MSCCOC MIS CLIENT INTAKE FORM
FOR HEAD OF HOUSEHOLDS & ADULTS OVER 18

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]*

			-			-				

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

		/			/				

Month Date Year

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	☐	Other: ___________________________
☐	Male	☐	Client doesn't know
☐	Transgender: Male to Female	☐	Client refused
☐	Transgender: Female to Male	☐	

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: ___________________________

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

Housing Status *[All clients]* ***PROOF NEEDED***

☐	Category 1 - Homeless	☐	At-risk of homelessness
☐	Category 2 – At imminent risk of losing housing	☐	Stably housed
☐	Category 3 – Homeless under other federal statutes (**NOT USED BY HOMELESS PROJECTS**)	☐	Client doesn't know
☐	Category 4 – Fleeing domestic violence	☐	Client refused

Highest Level of Education Obtained *[All clients]*

☐	Elementary (K – 6 Grade)	☐	High School Graduate
☐	Junior High (7 – 9 Grade)	☐	Some College/Vocational Schooling
☐	High School (10 – 12 Grade)	☐	College Graduate

Pregnancy Status *[All clients]*

☐	Are you Pregnant?	☐	No	☐	Yes

Domestic Violence Victim *[All clients]*

☐	No	☐	Yes

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

Zip Code of Last Permanent Address: ______________________________

Residence Prior to Project Entry *[Head of Household & Adults over 18]*

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

LENGTH OF STAY IN PREVIOUS PLACE *[Head of Household & Adults over 18]*

☐	Option	☐	Option
☐	One day or less	☐	More than three months, but less than one year
☐	Two days to one week	☐	One year or longer
☐	More than one week, but less than one month	☐	Client doesn't know
☐	One to three months	☐	Client refused

LENGTH OF TIME ON STREET, IN AN EMERGENCY SHELTER, OR SAFE HAVEN. *[Head of Household & Adults over 18]* ***PROOF NEEDED***

Continuously Homeless for at Least One Year		***Total Number of Months Homeless in the Past Three Years***	
☐	No	☐	If 0-12 months, specify #:
☐	Yes	☐	More than 12 months
☐	Client doesn't know	☐	Client doesn't know
☐	Client refused	☐	Client refused
Number of Times the Client has been Homeless in the Past Three Years *(do not include the current episode)*		*(If more than 12 months)* ***Number of Years Continuously Homeless***	
☐	0	☐	Total months, specify #:
☐	1		***Office Use ONLY:***
☐	2		
☐	3		
☐	4 or More		***Is Status Documented?***
☐	Client doesn't know		☐ No ☐ Yes
☐	Client refused		

Income & Sources *[Head of Household & Adults over 18]* ***PROOF NEEDED***

Have you received income from any source in the last 30 days?

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

[IF YES] *Answer Yes or No for each income source. If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate.*

No	Yes	Source of Income	Amount	No	Yes	Source of Income	Amount
☐	☐	Alimony or Spousal Support	$	☐	☐	Sup. Sec. Income (SSI)	$
☐	☐	Child Support	$	☐	☐	TANF	$
☐	☐	Earned Income (Employed)	$	☐	☐	Unemployment Insurance	$
☐	☐	General Assistance	$	☐	☐	VA Non-Service Disability Pension	$
☐	☐	Pension or Income for Retiring	$	☐	☐	VA Service Disability Compensation	$
☐	☐	Private Disability Insurance	$	☐	☐	Workers Compensation	$
☐	☐	Retirement Income from Soc. Sec.	$	☐	☐	Other: ____________________________	$
☐	☐	Soc. Sec. Disability Income (SSDI)	$	☐	☐	**Total Monthly Income:**	$

Non-Cash Benefits *[Head of Household & Adults over 18]* ***PROOF NEEDED***

Have you received non-cash benefits from any source in the last 30 days?

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

[IF YES] *Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)*

No	Yes	Source of Income
☐	☐	Section 8, Public Housing, or other rental assistance
☐	☐	Special Supplemental Nutrition Assistance Program (SNAP)
☐	☐	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)*
☐	☐	Temporary rental assistance. If yes, specify source:____
☐	☐	Other source:____

Health Insurance *[All Clients]* ***PROOF NEEDED***

Covered by health Insurance

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

[IF YES] *Answer 'Yes' or 'No' for each health insurance source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)*

No	Yes	Source of Income
☐	☐	Employer-Provided Health Insurance
☐	☐	Health insurance obtained through COBRA
☐	☐	Medicaid (**TN-CARE**)
☐	☐	Medicare
☐	☐	Private Pay Health Insurance
☐	☐	State Children's Health Insurance Program (**Cover KIDS**)
☐	☐	State Health Insurance for Adults
☐	☐	Veteran's Administration (VA) Medical Services

Disability Information *[All Clients]* ***PROOF NEEDED***

Does the Client have a disability?

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

Disability Information *[All Clients]* ***PROOF NEEDED***

Type of Disability			Is the disability long term & impairs the client ability to live independently?		Is there documentation on the severity of the disability?		Is the client receiving services/treatment for the disability?	
No	Yes		No	Yes	No	Yes	No	Yes
☐	☐	Alcohol Abuse	☐	☐	☐	☐	☐	☐
☐	☐	Chronic Health Condition	☐	☐	☐	☐	☐	☐
☐	☐	Developmental Disability	☐	☐	☐	☐	☐	☐
☐	☐	Drug Abuse	☐	☐	☐	☐	☐	☐
☐	☐	HIV/AIDS	☐	☐	☐	☐	☐	☐
☐	☐	Mental Health Condition	☐	☐	☐	☐	☐	☐
☐	☐	Physical Disability	☐	☐	☐	☐	☐	☐