## AKHMIS Intake - YHDP All Project Types

	Project Start Date (Use for Back Date Mode in AKHMIS):/					Staff Completing Intake:												
Head of Household Name:						Client Phone Number: ()												
Household Type: Couple w/ No Children Male Single Parent Female Single Parent Two Parent Family					_	Grandparent(s) and Child Non-Custodial Caregiver(s) Foster Parent(s) Other:												
For any answers below in which a client doesn't know or refuses to disclose information, please indicate <b>DK</b> (Doesn't Know) or <b>CR</b> (Client Refused).																		
Answer this section for each person in the household (complete additional data elements on the <b>Household Members</b> form and <b>Additional Adults</b> form).  Please use additional forms for households with more than 6 people.																		
Client Name SS# Veteran?				Date of Bir		ace pelow)		<b>hnicity</b> e below)	Gend (see bel		nship to Household							
☐ Yes				//						Self	(НоН)							
	☐ Yes		□ No/															
		Yes		□ No  /														
		☐ Yes	□No	/														
Race: *Indicate Primary Race (1) & Sec	ondary Race	(2)	Ethn	icity:				Gender:										
American Indian / Alaska Native (AI / AN) Asian (A) Black / African American (B / AA) Native Hawaiian / Other Pacific Islander (NH/PI) White (W) Client doesn't know (DK) Client refused (CR)			Non-Hispanic / Non-Latino (N) Hispanic / Latino (H/L) Client doesn't know (DK) Client refused (CR)					Female (F) Male (M) Trans Female - Male to Female (MTF) Trans Male - Female to Male (FTM) Gender Non-Conforming (GNC) Client doesn't know (DK) Client refused (CR)										
Health Insurance (Check all tha	t apply.)	Is the cli	ent cov	ered by health	insurance?	☐ Ye	S	☐ No	☐ Does	n't know	Refused							
Medicaid																		
8	_	nt have a			Yes	☐ No		Client o	loesn't kı		Disabling Conditions Does the client have a disabling condition? Yes No Client doesn't know Client refused							
Disability Type (Check all that apply			-	Doesn't Know	Refused	<b>-</b>	l	Yes	No	Doesn't Know								
Alcohol Abuse			+			d an					Refused							
Both Alcohol & Drug Abuse			_			d an	<u>۔</u>		_									
Chronic Health Condition			1			nued and	ation?											
. David and and a						ontinued an	Duration?		_									
Developmental  Drug Abuse						ng-Continued an	nite Duration?		_									
Drug Abuse			]			S, Long-Continued an	definite Duration?		_									
·			]			f yes, Long-Continued an	Indefinite Duration?		_									
Drug Abuse HIV/AIDS			]			If yes, Long-Continued an	Indefinite Duration?		_									
Drug Abuse HIV/AIDS Mental Health Problem			]			If yes, Long-Continued an	Indefinite Duration?											
Drug Abuse HIV/AIDS Mental Health Problem						If yes, Long-Continu												
Drug Abuse HIV/AIDS Mental Health Problem Physical  Alaska Mental Health Trust  Alzheimer's Disea	(AMHT	) Benef	iciary	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	wer for each	lf yes, Long-Continu	ity ty	U U		Trauma								
Drug Abuse HIV/AIDS Mental Health Problem Physical  Alaska Mental Health Trust  Does the client  Alzheimer's Disea Related Dement	(AMHT	) Benef	iciary	(Select an answard of the lintellection of the lint	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	lf yes, Long-Continu	ity ty	ype.)		Trauma								
Drug Abuse HIV/AIDS Mental Health Problem Physical  Alaska Mental Health Trust  Does the client  Alzheimer's Disea	(AMHT)	) Benef	iciary	// (Select an answard der   Yes   No   Clien	wer for each	disabil lt yes, Long-Continu	ity ty	ype.)  Menta  Yes No	Illiness	Trauma Inju	tic Brain uries							
Drug Abuse  HIV/AIDS  Mental Health Problem  Physical  Alaska Mental Health Trust  Does the client have any of the following specific disabilities?  Alaska Mental Health Trust  Alzheimer's Disea Related Dementation No Client doesn't	(AMHT	Benef Chronic Alcubstance U Yes No Client doe	iciary coholism lse Disor	// (Select an answard der   Yes   No   Clien	wer for each	disabil lt ves, Long-Continu	ity ty	ype.)  Menta  Yes  No Client do Client re	Illiness	Trauma Inju	tic Brain uries							

