



Youth Homelessness Demonstration Project Intake Form

Community Alliance for the Homeless -HMIS- Memphis, TN 38112 -Phone: 901.527.1302

CLARITY HMIS: YHDP INTAKE FORM

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

PROJECT START DATE

		•			•				
Month		Day			Year				

SOCIAL SECURITY NUMBER [All Clients]

			•			•				
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QUALITY OF SOCIAL SECURITY			
○	Full SSN reported	○	Client doesn't know
		○	Client prefers not to answer
○	Approximate or partial SSN reported	○	Data not collected

DATE OF BIRTH

		•			•					Age:
Month		Day			Year					

QUALITY OF DATE OF BIRTH			
○	Full DOB reported	○	Client doesn't know
○		○	Client prefers not to answer
○	Approximate or partial DOB reported	○	Data not collected

CURRENT NAME [All Clients]															N/A	
Last																○
First																○
Middle																○
Suffix																○

QUALITY OF CURRENT NAME			
○	Full name reported	○	Client doesn't know
○		○	

0	Partial, street name, or code name reported	0	Client prefers not to answer
		0	Data not collected

TRANSLATION ASSISTANCE NEEDED? [Head of Household]			
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE			
0	Spanish	0	Italian
0	Chinese	0	Japanese
0	Arabic	0	Russian
0	Cantonese	0	Korean
0	French	0	Somali
0	Haitian	0	Swahili
0	German	0	Ukrainian
0	Hebrew	0	Yoruba
0	American Sign Language	0	Jamaican Patois
0	Hawaiian	0	Swedish
0	Different Preferred Language (<i>specify</i>):	0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected

GENDER [ALL CLIENTS]

0	Woman (Girl if Child)	0	Client doesn't know
0	Man (Boy if Child)	0	Client prefers not to answer
0	Non-Binary	0	Data not collected
0	Transgender		
0	Questioning		
0	Culturally Specific Identity (e.g., Two-Spirit)		
0	Different Identity (please specify):		

RACE & ETHNICITY (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 prefers not to answer
0	Native Hawaiian or Pacific Islander	0	Data Not Collected
0	Hispanic/Latina/e/o		
0	Middle Eastern of North African		
0	Additional Race and Ethnicity Detail:		

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

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

IS CLIENT AN ADULT OR HEAD OF HOUSEHOLD? [All Client Households]

0	Yes
0	No

IN PERMANENT HOUSING [Permanent Housing Projects, for Head of Households]

0	No	0	Yes
IF "YES" TO PERMANENT HOUSING			
Housing Move-In Date: [Complete Housing Move-In Date When Client Moves Into Permanent Housing Unit]		____/____/____	

WHEN CLIENT WAS ENGAGED

[Complete Date of Engagement When Client Has Been Engaged –Street Outreach Projects, for Adults & Head of Households]

Date of Engagement:	___/___/___
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PRIOR LIVING SITUATION
TYPE OF RESIDENCE

[Head of Household and Adults Only]

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	Staying or living in a family member's room, apartment, or house
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Rental by client, with GPD TIP housing subsidy
0	Safe Haven	0	Rental by client, with VASH housing subsidy
0	Foster care home or foster care group home	0	Permanent housing (other than RRH) for formerly homeless persons
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, with RRH or equivalent subsidy
0	Jail/prison or juvenile detention facility	0	Rental by client, with HCV voucher (tenant or project based)
0	Long-term care facility or nursing home	0	Rental by client in a public housing unit
0	Psychiatric hospital or other psychiatric facility	0	Rental by client, no ongoing housing subsidy
0	Substance abuse treatment facility or detox center	0	Rental by client, with other ongoing housing subsidy
0	Residential project or halfway house with no homeless criteria	0	Owned by client, with ongoing housing subsidy
0	Hotel or motel paid for without emergency shelter voucher	0	Owned by client, no on-going housing subsidy
0	Transitional housing for homeless persons (including homeless youth)	0	Client doesn't know
0	Host Home (non-crisis)	0	Client prefers not to answer
0	Staying or living in a friend's room, apartment, or house	0	Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION					
0	One night or less	0	One month or more, but less than 90 days	0	Client doesn't know
0	Two to six nights	0	90 days or more, but less than one year	0	Client prefers not to answer
0	One week or more, but less than one month	0	One year or longer	0	Data not collected

LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]

0	No	0	Yes
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LENGTH OF STAY LESS THAN 90 DAYS
[Institutional Housing Situations]

0	No	0	Yes
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ON THE NIGHT BEFORE - STAYED ON THE STREETS, ES, SAFE HAVEN [Head of Household and Adults]

0	Yes	0	No
Approximate Date Homelessness Started		___/___/_____	
Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years			
0	One Time	0	Client doesn't know
0	Two Times	0	Client prefers not to answer
0	Three Times	0	Data not collected
0	Four or More Times		
Total Number of <i>Months</i> homeless on the streets, ES, or Safe Haven in the last 3 years			
0	One month (this time is the first month)	0	Client doesn't know
0	2-12 months (specify number of months): _____	0	Client prefers not to answer
0	More than 12 months	0	Data not collected

Disabling Conditions and Barriers
DISABLING CONDITION [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer

PHYSICAL DISABILITY [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO PHYSICAL DISABILITY – SPECIFY	0	No	0	Client doesn't know
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Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	0	Yes	0	Client prefers not to answer
			0	Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

CHRONIC HEALTH CONDITION [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	0	No	0	Client doesn't know
	0	Yes	0	Client prefers not to answer
			0	Data not collected

MENTAL HEALTH DISORDER [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	0	No	0	Client doesn't know
	0	Yes	0	Client prefers not to answer
			0	Data not collected

