

HMIS SSVF Program Intake Form

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

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

PROJECT START DATE *[All Clients]*

		-			-			
Month			Day			Year		

SOCIAL SECURITY NUMBER *[All Clients]*

		-			-			
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QUALITY OF SOCIAL SECURITY		
<input type="checkbox"/>	Full SSN reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/>	Approximate or partial SSN reported	<input type="checkbox"/> Data not collected

CURRENT NAME																			N/A
Last																			<input type="checkbox"/>
First																			<input type="checkbox"/>
Middle																			<input type="checkbox"/>
Suffix																			<input type="checkbox"/>

QUALITY OF CURRENT NAME		
<input type="checkbox"/>	Full name reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/>	Partial, street name, or code name reported	<input type="checkbox"/> Data not collected

DATE OF BIRTH *[All Clients]*

		-			-				Age:
Month			Day			Year			

QUALITY OF DATE OF BIRTH			
<input type="checkbox"/>	Full DOB reported	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Approximate or partial DOB reported	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected

GENDER *[All Clients]*

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

RACE & ETHNICITY (Select all applicable) *[All Clients]*

<input type="checkbox"/>	American Indian, Alaska Native, or Indigenous	<input type="checkbox"/>	White
<input type="checkbox"/>	Asian or Asian American	<input type="checkbox"/>	Client does not know
<input type="checkbox"/>	Black, African American, or African	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>	Data Not Collected
<input type="checkbox"/>	Hispanic/Latina/e/o		
<input type="checkbox"/>	Middle Eastern of North African		
<input type="checkbox"/>	Additional Race and Ethnicity Detail:		

VETERAN STATUS *[All Adults]*

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
IF "YES" TO VETERAN STATUS			
Year entered military service (year)			

Year separated from military service (year)			
Theater of Operations: World War II			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
Theater of Operations: Korean War			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
Theater of Operations: Vietnam War			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
Theater of Operations: Persian Gulf War (Desert Storm)			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
Theater of Operations: Iraq (Operation New Dawn)			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Branch of the Military			
0	Army	0	Coast Guard
0	Air Force	0	Client doesn't know
0	Navy	0	Client prefers not to answer
0	Marines	0	Data not collected
0	Space Force		
Discharge Status			
0	Honorable	0	Dishonorable
0	General under honorable conditions	0	Uncharacterized
0	Other than honorable conditions (OTH)	0	Client doesn't know
		0	Client prefers not to answer
0	Bad Conduct	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	Head of household's spouse or partner	0	Other: non-relation member

CLIENT LOCATION *[only if multiple CoC's]* _____

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

↓	No	↓	Yes
IF "YES" TO PERMANENT HOUSING			
Housing Move-in Date		___/___/___	

LAST PERMANENT ADDRESS *[Head of Household, required for SSVF and VASH]*

Street Address															
City															
State								Zip Code							
QUALITY OF ADDRESS															
↓	Full address reported										↓	Client doesn't know			
↓	Partial, street name, or code name reported										↓	Client prefers not to answer			
↓											Data not collected				

PRIOR LIVING SITUATION

TYPE OF RESIDENCE

[Head of Household and Adults]

0	Place not meant for habitation (e.g. 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/motel paid for with an emergency shelter voucher or a 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 use 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	Client doesn't know
0	Transitional housing for homeless persons (including homeless youth)	0	Client prefers not to answer
0	Host Home (non-crisis)	0	Data not collected
0	Staying or living in a friend's room, apartment or house	0	

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]

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN

[Head of Household and Adults]

<input type="checkbox"/>	Yes	<input type="checkbox"/>	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			
<input type="checkbox"/>	One Time	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Two Times	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Three Times	<input type="checkbox"/>	Data not collected
<input type="checkbox"/>	Four or More Times		
Total Number of <i>Months</i> homeless on the streets, ES, or Safe Haven in the last 3 years			
<input type="checkbox"/>	One month (this time is the first month)	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	2--12 months (specify number of months): _____	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	More than 12 months	<input type="checkbox"/>	Data not collected

