UNIVERSAL CLIENT INTAKE FORM

FOR STAFF USE ONLY – DO NOT COMPLETE THE GRAY SECTIONS			
Client ID #:		Today's Date:	_____/_____/_____
Outreach Contact Date:	_____/_____/_____	Outreach Engagement Date:	_____/_____/_____
Location of Outreach Contact:	☐ Place not meant for habitation ☐ Service Setting, non-residential ☐ Service Setting, residential	Interviewed By:	
		Entered in HMIS By:	
Agency: ☐ AFHF ☐ FCAA ☐ FRM ☐ MHMA ☐ RCEHN ☐ SETON ☐ Other:			

1. Name – List your first, middle, and last name, and suffix (legal names only)

First Name:	Middle Name:	Last Name:	Suffix:

2. Other names used to receive services previously (for example, maiden name)

First Name:	Middle Name:	Last Name:	Suffix:

3. Social Security Number:	_____--_____--_____ (000-00-0000)	**4. Date of Birth:**	_____/_____/_____ (Month/Day/Year)
☐ Don't Know SS#	☐ Refused to Provide SS#	☐ Don't Know DOB	☐ Refused DOB

5. Current Address

Street Address:	City/Town:	State:	ZIP:

6. Phone Numbers and Email

Home:	Work:
Cell:	Email:

7. Race – Check or circle all that apply:

☐ American Indian/Alaska Native	☐ Asian	☐ Black or African American	☐ Native Hawaiian or Other Pacific Islander	☐ White	☐ Don't Know	☐ Refused

8. Ethnicity – Check or circle only one (1) box:

☐ Non-Hispanic Non-Latino	☐ Hispanic/Latino	☐ Don't Know	☐ Refused

9. Gender – Check or circle only one (1) box:	☐ Female	☐ Male	☐ Transgender M ⇨ F	☐ Transgender F ⇨ M	☐ Other	☐ Don't Know	☐ Refused

10. Family Type – Check only one (1) box:	☐ Single Parent Female	☐ Single Parent Male	☐ Two Parent Household	☐ Single Person	☐ Two Adults – NO Children	☐ Other

11. Family Size – Number in Family:	☐ One (1) Person	☐ Two (2)	☐ Three (3)	☐ Four (4)
☐ Five (5)	☐ Six (6)	☐ Seven (7)	☐ Eight (8) or more	☐ Refused

12. Veteran Status – **Have you been on Active Duty in the U.S. Armed Forces?** – Check or circle only one (1) box:	☐ No	☐ Yes	☐ Don't Know	☐ Refused

13. Disabling Condition – **Do you have a Disability or Disabling Condition?** – Check or circle only one (1) box:	☐ No	☐ Yes	☐ Don't Know	☐ Refused

14. Source and Amount of Income – How much did <u>you</u> earn from any of the following sources in the last 30 days:

Earned Income	$	TDAP	$
Unemployment Insurance	$	Social Security	$
SSI	$	Veteran's Pension	$
SSDI	$	Pension from Former Job	$
Veteran's Disability	$	Child Support	$
Private Disability Insurance	$	Alimony	$
Worker's Compensation	$	Other:	$
TCA or TANF	$	Other:	$
Total Monthly Income:	$	⬅⬅⬅ How much did you earn last **MONTH** ?	

15. What is the highest level of school completed? – Check or circle only one (1) box:	☐ No Schooling Completed	☐ Nursery School to 4th Grade	☐ 5th or 6th Grade
☐ 7th or 8th Grade	☐ 9th Grade	☐ 10th Grade	☐ 11th Grade	☐ 12th Grade, No Diploma
☐ High School Diploma	☐ GED	☐ Post-Secondary School	☐ Don't Know	☐ Refused

16. Health Insurance – check or circle all health care benefits that you have:

☐ Medical Assistance (MA) HealthChoice	☐ Maryland Children's Health Program (MCHP)	☐ Medicare	☐ VA Medical Services	☐ Employer-Provided Health Insurance	☐ Health Insurance through COBRA	☐ Private Pay Health Insurance

17. Who could we contact in the event of an emergency:

Name:		Relationship:	
Phone # 1:		Phone # 2:	
Other contact information or address for emergency contact:			

