**HMIS Universal Intake Form - Adults**

Completed By: ___________________________  Program: ___________________________  Shelter Bed #: ____________

Project Start/Entry In Date (all clients)  

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**Client Demographics**

**Name (all clients)**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

**Name Data Quality (all clients)**

- [ ] Full Name Reported
- [ ] Partial, street name, or code name reported
- [ ] Client doesn’t know
- [ ] Client refused

**Social Security Number (all clients)**

<table>
<thead>
<tr>
<th>SSN Data Quality (all clients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Full SSN Reported</td>
</tr>
<tr>
<td>[ ] Approximate or partial SSN reported</td>
</tr>
<tr>
<td>[ ] Client doesn’t know</td>
</tr>
<tr>
<td>[ ] Client refused</td>
</tr>
</tbody>
</table>

**Military Veteran (active military duty)**

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

**Date of Birth (all clients)**

<table>
<thead>
<tr>
<th>DOB Data Quality (all clients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Full DOB Reported</td>
</tr>
<tr>
<td>[ ] Approximate or partial DOB reported</td>
</tr>
<tr>
<td>[ ] Client doesn’t know</td>
</tr>
<tr>
<td>[ ] Client refused</td>
</tr>
</tbody>
</table>

**Race: Check all that apply (all clients)**

- [ ] American Indian, Alaskan Native, or Indigenous
- [ ] Asian or Asian American
- [ ] Black, African American, or African
- [ ] Native Hawaiian or Pacific Islander
- [ ] White
- [ ] Client doesn’t know
- [ ] Client refused

**Ethnicity (all clients)**

- [ ] Non-Hispanic/Non-Latin(a)(o)(x)
- [ ] Hispanic/Latin(a)(o)(x)
- [ ] Client doesn’t know
- [ ] Client refused

**Gender (all clients)**

- [ ] Female
- [ ] Male
- [ ] A Gender Other than Singularly Female or Male (e.g. Non-Binary, Genderfluid, Agender, Culturally Specific Gender)
- [ ] Transgender
- [ ] Questioning
- [ ] Client doesn’t know
- [ ] Client refused

**Besides the HoH, is anyone else in the household a Veteran?**

- [ ] Yes
- [ ] No
## LET’S TALK ABOUT YOUR LIVING SITUATION

### General Area of Previous Residence

- [ ] Within Franklin County (Outside City-Columbus)  
  - [ ] Within Franklin County (Within City-Columbus)
- [ ] Outside Franklin County (Outside City-Columbus)  
  - [ ] Outside of Ohio
- [ ] Outside Franklin County (Inside City-Columbus)
  - [ ] Client Doesn’t Know

### Where Did You Stay Last Night? / Residence Prior to Project Entry

#### Homeless Situation:

- [ ] Place not meant for habitation
- [ ] Safe Haven
- [ ] Emergency Shelter
- [ ] Interim Housing

#### Institutional Situation:

- [ ] Foster care home or foster care group home
- [ ] Jail, prison, or juvenile detention facility
- [ ] Psychiatric hospital or other psychiatric facility
- [ ] Hospital or other residential non-psychiatric medical facility
- [ ] Long-term care facility or nursing home
- [ ] Substance abuse treatment facility or detox center

#### Transitional and Permanent Housing Situation:

- [ ] Hotel or motel paid for without emergency shelter voucher
- [ ] Owned by client, with ongoing housing subsidy
- [ ] Rental by client, with ongoing housing subsidy
- [ ] Residential project or halfway house with no homeless criteria
- [ ] Staying or living in a family member's room, apartment, or house
- [ ] Transitional Housing for homeless persons
- [ ] Owned by client, no ongoing housing subsidy
- [ ] PH (other than RRH) for formerly homeless persons
- [ ] Rental by client, with VASH subsidy
- [ ] Client refused
- [ ] Client doesn’t know

If residence prior to program entry is an institution, please provide name of institution/facility:

### Length of Stay in Previous Place

- [ ] One night or less (HUD)
- [ ] Two to six nights (HUD)
- [ ] One week or more but less than one month (HUD)
- [ ] One month or more, but less than 90 days (HUD)
- [ ] 90 days or more but less than one year (HUD)
- [ ] One year or longer (HUD)
- [ ] Client doesn’t know
- [ ] Client refused

### Do you currently have a lease in your name?

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

### Domestic Violence (HoH & Adults)

#### Is client a domestic violence victim/survivor?

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

#### If Yes, when did the experience occur?

- [ ] Within the past 3 months
- [ ] 3-6 months ago
- [ ] 6 months to 1 year ago
- [ ] 1 year or more
- [ ] Client doesn’t know
- [ ] Client refused

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Page 2
If yes, are you currently fleeing?
☐ Yes  ☐ No  ☐ Client doesn’t know  ☐ Client refused

**Possible Referral to Choices**

Behind on Rent?  ☐ Yes  ☐ No

If Yes, Monthly Rent Cost  $________
Past Due Balance  $________

Eviction Details:

Strengths Exploration

Household Composition
☐ Single Adults  ☐ Family  ☐ Unaccompanied Youth

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

Client Location (CoC Code):  OH-503

Number of Adults in Household (including HoH) ________

Number of Children:  0-2 years______  3-7 years______  8-12 years______  13-17 years______

Pregnant  ☐ No  ☐ Yes

Due Date:  ________________________

Do you have any Supportive Services Providers, such as a Case Manager, FCCS, etc.?

