record and to receive a copy of this Consent Form and the Client Fact Sheet.

This agency has an interagency sharing agreement with several collaborating agencies regarding clients that are served by both agencies. The collaborating agencies also have an agreement with the Frederick County Coalition for the Homeless and the agencies have security procedures regarding the protection and sharing of client data. These agencies may also use your information, without any identifying information, for reporting requirements and advocacy.

By signing this consent form, you authorize this agency:

- To share your intake information with collaborating agencies to be used for an initial intake assessment.
- To share your basic demographic information, residential, employment skills/income, military/legal, service needs, goals and outcomes, medical history, substance abuse and mental health history with collaborating agencies.
- To allow your information to be shared electronically via a secure, encrypted, web-based system with the collaborating agencies participating in the HMIS.
- To allow your records and information to be shared for a period of no greater than ten (10) years from today's date.

I, _____, do hereby (check one box below)
Client or Participant Name

- Consent
- Do Not Consent

To having information that I provided in intake interviews with staff be shared electronically with collaborating agencies using the HMIS Computerized Record Keeping System. I further consent to having my medical, mental health, and substance use history/information that I provided in intake interviews with staff to be shared electronically with the collaborating agency or agencies using the HMIS Computerized Record Keeping System. I understand that collaborating agencies are fully bound by the provisions of the Health Insurance Portability and Accountability Act (HIPAA), federal regulations governing Confidentiality and Drug Abuse Patient Records (42 CFR part 2), and the Maryland Confidentiality of Medical Records Act (MCMRA) when sharing information. I understand that I may ask to have this information removed from the HMIS computerized record keeping system at any time in the future.

Client/Participant Signature

Date

Staff Signature & Title

Date