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*

			-			-			

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

CURRENT NAME		N/A
Last		
First		◦
Middle		◦
Suffix		◦

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

DATE OF BIRTH *[All Clients]*

		-			-				Age:

Month   **Day**   **Year**

QUALITY OF DATE OF BIRTH

▢	Full DOB reported	▢	Client doesn't know
▢	Approximate or partial DOB reported	▢	Client prefers not to answer
		▢	Data not collected

GENDER *[All Clients]*

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

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

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

VETERAN STATUS *[All Adults]*

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

▢	No	▢	Client doesn't know

☐	Yes	☐	Client prefers not to answer
		☐	Data not collected

Theater of Operations: Korean War

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

Theater of Operations: Vietnam War

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

Theater of Operations: Persian Gulf War (Desert Storm)

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

Theater of Operations: Afghanistan (Operation Enduring Freedom)

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

Theater of Operations: Iraq (Operation Iraqi Freedom)

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

Theater of Operations: Iraq (Operation New Dawn)

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

Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)

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

Branch of the Military

	Army			Coast Guard	
	Air Force				Client doesn't know
	Navy				Client prefers not to answer
	Marines				Data not collected
	Space Force				

Discharge Status				
	Honorable			Dishonorable
	General under honorable conditions			Uncharacterized
	Other than honorable conditions (OTH)			Client doesn't know
				Client prefers not to answer
	Bad Conduct			Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD *[All Client Households]*

	Self			Head of household - other relation to member
	Head of household's child			
	Head of household's spouse or partner			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]

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

IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:

○ GPD TIP housing subsidy	○	Emergency Housing Voucher
○ VASH Housing subsidy	○	Family Unification Program Voucher (FUP)
○ RRH or equivalent subsidy	○	Foster Youth to Independence Initiative (FYI)
○ HCV voucher (tenant or project based) (not dedicated)	○	Permanent Supportive Housing
○ Public Housing Unit		
○ Rental by client, with other ongoing housing subsidy	○	Other permanent housing dedicated for formerly homeless persons

LENGTH OF STAY IN PRIOR LIVING SITUATION

⌶	One night or less	⌶	One month or more, but less than 90 days	⌶	Client doesn't know
⌶	Two to six nights	⌶	90 days or more, but less than one year	⌶	Client prefers not to answer
⌶	One week or more, but less than one month	⌶	One year or longer	⌶	Data not collected

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

⌶	No	⌶	Yes

LENGTH OF STAY LESS THAN 90 DAYS
[*Institutional Housing Situations*]

	No		Yes

ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN
[*Head of Household and Adults*]

	Yes		No

Approximate Date this Episode of Homelessness Started	___/____/_____

Number of *times* the client has been on the streets, ES, or Safe Haven in the last 3 years			
	One Time		Client doesn't know
	Two Times		Client prefers not to answer
	Three Times		Data not collected
	Four or More Times		

Total Number of *Months* homeless on the streets, ES, or Safe Haven in the last 3 years			
	One month (this time is the first month)		Client doesn't know
	2--12 months (specify number of months): _____		Client prefers not to answer
	More than 12 months		Data not collected

DISABLING CONDITION [*All Clients*]

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

SURVIVOR OF DOMESTIC VIOLENCE [*Head of Household and Adults*]

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

IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE- SPECIFY WHEN EXPERIENCE OCCURRED

LAST OCCURRENCE

	Within the past three months		One year ago or more
	Three to six months ago (excluding six months exactly)		Client doesn't know
			Client prefers not to answer
	Six months to one year ago (excluding one year exactly)		Data not collected

Are you currently fleeing?		No		Client doesn't know

	Yes	◌	Client prefers not to answer
		◌	Data not collected

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

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

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

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

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

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

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

◌	Supplemental Nutrition Assistance Program (SNAP)	◌	TANF Childcare Services
◌	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	◌	TANF Transportation Services
◌	Other (Specify):	◌	Other TANF-funded services

COVERED BY HEALTH INSURANCE *[All Clients]*

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

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

	MEDICAID		Employer Provided Health Insurance
	MEDICARE		Insurance Obtained through COBRA
	State Children's Health Insurance (SCHIP)		Private Pay Health Insurance
	Veteran's Health Administration (VHA)		State Health Insurance for Adults
	Other (specify)		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?

	Yes		No (0 Points)

CURRENT HOUSING LOSS EXPECTED WITHIN

	0 - 6 Days		7 - 13 Days
	14 - 21 Days		21 Days or more (0 Points)

CURRENT HOUSEHOLD INCOME IS $0 ?

	Yes		No (0 Points)

ANNUAL HOUSEHOLD GROSS INCOME AMOUNT:

	0-14% of Area Median Income (AMI) for Household Size		More than 30% of AMI for Household Size (0 points)
	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:

	Yes		No (0 Points)

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?

Yes		No (0 Points)

RENTAL EVICTIONS WITHIN THE PAST 7 YEARS

	4 or More Prior Rental Evictions		2-3 prior Rental Evictions
	1 Prior Rental Evictions		No Prior Rental Evictions (0 points)

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

	Yes		No (0 Points)

HISTORY OF LITERAL HOMELESSNESS *(street/shelter/transitional housing)*

	4 or More Times or Total of at Least 12 Months in Past Three Years		2-3 in the Past Three Years
	1 Time in the Past Three Years		None (0 points)

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

	Yes		No (0 Points)

CRIMINAL RECORD FOR ARSON, DRUG DEALING/MANUFACTURE OR FELONY OFFENSE AGAINST PERSONS OR PROPERTY?

	Yes		No (0 Points)

REGISTERED SEX OFFENDER?

	Yes		No (0 Points)

AT LEAST ONE DEPENDENT CHILD UNDER AGE 6?

	Yes		No (0 Points)

SINGLE PARENT WITH MINOR CHILD(REN)?

	Yes		No (0 Points)

HOUSEHOLD SIZE OF 5 OR MORE REQUIRING AT LEAST 3 BEDROOMS (Due to age gender mix)?

	Yes		No (0 Points)

ANY VETERAN IN HOUSEHOLD SERVED IN IRAQ OR AFGHANISTAN?

	Yes		No (0 Points)

FEMALE VETERAN?

	Yes		No (0 Points)

HP APPLICANT TOTAL POINTS (integer) _____

GRANTEE TARGETING THRESHOLD SCORE (integer) _____

VAMC STATION NUMBER _[Head of Household]_

CONNECTION WITH SOAR _[For SSVF]_

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

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

	Less than 30%		Greater than 50%
	30% to 50%		

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

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

EMPLOYMENT STATUS _[Head of Household & Adults, SSVF]_

Employed			
	No		Client doesn't know
	Yes		Client prefers not to answer
			Data not collected
If "Yes" for employed – Type of employment			

	Full-time		
	Part-time		Seasonal/sporadic (including day labor)

If "No" for employed – Why not employed

	Looking for work		
	Unable to work		Not looking for work

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

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

PRONOUNS [All Clients]

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