

Is this Enrollment COVID-19 related? \square No \square YES

HMIS ESG Family Intake Form Community Alliance for the Homeless | HMIS | Memphis, TN 38103 | Phone: 901.527.1302

CLARITY HMIS: HUD-CoC FAMILY INTAKE FORM

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

	P	ROJECT	START	DATE	[All Cl	ients]								
			-		-									
		Month	I	Day			Year	_						
	S	OCIAL S	ECURIT	Y NUM	IBER [/	All Clie	ents]							
			-		-									
QUA	LITY O	F SOCIA	L SECU	RITY										
		201								0	Client	t does	sn't kno	W
0	Full S	SN reporte	d							0	Client	t refu	sed	
0	Appro	ximate or p	artial SS	N repor	rted					0	Data not collected			
	•													
CUI	RRENT	NAME [A	All Client	s]										N/A
Last	t													
Firs	t													0
Mide	dle													0
Suff	ix													0
QU	IALITY	OF CURI	RENTN	AME				l				<u> </u>		<u> </u>
0	Full n	ame repor	ted						0	1	Clier	nt doe	esn't kn	ow
										-+				
0	Dow!-	I, street na		. do .o.c		ام ما			0		Clier	nt refu	used	



DATE OF BIRTH [All Clients]

		-		-			Age:
Mont	h		Day		Year		

QU	QUALITY OF DATE OF BIRTH							
0	Full DOB reported	0	Client doesn't know					
	Approximate or partial DOB reported	0	Client refused					
0		0	Data not collected					

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

0	Self	0	
			Head of household - other relation to member
0	Head of household's child	0	Other: nonrelation member
0	Head of household's spouse or partner		

GENDER [All Clients]

0	Female	0	Client doesn't know
0	Male	0	Client refused
0	A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	0	Data not collected
0	Transgender		
0	Questioning		

RACE (Select all applicable) [All Clients]

0	American Indian, Alaska Native, or Indigenous	0	White		
0	Asian or Asian American	0	Client does not know		
0	Black, African American, or African	0	Client refused		
0	Native Hawaiian or Pacific Islander	0	Data Not Collected		

ETHNICITY [All Clients]

	New Heaver's (New Lord's VeV)		Client does not know
0	Non-Hispanic/ Non-Latin(a)(o)(x)	0	Client refused
	Hispanic/Latin(a)(o)(x)	0	Data Not Collected
0		0	Other



DISABLING CONDITION [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

PHYSICAL DISABILITY [All Clients]

0	No	0	Client doesn't know						
	V	0	Client refused						
0	Yes	0	Data not collected						
IF	IF "YES" TO PHYSICAL DISABILITY – SPECIFY								
			No	o Client doesn't know					
	pected to be of long-continued and indefinite duration and bstantially impairs ability to live independently?		Voc	0	Client refused				
	botantiany impano abinty to live independently:	O	Yes	0	Data not collected				

DEVELOPMENTAL DISABILITY [All Clients]

0	No	0	Client doesn't know
	V.	0	Client refused
0	Yes	0	Data not collected

CHRONIC HEALTH CONDITION [All Clients]

0	No	0	Client doesn't know						
	V	0	Client refused						
0	Yes			0	Data not collected				
IF	IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY								
			No	0	Client doesn't know				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?			Voo	0	Client refused				
301	solutions impairs dointy to into independently:		Yes	0	Data not collected				

HIV-AIDS [All Clients]

0	No	0	Client doesn't know
	Voc	0	Client refused
0	Yes	0	Data not collected



MENTAL HEALTH DISORDER [All Clients]

No	0	Client doesn't know					
o Yes				Client refused			
Yes							
IF "YES" TO MENTAL HEALTH DISORDER- SPECIFY							
Expected to be of long-continued and indefinite duration and		No	0	Client doesn't know			
		Vaa	0	Client refused			
ostantiany impans abinty to live independently:	0	res	0	Data not collected			
	Yes "YES" TO MENTAL HEALTH DISORDER- SPECIFY	Yes "YES" TO MENTAL HEALTH DISORDER- SPECIFY pected to be of long-continued and indefinite duration and	Yes "YES" TO MENTAL HEALTH DISORDER - SPECIFY o No pected to be of long-continued and indefinite duration and petaptially impairs ability to live independently?	Yes "YES" TO MENTAL HEALTH DISORDER- SPECIFY pected to be of long-continued and indefinite duration and operated to be of long-continued and operated to be of long-continued and indefinite duration and operated to be of long-continued and operated to be of long-continued and operated to be opera			

SUBSTANCE USE DISORDER [All Clients]

0	No	0	Both alcohol and drug use disorders					
			Client doesn't know					
Alcohol use disorder	Alconol use disorder	0	Client refused					
0	Drug use disorder	0	Data not collected					
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY								
		0	No	0	Client doesn't know			
	ected to be of long-continued and indefinite duration and stantially impairs ability to live independently?	0		0	Client refused			
	otalitially impairs ability to live independently.		Yes	0	Data not collected			

COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know					
. Vaa			0	Client refused				
0	Yes	0	Data not collected					
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS								
0	MEDICAID	0	Employer Provided Health Insurance					
0	MEDICARE	0	Health Insurance Obtained Through COBRA					
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance					
0	Veterans Administration (VA) Medical Services	0	State Health Insurance for Adults					
0	Other (specify):	0	Indian Health Services Program					

CONTACT INFORMATION [Optional - can be entered in Contact Tab]



Contact Type							
Email			1				
Phone (#1)							
Phone (#2)							
Active Contact	0	Yes		0	No		
Private	0	Yes		0	No		
Contact Date							
Note							

Signature of applicant stating all information is true and correct

Date