Client Name:	Client DOB://						
Prior Living Si Select only one	<b>ituation</b> Eliving situation  below (Homeless Situation, Institutional Situation, OR Temporary and Permanent Housing Situation),  then complete the corresponding fields in the table.						
	Place not meant for habitation Emergency shelter (ES), including hotel or motel paid for with ES voucher, or RHY-funded Host Home shelter						
Homeless Situation	How long have you been in this current Homeless Situation?  One night or less  Two to six nights  One week +, but less than a month  One year or longer						
If this option is selected, you must not select Institutional Situation or Temporary or Permanent Housing Situation	The Approximate Date that the client's current episode of homelessness started is the first date the client started living on the streets or in Emergency Shelter after staying in 1) an Institutional Situation for 90+ nights, or 2) a Temporary or Permanent Housing Situation for 7+ nights.  If today is their first night in shelter after a break in homelessness, enter today's date.						
	☐ Foster care home / group home ☐ Long-term care facility or nursing home ☐ Psychiatric facility ☐ Psychiatric facility ☐ Substance abuse treatment facility/detox center						
Institutional Situation	How long have you been in this current Institutional Situation?  One night or less Two to six nights One week +, but less than a month One year or longer						
If this option is selected, you must not select Homeless Situation or	If the stay was less than 90 days, on the night before entering the Institutional Situation, were you on the streets or in ES?						
Homeless Situation or Temporary or Permanent Housing Situation	The Approximate Date that the client's current episode of homelessness started is the first date the client started living on the streets or in Emergency Shelter after staying in an Institutional Situation for 90+ nights.  If today is their first night in shelter after a break in homelessness, enter today's date.  Approximate Date Homeless Situation started:						
Temporary or Permanent Housing	Residential project/halfway house w/ no homeless criteria Hotel/motel paid for without ES voucher Transitional housing for homeless persons youth Host Home (non-crisis) Staying/living in friend's room/apt./house Staying/living in family's room/apt./house Rental by client, ongoing housing subsidy Rental by client, ongoing housing subsidy Rental by client, no ongoing housing subsidy Rental by client, ongoing housing subsidy Owned by client, no ongoing housing subsidy Rental by client, ongoing housing subsidy Owned by client, ongoing housing subsidy Owned by client, ongoing housing subsidy						
Situation	How long have you been in this current Temp. or Perm. Housing Two to six nights One week +, but less than 90 days 90 + days, but less than one year One week +, but less than a month One year or longer						
If this option is selected, you must not select Homeless Situation or	If the stay was less than 7 nights, on the night before entering the Temp. or Perm. Housing Situation, were you on the streets or in ES?						
Institutional Situation	The Approximate Date that the client's current episode of homelessness started is the first date the client started living on the streets or in Emergency Shelter after staying in a Temporary or Permanent Housing Situation for 7+ nights.  If today is their first night in shelter after a break in homelessness, enter today's date.  Approximate Date Homeless Situation started:						
on the streets or in e	How many months have you been on the streets or in emergency shelter in the last 3 years? Select one.  How many months have you been on the streets or in emergency shelter in the last 3 years? Select one.  Three times						
	Two times						
	ousing Projects—including Rapid Rehousing Projects—only ing this for a project that is not a PH project and this data element is filled in on the Entry Assessment in HMIS, remove it.						
	Housing Move-In Date://						