18. Family Members – Please list all family members that currently live with you:

Name – First/Middle Initial/Last	Date of Birth (if known)	Social Security Number (if known)	Relationship
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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19. Current Living Situation/Housing Status – Check or circle only one (1) box:

☐ Homeless	☐ At **Imminent** Risk of Losing Housing	☐ Homeless Only Under Other Federal Statutes	☐ Fleeing Domestic Violence
☐ At-Risk of Homelessness	☐ Stably Housed	☐ Client Doesn't Know	☐ Client Refused
If **STABLY HOUSED**, does the client rent or own the housing? Check or circle only one (1) box:		☐ Rent	☐ Own

20. Type of Most Recent Residence – Where did you stay last night? – Check only one (1) box:

☐ Emergency Shelter Including Hotel/Motel Vouchers	☐ Foster Care Home or Foster Care Group Home	☐ Hospital or Residential Non-psychiatric Medical Facility	☐ Hotel or Motel Paid for <u>Without</u> a Voucher – Self-Pay	☐ Jail, Prison or Juvenile Detention Center	☐ Long-Term Care Facility or Nursing Home	☐ Owned by Client, No Ongoing Housing Subsidy
☐ Owned by Client, With Ongoing Housing Subsidy	☐ Permanent Housing for Formerly Homeless Persons	☐ Place Not Meant for Habitation – vehicle, streets, outdoors, empty building, etc.	☐ Psychiatric Hospital or Other Psychiatric Facility	☐ Rental by Client, No Ongoing Housing Subsidy	☐ Rental by Client, With VASH* Subsidy	☐ Rental by Client, With GPD TIP** Subsidy
☐ Rental by Client, With Other Ongoing Housing Subsidy	☐ Residential Project or Halfway House with No Homeless Criteria	☐ Safe Haven	☐ Staying or Living in a Family Member's Room, Apt., or House	☐ Staying or Living in a Friend's Room, Apt., or House	☐ Substance Abuse Treatment Facility or Detox Center	☐ Transitional Housing for Homeless Persons
☐ Other	☐ Client Doesn't Know	☐ Client Refused	If "Other" Specify:			

* Veteran's Administration Supportive Housing (VASH)   ** Grant and Per Diem (GPD) Transition in Place (TIP) Program

21. Length of Stay at Most Recent Residence (see above) – Check or circle only one (1) box:

☐ One (1) day or less	☐ Two (2) days to one (1) week	☐ More than 1 week, but less than 1 month	☐ One (1) to 3 months	☐ More than 3 months, but less than 1 year	☐ One (1) year or longer	☐ Client Doesn't Know	☐ Client Refused

22. ZIP Code of Last Permanent Residence:

(Downtown Frederick is 21701)

☐ Client Doesn't Know ZIP Code	☐ Client Refused to Answer

23. **Project Entry Date:**	
24. **Project Exit Date:**	

25. Destination – Where will you stay after exiting project? – Check only one (1) box:

☐ Emergency Shelter Including Hotel/Motel Vouchers	☐ Foster Care Home or Foster Care Group Home	☐ Hospital or Residential Non-psychiatric Medical Facility	☐ Hotel or Motel Paid for Without a Voucher – Self-Pay	☐ Jail, Prison or Juvenile Detention Center	☐ Long-Term Care Facility or Nursing Home	☐ Owned by Client, No Ongoing Housing Subsidy
☐ Owned by Client, With Ongoing Housing Subsidy	☐ Permanent Housing for Formerly Homeless Persons	☐ Place Not Meant for Habitation – vehicle, streets, outdoors, empty building, etc.	☐ Psychiatric Hospital or Other Psychiatric Facility	☐ Rental by Client, No Ongoing Housing Subsidy	☐ Rental by Client, With VASH* Subsidy	☐ Rental by Client, With GPD TIP** Subsidy
☐ Rental by Client, With Other Ongoing Housing Subsidy	☐ Residential Project or Halfway House with No Homeless Criteria	☐ Safe Haven	☐ Staying or Living in a Family, Permanent Tenure	☐ Staying or Living in a Family, Temporary Tenure	☐ Staying or Living with Friends, Permanent Tenure	☐ Staying or Living with Friends, Temporary Tenure
☐ Moved from HOPWA Funded Project to HOPWA PH	☐ Moved from HOPWA Funded Project to HOPWA TH	☐ Substance Abuse Treatment Facility or Detox Center	☐ Transitional Housing for Homeless Persons	☐ Deceased	☐ No Exit Interview Completed	☐ Client Doesn't Know
☐ Client Refused	☐ Other	If "Other" Specify:				

