

# HMIS COC Family 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]**

		-			-				
<b>Month</b>			<b>Day</b>			<b>Year</b>			

**SOCIAL SECURITY NUMBER [All Clients]**

			-			-						
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<b>TRANSLATION ASSISTANCE NEEDED? [Head of Household]</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

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

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

<b>CURRENT NAME [All Clients]</b>															N/A	
Last																<input type="radio"/>
First																<input type="radio"/>
Suffix																<input type="radio"/>

QUALITY OF CURRENT NAME			
0	Full name reported	0	Client doesn't know
0	Partial, street name, or code name reported	0	Client prefers not to answer
		0	Data not collected

DATE OF BIRTH <i>[All Clients]</i>										
		-			-					Age:
<b>Month</b>		<b>Day</b>			<b>Year</b>					

QUALITY OF DATE OF BIRTH			
0	Full DOB reported	0	Client doesn't know
0	Approximate or partial DOB reported	0	Client prefers not to answer
		0	Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD <i>[All Client Households]</i>			
0	Self	0	
0	Head of household's child	0	Head of household - other relation to member
			Other: non--relation member
0	Head of household's spouse or partner		

GENDER <i>[All Clients]</i>			
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) <i>[All Clients]</i>			
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:

**DISABLING CONDITION** *[All Clients]*

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

**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**

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

**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

**HIV-AIDS** *[All Clients]*

0	No	0	Client doesn't know
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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 DISORDER" "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

**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	Health Insurance Obtained Through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veterans' Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program

**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 [Optional-can be entered in Contact Tab]**

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

Zip code of Last known Address \_\_\_\_\_

\_\_\_\_\_  
**Signature of applicant stating all information is true and correct**

**Date**