MSCCOC RHY CLIENT INTAKE FORM

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X". Complete a separate form for each member of the household.

PROJECT ENTRY DATE (e.g., 08/24/2014) *[All clients]*

		/			/				

Month Date Year

MIS Client ID

NAME (first, middle, last name, suffix (e.g., Jr, Sr, III)) *[All clients]*

First Name:																				
Middle Name:																				
Last Name:																				
Suffix:																				
Alias:																				

Social Security Number: *[All clients]*

			-			-				

Month

Date of Birth: (e.g., /23/1978) *[All client]*

		/			/				

Date Year

Primary Race More than one race is permitted. *[All clients]* ***Please IDENTIFY the Primary Race***

☐	American Indian or Alaskan Native	☐	White
☐	Asian	☐	Client doesn't know
☐	Black or African American	☐	Client refused
☐	Native Hawaiian or Other Pacific Islander	☐	Other

Ethnicity *[All clients]*

☐	Non-Hispanic / Non-Latino	☐	Client doesn't know
☐	Hispanic / Non-Latino	☐	Client refused

Gender *[All clients]*

☐	Female	☐	Doesn't identify as male, female or transgender
☐	Male	☐	Client doesn't know
☐	Transgender: Male to Female	☐	Client refused
☐	Transgender: Female to Male		

Veteran Status *[All clients]*

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

Marital Status *[All clients]*

☐	Co-Habiting			☐	Single
☐	Divorced			☐	Widowed
☐	Client is a Child			☐	Client doesn't know
☐	Married	☐	Separated	☐	Client refused

Client Location: TN-501

Relationship to Head of Household *[All clients]*

☐	Self (Head of Household & Singles)	☐	Head of household's other relation member
☐	Head of household's child	☐	Other: non-relation member
☐	Head of household's spouse or partner	☐	Specify Relation: _____

Last Grade Completed All *[All RHY Clients except Street Outreach)*

☐	Less than Grade 5	☐	Associates degree
☐	Grades 5 - 6	☐	Bachelor's degree
☐	Grades 7 - 8	☐	Graduate degree
☐	Grades 9 - 11	☐	Vocational certification
☐	School Program does not have grade levels	☐	Client Doesn't Know
☐	GED	☐	Client Refused
☐	Some College		

School Status *[All RHY Clients except Street Outreach)*

☐	Attending School Regularly	☐	Suspended
☐	Attending School Irregularly	☐	Expelled
☐	Graduated High School	☐	Client Doesn't Know
☐	Obtained a GED	☐	Client Refused
☐	Dropped Out		

HOUSING STATUS

Homelessness and At-Risk of Homelessness Status

☐	Category 1 - Homeless
☐	Category 2 - At imminent risk of losing housing
☐	Category 3 - Homeless only under other federal statutes
☐	Category 4 - Fleeing domestic violence
☐	At-risk of homelessness
☐	Stably Housed
☐	Client doesn't know
☐	Client refused
☐	Data not collected

Domestic Violence Victim *[All clients]*

If a Victim of DV-How Long Ago? *[All clients]*

☐	1 Day to 3 Months	☐	More than a Year
☐	3 Months to 6 Months	☐	Client doesn't know
☐	6 Months to 1 Year	☐	Client refused
☐	Data Not Collected		

If Yes for "Domestic Violence Victim/Survivor"

Are you currently fleeing?

☐	No	☐	Yes	☐	Client Doesn't Know	☐	Client Refused	☐	Data Not Collected

HOMELESS INFORMATION

Is client Homeless?

☐	No	☐	Yes	☐	Client Doesn't Know	☐	Client Refused	☐	Data Not Collected

Is the client Chronically Homeless? ☐No ☐Yes

Residence Prior to Project Entry?

☐	Place not meant for habitation	☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	☐	Interim Housing
☐	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
☐	Hotel or motel paid for without emergency shelter voucher	☐	Rental by client, with VASH subsidy	☐	Staying or living in a friend's room, apartment or house
☐	Owned by client, no ongoing housing subsidy	☐	Rental by client, with GPD TIP subsidy	☐	Transitional housing for homeless persons (including homeless youth)
☐	Owned by client, with ongoing housing subsidy	☐	Rental by client, with other ongoing housing subsidy	☐	Client doesn't know
☐	Permanent housing for formerly homeless persons (such as: a CoC project; HUD legacy programs; or HOPWA PH)	☐	Residential project or halfway house with no homeless criteria	☐	Client refused
☐	Rental by client, no ongoing housing subsidy	☐	Staying or living in a family member's room, apartment or house	☐	Data not collected
☐	VA Medical Referral				

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	☐	Data not collected
☐	Unknown				

Approximate date homelessness started:

		/			/				

Month Date Year

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
☐	Data not collected				

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

☐	One month (this is the first time)	☐	2	☐	3
☐	4	☐	5	☐	6
☐	7	☐	8	☐	9
☐	10	☐	11	☐	12
☐	More than 12	☐	Client doesn't know	☐	Client refused
☐	Data not collected				

Client Residence/Last Permanent Address:

Address: _____ Apt. #: _____

City/County/State/Zip:_____

Phone: _____ If leaving, Reason: _____

Landlord's Name: _____ Phone: _____

City/County/State/Zip:_____

INCOME & SOURCES *PROOF NEEDED*

What is the Household total monthly income?_____

Have you received income from any source?

