HMIS ESG Family Intake Form

Community Alliance for the Homeless | HMIS | Memphis, TN 38103 | Phone: 901.527.1302

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

Is this Enrollment COVID-19 related? ☐ **No** ☐ **Yes**

SOCIAL SECURITY NUMBER: [All clients]

			-			-				

QUALITY OF SOCIAL SECURITY [All clients]

☐	Full SSN reported	☐	Client refused
☐	Approximate or partial SSN reported	☐	Data not collected
☐	Client doesn't know		

Last Name:

First Name

QUALITY OF CURRENT NAME [All clients]

☐	Full name reported	☐	Client refused
☐	Partial name reported	☐	Data not collected
☐	Client doesn't know		

QUALITY OF DATE OF BIRTH [All clients]

☐	Full DOB reported	☐	Client refused
☐	Approximate or partial DOB reported	☐	Data not collected
☐	Client doesn't know		

DATE OF BIRTH: (e.g., 10/23/1978) [All clients]

		/			/				

Month Day Year

Middle Name:

RELATIONSHIP TO HEAD OF HOUSEHOLD (Please check one)

☐ **Head of Household's Child**	☐ **Head of Household's Spouse or Partner**	☐ **Head of Household's Other Relation Member**
☐ **Other Non-Relation Member**		

GENDER [All clients]

☐	Female	☐	Gender Non-Conforming (i.e., not exclusively male or female
☐	Male	☐	Client doesn't know
☐	Trans Female (MTF or Male to Female)	☐	Client refused
☐	Trans Male (FTM or Female to Male)	☐	Data Not Collected

RACE (Select all applicable) [All clients]

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

ETHNICITY [All clients]

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

DISABLING CONDITION AND BARRIERS

DISABLING CONDITION

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

If yes,

PHYSICAL DISABILITY

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Long Term?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

DEVELOPMENTAL DISABILITY

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Substantially impairs Independence

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

CHRONIC HEALTH CONDITION

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Long Term?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

HIV – AIDS

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Substantially Impairs Independence?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

MENTAL HEALTH PROBLEM

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Long Term?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

SUBSTANCE ABUSE PROBLEM

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

If yes, please check below:

☐	Alcohol Abuse	☐	Drug Abuse	☐	Both Alcohol & Drug Abuse

Long Term?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

HEALTH INSURANCE INFORMATION

Covered by health insurance?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

If yes, please check.

NO	YES	Health Insurance Providers	NO	YES	Health Insurance Providers
☐	☐	MEDICAID	☐	☐	Health Insurance obtained through COBRA
☐	☐	MEDICARE	☐	☐	Private Pay Health Insurance
☐	☐	State Children's Health Insurance Program (or use local name)	☐	☐	State Health Insurance for Adults (or use local name)
☐	☐	Veteran's Administration (VA) Medical Services	☐	☐	Indian Health Services Program
☐	☐	Employer – Provided Health Insurance	☐	☐	Other (please specify)