DISABLING CONDITION *[All Clients]*

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR *[Head of Household and Adults]*

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected

IF "YES" TO DOMESTIC VIOLENCE

LAST OCCURRENCE

<input type="checkbox"/>	Within the past three months	<input type="checkbox"/>	One year ago or more		
<input type="checkbox"/>	Three to six months ago (excluding six months exactly)	<input type="checkbox"/>	Client doesn't know		
		<input type="checkbox"/>	Client prefers not to answer		
<input type="checkbox"/>	Six months to one year ago (excluding one year exactly)	<input type="checkbox"/>	Data not collected		
Are you currently fleeing?		<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know

	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected

MONTHLY INCOME AND SOURCES *[Head of Household and Adults]*

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source		Amount	Income Source		Amount
<input type="checkbox"/>	Earned Income (e.g., employment income)		<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	
	Current Employer:		<input type="checkbox"/>	General Assistance (GA)	
<input type="checkbox"/>	Unemployment Insurance		<input type="checkbox"/>	Retirement Income from Social Security	
<input type="checkbox"/>	Supplemental Security Income (SSI)		<input type="checkbox"/>	Pension or Retirement Income from a Former Job	
<input type="checkbox"/>	Social Security Disability Insurance (SSDI)		<input type="checkbox"/>	Child Support	
<input type="checkbox"/>	VA Service-Connected Disability Compensation		<input type="checkbox"/>	Alimony and Other Spousal Support	
<input type="checkbox"/>	VA Non-Service-Connected Disability Pension		<input type="checkbox"/>	Worker's Compensation	
<input type="checkbox"/>	Private Disability Insurance		<input type="checkbox"/>	Other Source:	
Total Monthly Income for Individual:					

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

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	TANF Childcare Services
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/>	TANF Transportation Services
<input type="checkbox"/>	Other (Specify):	<input type="checkbox"/>	Other TANF-funded services

COVERED BY HEALTH INSURANCE [All Clients]

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS			
<input type="checkbox"/>	MEDICAID	<input type="checkbox"/>	Employer Provided Health Insurance
<input type="checkbox"/>	MEDICARE	<input type="checkbox"/>	Insurance Obtained through COBRA
<input type="checkbox"/>	State Children's Health Insurance (SCHIP)	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	Veteran's Health Administration (VHA)	<input type="checkbox"/>	State Health Insurance for Adults
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Indian Health Services Program

SSVF HP TARGETING CRITERIA: [Head of Households in SSVF Homeless Prevention programs]

Referred by Coordinated Entry or Homeless Assistance Provider an Emergency Shelter or Transitional Housing or From Staying in a Place Not Meant for Human Habitation?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (0 Points)
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CURRENT HOUSING LOSS EXPECTED WITHIN

<input type="checkbox"/>	0 - 6 Days	<input type="checkbox"/>	7 - 13 Days
<input type="checkbox"/>	14 - 21 Days	<input type="checkbox"/>	21 Days or more (0 Points)

CURRENT HOUSEHOLD INCOME IS \$0 ?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (0 Points)
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ANNUAL HOUSEHOLD GROSS INCOME AMOUNT:

<input type="checkbox"/>	0-14% of Area Median Income (AMI) for Household Size	<input type="checkbox"/>	More than 30% of AMI for Household Size (0 points)
<input type="checkbox"/>	15 –30% of AMI for Household Size		

SUDDEN & SIGNIFICANT DECREASE IN CASH INCOME (EMPLOYMENT AND/OR CASH BENEFITS) AND/OR UNAVOIDABLE INCREASE IN NON-DISCRETIONARY EXPENSES (E.G. RENT OR MEDICAL EXPENSES) IN THE PAST 6 MONTH:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (0 Points)
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MAJOR CHANGE IN HOUSEHOLD COMPOSITION (E.G. DEATH OF FAMILY MEMBER, SEPARATION DIVORCE FROM ADULT PARTNER, BIRTH OF NEW CHILD) IN THE PAST 12 MONTHS?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (0 Points)
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RENTAL EVICTIONS WITHIN THE PAST 7 YEARS