☐	No	☐	Yes	☐	Client Doesn't Know	☐	Client Refused	☐	Data Not Collected

If yes for "Income from any source

Indicate all sources and dollar amounts for the source that apply:

No	Yes	Source of Income	Amount	No	Yes	Source of Income	Amount
☐	☐	Earned income (i.e. employment income)	$	☐	☐	Worker's Compensation	$
☐	☐	Supplemental Security Income (SSI)	$	☐	☐	Temporary Assistance for Needy Families (TANF)	$
☐	☐	Social Security Disability Income (SSDI)	$	☐	☐	General Assistance (GA)	$
☐	☐	VA Service-Connected Disability Compensation	$	☐	☐	Retirement Income from Social Security	$
☐	☐	VA Non-Service-Connected Disability Pension	$	☐	☐	Responses Pension or retirement income from a former job	$
☐	☐	A Non-Service-Connected Disability Pension	$	☐	☐	Child support	$
☐	☐	Private disability insurance	$	☐	☐	Alimony and other spousal support	$

☐	☐	Unemployment Insurance	$				
☐	☐	"Other Source"	$	Specify Source:			

EMPLOYMENT STATUS

Information Date (date information was collected) [

		/			/				

Month Date Year

Employed?

☐	**No**	☐	**Yes**

☐ **Client doesn't know**	☐ **Client refused**	☐ **Data not collected**

If Yes for "Employed"

Type of Employment

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

If No for "Employed", Why Not Employed

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

NON-CASH BENEFITS (RHY COLLECTION ONLY REQUIRED

NON-CASH BENEFITS *PROOF NEEDED*

Have you received non-cash benefits from any source

☐	No	☐	Yes	☐	Client Doesn't Know	☐	Client Refused	☐	Data Not Collected

If yes for "non-cash benefits from any source and dollar amounts for the source that apply:

No	Yes	Dollar Amount (if any)	Source of Benefit
☐	☐	$	Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)
☐	☐	$	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐	☐	$	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

☐	☐	$	TANF Child Care services *(or use local name)*
☐	☐	$	TANF transportation services *(or use local name)*
☐	☐	$	Other TANF-Funded Services *(or use local name)*
☐	☐		Section 8, public housing, or other ongoing rental assistance
☐	☐	$	Temporary rental assistance
☐	☐	$	Other source:
☐	☐	$	If Yes for "Other" Source, please specify:

DISABILITY INFORMATION *PROOF NEEDED*

TYPE OF DISABILITY

Alcohol Abuse ☐No ☐Yes

Date Information was Collected:

Month Day Year

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

Is there Documentation of the disability and severity on file?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

Currently receiving services/treatment for this disability?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

Chronic Health Condition ☐No ☐Yes

Date Information was Collected:

Month Day Year

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

Is there Documentation of the disability and severity on file?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

Currently receiving services/treatment for this disability?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

Developmental Disability ☐No ☐Yes

Date Information was Collected:

Month Day Year

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

Is there Documentation of the disability and severity on file?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

Currently receiving services/treatment for this disability?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

HIV/AIDS ☐No ☐Yes

Date Information was Collected:

Month Day Year

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

Is there Documentation of the disability and severity on file?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

Currently receiving services/treatment for this disability?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

Mental Health Condition ☐No ☐Yes

Date Information was Collected:

Month Day Year

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

Is there Documentation of the disability and severity on file?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

Currently receiving services/treatment for this disability?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

Physical Condition ☐No ☐Yes

Date Information was Collected:

Month Day Year

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

Is there Documentation of the disability and severity on file?

☐ No ☐Yes ☐ Client Doesn't Know ☐Client Refused ☐ Data not Collected

Currently receiving services/treatment for this disability?☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐Data not Collected

INSURANCE INFORMATION *PROOF NEEDED*

Covered by health Insurance?

☐	No	☐	Yes	☐	Client Doesn't Know	☐	Client Refused	☐	Data Not Collected

Indicate all sources that apply:

NO	YES	HEALTH INSURANCE PROVIDERS
☐	☐	MEDICAID
☐	☐	MEDICARE
☐	☐	State Children's Health Insurance Program (or use local name)
☐	☐	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
☐	☐	If yes to other) Specify source.

