MSCCOC MIS CLIENT INTAKE FORM
FOR CHILDREN UNDER THE AGE OF 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)	☐	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

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**	☐	☐	☐	☐	☐	☐