Connected to Maryhaven Outreach?  ☐ Yes  ☐ No

Linked with Frankling County Children Services?  ☐ Yes  ☐ No

Is your Case Manager aware of your current situation?  ☐ Yes  ☐ No

Employment Status

Employed?  ☐ Yes  ☐ No  ☐ Data not collected
### Homeless Information

**Homeless Primary Reason**

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural Disaster
- Physical/mental disability
- Relationship problems
- Substandard housing
- Unable to pay rent/mortgage
- Unemployment
- Other

**Homeless Secondary Reason**

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural disaster
- Physical/mental disability
- Relationship Problems
- Substandard Housing
- Unable to pay rent/mortgage
- Unemployment
- Other
- No secondary reason for source of crisis

**Approximate Date Homelessness Started:**

Regardless of where they stayed last night- Number of Times the Client has been Homeless on the streets*, in ES, or SH in the Past Three years including today *(HoH & Adults)*

- Never in the past 3 years
- One time (homeless only this time)
- Two times
- Three times
- Four or more times

**Total number of months homeless on the street, in ES, or SH in the past three years†**

- One month (this time is the first time)
- If 2-12, Specify #:
- More than 12 months
- Client refused
- Client doesn't know
- Data not collected

**Are you currently Intoxicated or under the influence of another substance?**

- Yes
- No

**Are there any chronic medical conditions that you know you have, such as diabetes, seizures, high blood pressure, or a heart-related condition, or mental health condition for which you are not receiving treatment or have run out of medication?**

- Yes
- No

**Are you presently thinking about hurting yourself or someone else?**

- Yes
- No
## Income

### Income from Any Source (HoH & Adults (child-->HoH))

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

**Answer Yes or No for each income source (status at time of entry)**

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Receiving income?</th>
<th>If yes, monthly amount from source (round down to nearest dollar)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned income (i.e., employment income)</td>
<td>No</td>
<td>Yes $0.00</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>No</td>
<td>Yes $0.00</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>No</td>
<td>Yes $0.00</td>
</tr>
<tr>
<td>Social Security Disability Income (SSDI)</td>
<td>No</td>
<td>Yes $0.00</td>
</tr>
<tr>
<td>VA Service-Connected Disability</td>
<td>No</td>
<td>Yes $0.00</td>
</tr>
<tr>
<td>VA Non-Service-Connected Disability Pension</td>
<td>No</td>
<td>Yes $0.00</td>
</tr>
<tr>
<td>Private disability insurance</td>
<td>No</td>
<td>Yes $0.00</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>No</td>
<td>Yes $0.00</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>No</td>
<td>Yes $0.00</td>
</tr>
<tr>
<td>General Assistance (GA)</td>
<td>No</td>
<td>Yes $0.00</td>
</tr>
<tr>
<td>Retirement Income from Social Security</td>
<td>No</td>
<td>Yes $0.00</td>
</tr>
<tr>
<td>Pension or retirement income from a former job</td>
<td>No</td>
<td>Yes $0.00</td>
</tr>
<tr>
<td>Child support</td>
<td>No</td>
<td>Yes $0.00</td>
</tr>
<tr>
<td>Alimony or other spousal support</td>
<td>No</td>
<td>Yes $0.00</td>
</tr>
<tr>
<td>Other Source</td>
<td>No</td>
<td>Yes $0.00</td>
</tr>
</tbody>
</table>

**Total Monthly Income from all sources** $0.00

## Non-Cash Benefits

### Non-Cash Benefits from any source? (HoH & Adults (children go on HoH))

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

**Source of non-cash benefit**

- Special Supplemental Nutrition Assistance Program (SNAP)
- TANF Child Care services
- TANF transportation services
- Other TANF-Funded Services
- Other source:
**Health Insurance**

**Covered by health insurance (all clients)**

<table>
<thead>
<tr>
<th>Source of insurance coverage</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td></td>
<td></td>
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<tr>
<td>Medicare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Children’s Health Insurance Program</td>
<td></td>
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<tr>
<td>Veteran’s Administration (VA) Medical Services</td>
<td></td>
<td></td>
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<tr>
<td>Employer-Provided Health Insurance</td>
<td></td>
<td></td>
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<tr>
<td>Health insurance obtained through COBRA</td>
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<tr>
<td>Private Pay Health Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Health Insurance for Adults (or use local name)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian Health Services Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other source:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Disabling Conditions (all clients)**

**Does the client have a disabling condition?**

<table>
<thead>
<tr>
<th>Disabling Condition</th>
<th>Yes</th>
<th>No</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long term?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Developmental</td>
<td></td>
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<tr>
<td>Chronic Health</td>
<td></td>
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<tr>
<td>Long term?</td>
<td></td>
<td></td>
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<tr>
<td>HIV</td>
<td></td>
<td></td>
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<tr>
<td>Mental Health</td>
<td></td>
<td></td>
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<tr>
<td>Substance Use Disorder</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Long term?</td>
<td></td>
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</tr>
</tbody>
</table>

**Client Signature:** ____________________________________________  **Date:** ___________