Client Name: _			Clie	nt DOB:	/	/	
Primary Reason for Seeking Assistance    Illness/Injury		Nonpaymen  Benefits Inte In Treatmen  Low Wages/ Car Trouble, Loss of Parti	□ Unemployed-More than 60 Days       □ Moved to AK with Insufficient         □ Nonpayment of Child Support       □ New Job/Paycheck Delay         □ Benefits Interrupted (i.e. SSI or VA)       □ Mortgage Foreclosure         □ In Treatment       □ Loss of Job         □ Low Wages/Fixed Income       □ Released from Medical Facilit         □ Car Trouble/Accident       □ Released from Jail/Prison         □ Loss of Partner/Roommate       □ Living with Relative/Friend-Assection         □ Theft Victim       □ Substance Abuse         □ Moved w/in AK with Insufficient Funds       □ Other (specify):				
<b>Monthly Income</b>	(Check all that apply.) Doe	es the client have a	source of income?	Yes	No Does	n't know 🔲 Refused	
If yes, what is the total monthly income?	Alimony/Other spousal s  VA service connected dis  VA non-service connecte  Worker's Compensation  Retirement income from  Pension/Retirement inco	ability compensati d disability pensio social security ome from another	n \$ \$ \$	Uner	eral assistance mployment insu	\$ \$ \$ urance \$ \$ \$	
Non-Cash Benefit	ts (Check all that apply.)	es the client receiv	e non-cash benefits	?	No Doe	esn't know 🔲 Refused	
TANF Child Care Se	ervices	Other TANF-F SNAP (Food S	funded Services tamps)		ecial Supp. Nutriner (specify):	ition Program for WIC	
Sexual C	<b>Orientation</b> Heterose Gay	=	esbian disexual	Questioning , Client doesn'		Client refused	
Education							
Last Grade Completed	Less than Grade 5 Grades 5 - 6 Grades 7 - 8 Grades 9 - 11 Grade 12 / High School Dipl	☐ G ☐ S ☐ A	chool Program does ED ome College ssociate's Degree achelor's Degree	not have grade	U Gra	aduate Degree cational Certification ent doesn't know ent refused	
School Status	Attending School Regularly Attending School Irregularly Graduated High School	/ 🗍 🗅	btained GED ropped Out uspended		Clie	Expelled Client doesn't know Client refused	
Last Grade Completed	Less than Grade 5 Grades 5 - 6 Grades 7 - 8 Grades 9 - 11 Grade 12 / High School Dipl	☐ G ☐ S ☐ A	chool Program does ED ome College .ssociate's Degree .achelor's Degree	not have grade	U Gr	raduate Degree ocational Certification ient doesn't know ient refused	
School Status	Attending School Regularly Attending School Irregularly Graduated High School	y 🗍 🗅	Obtained GED Propped Out uspended		Cli	pelled ient doesn't know ient refused	
Employment	Is the client e	mployed?	Yes No	Client doe	_	Client refused	
If Yes, Type of Employn  Full-time Part-time Seasonal		1	If No, Reason	Looking for wo Unable to wor	ork k		

Client Name:	Client DOB://						
Health Status							
General Health Status	<b>Dental Health Stat</b>	tus	Mental Health Status				
Excellent Very good Good Fair  Poor Client doesn't know Client refused	Excellent Very good Good Fair	Poor Client doesn't know Client refused	Excellent Very good Good Fair	Poor Client doesn't know Client refused			
Is the client pregnant? Yes No	Doesn't know	Refused <u>If yes</u> , project	cted due date:				
Foster Care History							
Is the client formerly a ward of child	res No loesn't know	<u>If yes</u> , number of years:					
welfare / foster care agency?   = -	lient refused	If less than a year, numb					
Juvenile Justice System History							
Is the client formerly a ward of	res No loesn't know	If yes, number of years:					
iuvenile iustice system?	lient refused	If less than a year, number of	of months:				
Domestic Violence Victim / Survivor Victim or survivor of DV? Yes No Doesn't know Client refused							
If yes, when did the last experience occur?	If yes, is the	If yes, is the client currently fleeing?					
☐ Within last 3 months ☐ 6-12 months ag	yes Yes No	☐ Doesn't know ☐ Client refused					

