

HMIS Universal Intake Form - Child

Completed By: _____ Program: _____ Shelter Bed #: _____

Project Start/Entry In Date *(all clients)*

		/			/				
		<i>month</i>			<i>day</i>				<i>year</i>

Client Demographics

Name *(all clients)*

First Name			
Middle Name			
Last Name			
Suffix			

Phone #: _____

Name Data Quality *(all clients)*

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

Military Veteran (active military duty)

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

Social Security Number *(all clients)*

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Date of Birth *(all clients)*

		/			/				
		<i>month</i>			<i>day</i>				<i>year</i>

SSN Data Quality *(all clients)*

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

DOB Data Quality *(all clients)*

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

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

Household Information

Relationship to Head of Household

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

Client Location (CoC Code): OH-503

Disabling Conditions (all clients)

Does the client have a disabling condition?

- No Yes Client doesn't know Client refused

Physical

Long term?

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

Developmental

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

Chronic Health

Long term?

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

HIV

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

Mental Health

Long term?

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

Alcohol Use Disorder

Long term?

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

Drug Abuse

Long term?

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

Both Alcohol/Drug

Long term?

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

Health Insurance

Covered by health insurance (all clients)

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

Answer 'Yes' or 'No' for each health insurance source.

(Based on the status at the time of entry)

No Yes Source of insurance coverage

Medicaid

Medicare

State Children's Health Insurance Program

Veteran's Administration (VA) Medical Services

Employer-Provided Health Insurance

Health insurance obtained through COBRA

Private Pay Health Insurance

State Health Insurance for Adults (or use local name)

Indian Health Services Program

Other source: _____