Pregnancy Status *[All clients]*

Are you pregnant?

☐	No	☐	Yes	☐	Client Doesn't Know	☐	Client Refused	☐	Data not Collected

If Yes, Projected Birth Date

		/			/				
Month			Date			Year			

GENERAL HEALTH STATUS: ***[All RHY Clients except Street Outreach***

	Excellent	Very Good	Good	Fair	Poor	Client Doesn't Know	Client Refused	No Data Collected
General Health Status	☐	☐	☐	☐	☐	☐	☐	
Dental Health Status	☐	☐	☐	☐	☐	☐	☐	
Mental Health Status	☐	☐	☐	☐	☐	☐	☐	

Sexual Orientation ***[All RHY Clients)***

☐	Heterosexual	☐	Questioning/Unsure
☐	Gay	☐	Client doesn't know
☐	Lesbian	☐	Client refused
☐	Bi-Sexual		Data Not Collected

Outreach

Date of Engagement:

		/			/				

FYSB Youth

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused
☐	Data Not Collected		

If no, reason for not providing services

_____

	No	Yes
Formerly a Ward of Child Welfare/Foster Care Agency?	☐	☐
If yes, number of years:_____	If less than a year, # of months:_____	

	No	Yes
Formerly a Ward of Juvenile Justice System	☐	☐
If yes, number of years:_____	If less than a year, # of months:_____	

Young Person's Critical Issues

	No	Yes	Data Not Collected
Household Dynamics	☐	☐	☐
Sexual Orientation/Gender Identity - Youth	☐	☐	☐
Sexual Orientation/Gender Identity - Family Member	☐	☐	☐
Housing issues - Youth	☐	☐	☐
Housing Issues - Family member	☐	☐	☐
School or Educational issues - Youth	☐	☐	☐
School or Educational Issues - Family member	☐	☐	☐
Unemployment - Youth	☐	☐	☐
Unemployment - Family member	☐	☐	☐
Mental Health Issues - Youth	☐	☐	☐
Mental Health Issues - Family member	☐	☐	☐
Health Issues - Youth	☐	☐	☐
Health Issues - Family member	☐	☐	☐
Physical Disability - Youth	☐	☐	☐
Physical Disability - Family member	☐	☐	☐
Mental Disability - Youth	☐	☐	☐
Mental Disability - Family member	☐	☐	☐
Abuse and Neglect - Youth	☐	☐	☐
Abuse and Neglect - Family member	☐	☐	☐
Alcohol or other drug abuse - Youth	☐	☐	☐
Alcohol or other drug abuse - Family member	☐	☐	☐
Insufficient Income to Support Youth	☐	☐	☐
Active Military Parent - Family member	☐	☐	☐
Incarcerated Parent of Youth	☐	☐	☐

[IF YES] For Incarcerated Parent of Youth:

Please check	
☐	One parent/legal guardian is incarcerated
☐	Both parents/legal guardians are incarcerated
☐	The only parent/legal guardian is incarcerated
Referral Source:	

If FYSB, number of times approached by outreach prior to entering the project	

	Yes	No	Client Doesn't Know	Client Refused	Data Not Collected
Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)?	☐	☐	☐	☐	☐
If yes for "received anything in exchange for sex", has this occurred in the last three months?	☐	☐	☐	☐	☐
If yes for "received anything in exchange for sex" How many times?	☐	☐	☐	☐	☐
If yes for "received anything in exchange for sex" Ever made/persuaded to have sex in exchange for something?	☐	☐	☐	☐	☐
If yes for "ever made/persuaded to have sex in exchange for something", has this occurred in the last three months?	☐	☐	☐	☐	☐
Ever afraid to quit/leave work due to threats of violence to yourself, family or friends?	☐	☐	☐	☐	☐
Ever promised work where work or payment was different than you expected?	☐	☐	☐	☐	☐
If yes for either "Workplace violence threats" or "Workplace promise difference" Felt forced, pressured or tricked into continuing the job?	☐	☐	☐	☐	☐
If yes for either "Workplace violence threats" or "Workplace promise difference" In the last three months?	☐	☐	☐	☐	☐
Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)?	☐	☐	☐	☐	☐
If yes for "received anything in exchange for sex", has this occurred in the last three months?	☐	☐	☐	☐	☐
If yes for "received anything in exchange for sex" How many times?	☐	☐	☐	☐	☐
☐1 – 3 ☐ 4 – 7 ☐ 8 – 11 ☐ 12 or more					
If yes for "received anything in exchange for sex" Ever made/persuaded to have sex in exchange for something?	☐	☐	☐	☐	☐
If yes for "ever made/persuaded to have sex in exchange for something", has this occurred in the last three months?	☐	☐	☐	☐	☐