<input type="checkbox"/>	4 or More Prior Rental Evictions	<input type="checkbox"/>	2-3 prior Rental Evictions
<input type="checkbox"/>	1 Prior Rental Evictions	<input type="checkbox"/>	No Prior Rental Evictions (0 points)

CURRENTLY AT RISK OF LOSING TENANT BASED HOUSING SUBSIDY OR HOUSING SUBSIDIZED BUILDING OR UNIT?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (0 Points)
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HISTORY OF LITERAL HOMELESSNESS (*street/shelter/transitional housing*)

<input type="checkbox"/>	4 or More Times or Total of at Least 12 Months in Past Three Years	<input type="checkbox"/>	2-3 in the Past Three Years
<input type="checkbox"/>	1 Time in the Past Three Years	<input type="checkbox"/>	None (0 points)

HEAD OF HOUSEHOLD WITH DISABLING CONDITION (PHYSICAL HEALTH, MENTAL HEALTH, SUBSTANCE USE) THAT DIRECTLY AFFECTS ABILITY TO SECURE/MAINTAIN HOUSING?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (0 Points)
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CRIMINAL RECORD FOR ARSON, DRUG DEALING/MANUFACTURE OR FELONY OFFENSE AGAINST PERSONS OR PROPERTY?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (0 Points)
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REGISTERED SEX OFFENDER?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (0 Points)
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AT LEAST ONE DEPENDENT CHILD UNDER AGE 6?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (0 Points)
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SINGLE PARENT WITH MINOR CHILD(REN)?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (0 Points)
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HOUSEHOLD SIZE OF 5 OR MORE REQUIRING AT LEAST 3 BEDROOMS (Due to age gender mix)?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (0 Points)
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ANY VETERAN IN HOUSEHOLD SERVED IN IRAQ OR AFGHANISTAN?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (0 Points)
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FEMALE VETERAN?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (0 Points)
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HP APPLICANT TOTAL POINTS (integer) _____

GRANTEE TARGETING THRESHOLD SCORE (integer) _____

VAMC STATION NUMBER [Head of Household]

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CONNECTION WITH SOAR [For SSVF]

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected

HOUSEHOLD INCOME AS A PERCENTAGE OF AMI [Head of Household, required for SSVF and VASH]

<input type="checkbox"/>	Less than 30%	<input type="checkbox"/>	Greater than 50%
<input type="checkbox"/>	30% to 50%		

LAST GRADE COMPLETED [Head of Household & Adults, Required for SSVF]

<input type="checkbox"/>	Less than Grade 5	<input type="checkbox"/>	Grades 5-6
<input type="checkbox"/>	Grades 7-8	<input type="checkbox"/>	Grades 9-11
<input type="checkbox"/>	Grade 12	<input type="checkbox"/>	School does not have grade levels
<input type="checkbox"/>	GED	<input type="checkbox"/>	Some college
<input type="checkbox"/>	Associate Degree	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	Graduate Degree	<input type="checkbox"/>	Vocational certification
<input type="checkbox"/>	Client doesn't know		
<input type="checkbox"/>	Data not collected	<input type="checkbox"/>	Client prefers not to answer

EMPLOYMENT STATUS [Head of Household & Adults, SSVF]

Employed			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
If "Yes" for employed – Type of employment			

0	Full-time	0	
0	Part-time		Seasonal/sporadic (including day labor)
If "No" for employed – Why not employed			
0	Looking for work	0	Not looking for work
0	Unable to work		

GENERAL HEALTH STATUS *[Head of Household & Adults]*

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

PRONOUNS *[All Clients]*

0	She/Her/Hers	0	Client doesn't know
0	He/Him/His	0	Client prefers not to answer
0	They/Them/Theirs	0	Data not collected
0	Manual Entry:		

CONTACT INFORMATION

Email	
Phone #	
Phone (#2)	

ZIP CODE OF LAST KNOWN ADDRESS

Signature of applicant stating all information is true and correct Date