## Adult Household Members - AKHMIS Intake Assessment

Print as many copies of this form as needed for additional adult household members. Project Start Date (Use for Back Date Mode in AKHMIS): \_\_\_\_\_/\_\_\_\_ Staff Completing Intake: \_\_\_\_\_ Head of Household Name: \_\_\_\_\_ HoH Phone Number: (\_\_\_\_\_\_\_\_ Relationship to Head of Household: Client Name: Refused **Health Insurance** (Check all that apply.) Private Pay Health Insurance Medicaid Veteran's Administration Medical Services State Health Insurance for Adults Medicare **Employer-Provided Health Insurance** Indian Health Services Program State Children's Health Insurance Program Health Insurance through COBRA Other: **Disabling Conditions** Does the client have a disabling condition? ☐ Yes ☐ No Client doesn't know Client refused Doesn't Know Disability Type (Check all that apply.) Yes No Doesn't Know Refused No Refused If yes, Long-Continued and **Alcohol Abuse** Indefinite Duration? П **Both Alcohol & Drug Abuse**  $\Box$  $\Box$  $\Box$  $\Box$ **Chronic Health Condition** П П Developmental **Drug Abuse** HIV/AIDS **Mental Health Problem**  $\Box$ **Physical** Alaska Mental Health Trust (AMHT) Beneficiary (Select an answer for each disability type.) Alzheimer's Disease & Chronic Alcoholism / Intellectual or Developmental **Traumatic Brain** Mental Illness Does the client **Related Dementias** Substance Use Disorder Disabilities Injuries have any of the Yes Yes Yes Yes Yes following specific No ■ No No No ☐ No ☐ Client doesn't know Client doesn't know Client doesn't know Client doesn't know ☐ Client doesn't know disabilities? ☐ Client refused Client refused ☐ Client refused ☐ Client refused ☐ Client refused Calista Corp. ☐ NANA Regional Corp. **Primary Alaska Regional Corporation** Ahtna Corp. Chugach Alaska Corp. Aleut Corp. Sealaska ■ Not Affiliated 13<sup>th</sup> Regional Corp. Arctic Slope Regional Corp. Cook Inlet Regional Corp. Secondary Alaska Regional Corporation (if applicable): Client doesn't know ☐ Doyon Limited Corp. Bering Straits Native Corp. ☐ Bristol Bay Native Corp. ☐ Koniag Incorp. ☐ Client refused ☐ No Doesn't know Client refused Victim or survivor of DV? Yes **Domestic Violence Victim / Survivor** If yes, is the client currently fleeing? If yes, when did the last experience occur? ☐ Doesn't know ☐ Yes ☐ Within last 3 months ☐ 6-12 months ago ☐ 1+ years ago ☐ Doesn't know ☐ Refused ☐ No Client refused **Prior Living Situation** Select only one living situation below (Homeless Situation, Institutional Situation, OR Temporary and Permanent Housing Situation), then complete the corresponding fields in the table. Place not meant for habitation Emergency shelter (ES), including hotel or motel paid for with ES voucher, or RHY-funded Host Home shelter **Homeless** One night or less One month +, but less than 90 days How long have you been in this 90 + days, but less than one year Two to six nights Situation current Homeless Situation? One week +, but less than a month One year or longer If this option is selected, The Approximate Date that the client's current episode of homelessness started is the **Approximate Date Homeless** you must not select first date the client started living on the streets or in Emergency Shelter after staying in Situation started: Institutional Situation or 1) an Institutional Situation for 90+ nights, or 2) a Temporary or Permanent Housing Temporary or Permanent

Situation for 7+ nights.

If today is their first night in shelter after a break in homelessness, enter today's date.

**Housing Situation** 

Client Name:		DOB:/					
☐ Institutional	Foster care home / group home Hospital / non-psychiatric residential medical fa Jail/prison/juvenile detention facility	Substance abuse treatment facility/detox center					
Situation	How long have you been in this current Institutional Situation?  One night or less One month +, but less than 90 days 90 + days, but less than one year One week +, but less than a month One year or longer						
If this option is selected, you must not select Homeless Situation or Temporary or Permanent Housing Situation	If the stay was less than 90 days, on the night befor <b>Institutional Situation,</b> were you on the streets or in						
	The <b>Approximate Date</b> that the client's current ep first date the client started living on the streets or an Institutional Situation fo <b>If today is their first night in shelter after a break i</b>	in Emergency Shelter after staying in or 90+ nights. Situation started:					
Temporary or Permanent Housing	Residential project/halfway house w/ no homel Hotel/motel paid for without ES voucher Transitional housing for homeless persons yout Host Home (non-crisis) Staying/living in friend's room/apt./house Staying/living in family's room/apt./house Rental by client, GPD TIP subsidy Rental by client, VASH subsidy	Rental by client w/ RRH or equivalent subsidy					
Situation	current Temp. or Perm. Housing Two to s	ht or less					
If this option is selected, you must not select Homeless Situation or	If the stay was less than 7 nights, on the night before or Perm. Housing Situation, were you on the streets						
Institutional Situation	The Approximate Date that the client's current ep first date the client started living on the streets or a Temporary or Permanent Housing If today is their first night in shelter after a break i	n Emergency Shelter after staying in Situation started: Situation for 7+ nights.					
	ou stayed last night, <u>how many times</u> have you been emergency shelter in the last 3 years? Select one.	How many months have you been on the streets or in emergency shelter in the last 3 years? Select one.					
	One time	1 - 12 months (specify): More than 12 months					
		<del>-</del>					
	For Permanent Housing Projects—including Rapid Rehousing Projects—only  If you are completing this for a project that is not a PH project and this data element is filled in on the Entry Assessment in HMIS, remove it.						
,	Housing Move-In Date:	/					
☐ Illness/Inju☐ Domestic N☐ Hours of W☐ House Rep☐ ATAP Delay☐ Death in Fa☐ Legal Issue	/iolence /ork Cut airs (Damaged/Destroyed) ys/Sanction amily S  Benefits Interrup In Treatment Low Wages/Fixe Car Trouble/Acci Loss of Partner/F	Child Support  New Job/Paycheck Delay  Ited (i.e. SSI or VA)  Mortgage Foreclosure  Loss of Job  Income  Released from Medical Facility  dent  Released from Jail/Prison					