SUBSTANCE USE DISORDER [All Clients]

0	No	0	Both alcohol and drug use disorders
0	Alcohol use disorder	0	Client doesn't know
		0	Client prefers not to answer
0	Drug use disorder	0	Data not collected

IF "ALCOHOL USE DISORDERS" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	0	No	0	Client doesn't know
	0	Yes	0	Client prefers not to answer
			0	Data not collected

MONTHLY INCOME AND SOURCES
INCOME FROM ANY SOURCE [Head of Household and Adult]

0	No	0	Client doesn't know	
0	Yes	0	Client prefers not to answer	
		0	Data not collected	
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY				
Income Source		Amount	Income Source	Amount
0	Earned Income	0	TANF (Temporary Assist for Needy Families)	0
0	Unemployment Insurance	0	General Assistance (GA)	0
0	Supplemental Security Income (SSI)	0	Retirement Income from Social Security	0
0	Social Security Disability Insurance (SSDI)	0	Pension or retirement income from former job	0
0	VA Service-Connected Disability Compensation	0	Child Support	0
0	VA Non-Service Connected Disability Pension	0	Alimony and other spousal support	0
0	Private disability insurance	0	Other income source (specify):	0
0	Worker's Compensation			
Total monthly income for Individual:				

RECEIVING NON-CASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Childcare Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services
0	Other (specify):	0	Other TANF-funded services

COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS			
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Insurance Obtained through COBRA

0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults

0	Other (specify)	0	Indian Health Services Program
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SEXUAL ORIENTATION *[Adults and Head of Households]*

0	Heterosexual	0	Other
0	Gay	<i>If Other, please specify:</i>	
0	Lesbian	0	Client doesn't know
0	Bisexual	0	Client prefers not to answer
0	Questioning/Unsure	0	Data not collected

SCHOOL STATUS *[Adults and Head of Households, All program types except Street Outreach]*

0	Attending school regularly	0	Suspended
0	Attending school irregularly	0	Expelled
0	Graduate from high school	0	Client doesn't know
0	Obtained GED	0	Client prefers not to answer
0	Dropped out	0	Data not collected

LAST GRADE COMPLETED *[Adults and Head of Households, All program types except Street Outreach]*

0	Less than Grade 5	0	Associate Degree
0	Grades 5-6	0	Bachelor's Degree
0	Grades 7-8	0	Graduate Degree
0	Grades 9-11	0	Vocational certification
0	Grade 12	0	Client doesn't know
0	School does not have grade levels	0	Client prefers not to answer
0	GED	0	Data not collected
0	Some college		

GENERAL HEALTH STATUS *[Adults and Head of Households, All program types except Street Outreach]*

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected

DENTAL HEALTH STATUS *[Adults and Head of Households, All program types except Street Outreach]*

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected

MENTAL HEALTH STATUS *[Adults and Head of Households, All program types except Street Outreach]*

0	Excellent	0	Poor
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0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected

PREGNANCY STATUS *[Adults and Head of Households]*

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" for Pregnancy Status

Due Date	___/___/_____
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FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY
[Adults and Head of Households, All program types except Street Outreach]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

If "Yes" for Formerly a Ward of Child Welfare/Foster Care Agency

0	Less than one year	0	3 to 5 years or more
0	1 to 2 years		
If "Less than one year" – Number of months			

FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM
[Adults and Head of Households, All program types except Street Outreach]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

If "Yes" for Formerly a Ward of Juvenile Justice System

0	Less than one year	0	3 to 5 years or more
0	1 to 2 years		
If "Less than one year" – Number of months			

YOUTH EDUCATION STATUS
CURRENT SCHOOL ENROLLMENT AND ATTENDANCE

0	Not currently enrolled in any school or educational course	0	Client prefers not to answer
0	Currently enrolled but NOT attending regularly (when school or the course is in session)	0	Data not collected
0	Currently enrolled and attending regularly (when school or the course is in session)		
0	Client doesn't know		

MOST RECENT EDUCATIONAL STATUS

<input type="radio"/>	K12: Graduated from high school	<input type="radio"/>	Higher Education: Dropped out
<input type="radio"/>	K12: Obtained GED	<input type="radio"/>	Higher Education: Obtained a credential/degree
<input type="radio"/>	K12: Dropped out	<input type="radio"/>	Client doesn't know
<input type="radio"/>	K12: Suspended	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	K12: Expelled	<input type="radio"/>	Data not collected
<input type="radio"/>	Higher Education: Pursuing a credential but not currently attending		

Current Educational Status

<input type="radio"/>	K12: Graduated from high school	<input type="radio"/>	Higher Education: Dropped out
<input type="radio"/>	K12: Obtained GED	<input type="radio"/>	Higher Education: Obtained a credential/degree
<input type="radio"/>	K12: Dropped out	<input type="radio"/>	Client doesn't know
<input type="radio"/>	K12: Suspended	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	K12: Expelled	<input type="radio"/>	Data not collected
<input type="radio"/>	Higher Education: Pursuing a credential but not currently attending		

PRONOUNS [All Clients]

<input type="radio"/>	She/Her/Hers	<input type="radio"/>	Client doesn't know
<input type="radio"/>	He/Him/His	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	They/Them/Theirs	<input type="radio"/>	Data not collected
<input type="radio"/>	Manual Entry:		

Contact Information

Contact Type															
Email															
Phone (#1)															
Phone (#2)															
Active Contact	<input type="radio"/>	Yes						<input type="radio"/>	No						
Private	<input type="radio"/>	Yes						<input type="radio"/>	No						
Contact Date															

Note	
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Zip code of Last known Address _____

Signature of applicant stating all information is true and correct

Date