26. Relationship to Head of Household

☐ Self (head of household)	☐ Head of household's child	☐ Head of household's spouse or partner	☐ Head of household's other relation member	☐ Other: Non-relation member

27. Length of Time on Street, in an Emergency Shelter, or Safe Haven (answer each question)

Continuously homeless for at least one (1) year	☐ No	☐ Yes	☐ Client Doesn't Know	☐ Client Refused
Number of times the client has been homeless in the past three (3) years	☐ Zero (0)	☐ One (1)	☐ Two (2)	☐ Three (3)
	☐ Four (4) or More	☐ Client Doesn't Know	☐ Client Refused	
Total number of months homeless in the past 3 years	☐ Zero (0) to 12 Months	☐ More than 12 Months	☐ Client Doesn't Know	☐ Client Refused
Number of years continuously homeless if homeless for more than 12 months:	_____Years	Status Documented:	☐ No	☐ Yes

Acknowledgements and Consent to Participate in the
Homeless Management Information System (HMIS)

<u>Acknowledgements:</u> The information that I have provided is true and accurate to the best of my knowledge. Furthermore, I understand that rules for acceptance into programs are the same for everyone without regard to race, color, national origin, age, sex or handicap. I also understand that I have the right to appeal a decision if I feel services have been incorrectly denied, reduced, suspended or terminated.

<u>Homeless Management Information System (HMIS):</u> HMIS is a computerized record keeping system that captures information and the service needs of people experiencing poverty or homelessness. This agency uses HMIS as their data management tool to collect information on the clients served and the services provided. The HMIS system benefits you because you may not have to complete an additional intake interview should you need services from a collaborating agency that also uses HMIS. The information shared with one or more collaborating agencies will be used to help you access services such as emergency assistance, shelter, and transitional housing. Your written consent allows this agency to share your intake information with other collaborating agencies. You have the right to request information about who has viewed or updated your HMIS record and to receive a copy of this Consent Form and the Client Fact Sheet.

This agency has an interagency sharing agreement with several collaborating agencies regarding clients that are served by both agencies. The collaborating agencies also have an agreement with the Frederick County Coalition for the Homeless and the agencies have security procedures regarding the protection and sharing of client data. These agencies may also use your information, without any identifying information, for reporting requirements and advocacy.

By signing this consent form, you authorize this agency:

* To share your intake information with collaborating agencies to be used for an initial intake assessment.
* To share your basic demographic information, residential, employment skills/income, military/legal, service needs, goals and outcomes, medical history, substance abuse and mental health history with collaborating agencies.
* To allow your information to be shared electronically via a secure, encrypted, web-based system with the collaborating agencies participating in the HMIS.
* To allow your records and information to be shared for a period of no greater than ten (10) years from today's date.

I, _____ , do hereby (check one box below)
       Client or Participant Name

     ☐ Consent
     ☐ Do Not Consent

To having information that I provided in intake interviews with staff be shared electronically with collaborating agencies using the HMIS Computerized Record Keeping System. I further consent to having my medical, mental health, and substance use history/information that I provided in intake interviews with staff to be shared electronically with the collaborating agency or agencies using the HMIS Computerized Record Keeping System. I understand that collaborating agencies are fully bound by the provisions of the Health Insurance Portability and Accountability Act (HIPAA), federal regulations governing Confidentiality and Drug Abuse Patient Records (42 CFR part 2), and the Maryland Confidentiality of Medical Records Act (MCMRA) when sharing information. I understand that I may ask to have this information removed from the HMIS computerized record keeping system at any time in the future.

_____   _____
Client/Participant Signature   Date

_____   _____
Staff Signature & Title   Date