Client Name:				DOR:	/	/		
Monthly Income (	Check all that apply.)	Does the client have a sou	rce of income?	Yes [	No ☐ Doesn't kı	now Refused		
	Alimony/Other spou	ısal support	\$	SSI	DI	\$		
If yes, what is the total	☐ VA service connecte	ed disability compensation	\$	SSI	<u> </u>	\$		
monthly income?	☐ VA non-service con	nected disability pension	\$	☐ Ge	neral assistance	\$		
\$	☐ Worker's Compensa	ition	\$	Un	nemployment insurance \$			
	Retirement income	from social security	\$	TANF \$				
	Pension/Retiremen	t income from another job	\$	☐ Chi	ild support	\$		
	Private disability ins	urance	rned income	\$				
Non-Cash Benefits (Check all that apply.) Does the client receive non-cash benefits?   Yes   No   Doesn't know   Refused								
TANF Child Care Services Other TANF-Funded Services Special Supp. Nutrition Program for WIC TANF Transportation Services SNAP (Food Stamps) Other (specify):					Program for WIC			
<b>Domestic Violence</b>	e Victim / Survivo	Victim or survivor of D	V? 🗌 Yes	☐ No	Doesn't know	Client refused		
If yes, when did the last	experience occur?				If yes, is the client of	currently fleeing?		
☐ Within last 3 months	6-12 months ago	1+ years ago Do	pesn't know	Refused	Yes	Doesn't know		

## Non-Adult Household Members - AKHMIS Intake Assessment

Print as many copies of this form as needed for each non-adult household member. Project Start Date (Use for Back Date Mode in AKHMIS): \_\_\_\_\_/\_\_\_\_ Staff Completing Intake: \_\_\_\_\_ Head of Household Name: \_\_\_\_\_\_ Client Phone Number: (\_\_\_\_\_)\_\_\_-Client Name: Relationship to Head of Household: Refused **Health Insurance** (Check all that apply.) Private Pay Health Insurance Medicaid Veteran's Administration Medical Services State Health Insurance for Adults Medicare Employer-Provided Health Insurance Indian Health Services Program State Children's Health Insurance Program Health Insurance through COBRA **Disabling** Yes ☐ No Client doesn't know Client refused Does the client have a disabling condition? **Disability Type** (Check all that apply.) Yes No Doesn't Know Refused Yes No Doesn't Know Refused If yes, Long-Continued and **Alcohol Abuse**  $\Box$ Indefinite Duration? **Both Alcohol & Drug Abuse Chronic Health Condition** Developmental **Drug Abuse** HIV/AIDS **Mental Health Problem Physical** Alaska Mental Health Trust (AMHT) Beneficiary (Select an answer for each disability type.) Alzheimer's Disease & Chronic Alcoholism / Intellectual or Developmental Traumatic Brain **Mental Illness** Does the client **Related Dementias** Substance Use Disorder Disabilities **Injuries** have any of the Yes Yes Yes Yes Yes □ No □ No following specific П No □ No П No Client doesn't know Client doesn't know Client doesn't know Client doesn't know ☐ Client doesn't know disabilities? Client refused Client refused Client refused Client refused Client refused NANA Regional Corp. **Primary Alaska Regional Corporation** Ahtna Corp. Calista Corp. ☐ Chugach Alaska Corp. Aleut Corp. Sealaska Not Affiliated Arctic Slope Regional Corp. ☐ Cook Inlet Regional Corp. ☐ 13<sup>th</sup> Regional Corp. Secondary Alaska Regional Corporation (if applicable): ☐ Client doesn't know ☐ Doyon Limited Corp. Bering Straits Native Corp. ☐ Bristol Bay Native Corp. ☐ Koniag Incorp. ☐ Client refused For Permanent Housing Projects—including Rapid Rehousing Projects—only If you are completing this for a project that is not a PH project and this data element is filled in on the Entry Assessment in HMIS, remove it.

**Housing Move-In Date:**