Arizona Department of Housing

Arizona Balance of State HMIS

HMIS Intake Form

1. Client Information

Client Name and/or Alias		**Name Data Quality**	☐ Full Name Reported ☐ Partial, Street Name, or Code Name Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
SSN	_____ - _____ - _____	**SSN Data Quality**	☐ Full SSN Reported ☐ Approximate or Partial SSN Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Client ID		**U.S. Military Veteran**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

2. Household Information

Household Type	☐ Extended Family Unit ☐ Couple with no children ☐ Two Parent Family	☐ Female Single Parent ☐ Male Single Parent ☐ Foster Parent(s)	☐ Non-Custodial Caregiver(s) ☐ Grandparent(s) and Child ☐ Other	
Head of Household	☐ Yes ☐ No	**If No, HOH Name and ID**		
Relationship to Head of Household	☐ Wife ☐ Husband ☐ Mother ☐ Father	☐ Daughter ☐ Son ☐ Step-Daughter ☐ Step-Son	☐ Grandfather ☐ Grandmother ☐ Granddaughter ☐ Grandson	☐ Other Relative ☐ Other Non-Relative ☐ Significant Other ☐ Unknown

3. Entry Summary

Provider Name		**Entry Type**	☐ HUD/Other ☐ VA ☐ PATH ☐ RHY
Entry Date	Month Day Year	**All Household Members Entering**	☐ Yes ☐ No

4. Universal Data Elements

Relationship to Head of Household	☐ Self (Head of Household) ☐ Head of Household's child ☐ Head of Household's spouse or partner ☐ Head of Household's other relation member ☐ Other: non-relation member ☐ Data Not Collected	**Date of Birth**	Month Day Year
		DOB Type	☐ Full DOB Reported ☐ Partial DOB Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Race	**Pri** **Sec** ☐ ☐ American Indian/Alaska Native ☐ ☐ Asian ☐ ☐ Black or African-American ☐ ☐ Native Hawaiian/Pacific Islander ☐ ☐ White ☐ ☐ Client Doesn't Know ☐ ☐ Client Refused ☐ ☐ Data Not Collected	**Ethnicity**	☐ Non-Hispanic/Latino ☐ Hispanic/Latino ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Gender	☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male	☐ Doesn't identify as Male, Female, or Transgender ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Does Client have a disabling condition?** ☐ Yes ☐ No

Primary Reason Homeless	☐ Alcohol Abuse ☐ Bad Credit ☐ Client doesn't know ☐ Client NOT homeless ☐ Client refused ☐ Criminal Activity ☐ Divorce ☐ DV Victim ☐ Eviction ☐ Fire/Disaster	☐ Health/Safety ☐ In-Transit ☐ Loss of Childcare ☐ Loss of Job ☐ Loss of Public Assistance ☐ Loss of Trans. ☐ Medical Condition ☐ Mortgage Foreclosure ☐ No Affordable Housing ☐ Other ☐ Overcrowding/Family Dispute	☐ Physical/Mental Disability ☐ Poor Budgeting ☐ Release from Institution ☐ Release from Jail/Prison ☐ Release from Mental Health Facility ☐ Substance Abuse/Addiction ☐ Substandard Housing ☐ Unable to Pay Rent/Mortgage ☐ Underemployment/Low Income ☐ Utility Shutoff

Residence Prior To Project Entry

Homeless Situation	Institutional Situation	Transitional and Permanent Housing Situation
☐ Place not meant for habitation	☐ Foster care home or foster care group home	☐ Hotel or motel paid for without Emergency Shelter voucher
☐ Emergency shelter *(Including hotel/motel paid for with Emergency Shelter voucher)*	☐ Hospital or other residential non-psychiatric medical facility	☐ Owned by client, no ongoing subsidy
☐ Safe Haven	☐ Jail, prison, or juvenile detention facility	☐ Owned by client, with ongoing subsidy
☐ *Interim Housing*	☐ Psychiatric hospital or other psychiatric facility	☐ Permanent housing for formerly homeless persons
	☐ Substance abuse treatment facility or detox center	☐ Rental by client, no ongoing subsidy
		☐ Rental by client, with VASH subsidy
		☐ Rental by client, with GPD TIP subsidy
☐ **Client doesn't know**		☐ Rental by client, with other ongoing subsidy
☐ **Client refused**		☐ Residential project or halfway house with no homeless criteria
☐ **Data not collected**		☐ Staying or living in a family member's room, apartment, or house
		☐ Staying or living in a friend's room, apartment, or house
		☐ Transitional housing for homeless persons (including homeless youth)

Length of stay in previous place	☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected	**Did you stay less than 90 days?**	☐ Yes ☐ No	**If yes, indicate how long they stayed** ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days
		Did you stay less than 7 nights?	☐ Yes ☐ No	**If yes, indicate how long they stayed** ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days
		On the night before did you stay on the streets, in ES, or SH?		☐ Yes ☐ No

For Chronic Homelessness Determination	**(Regardless of where they stayed last night) Total number of times homeless on the street, in Emergency Shelter or SH in the past three years, including today**	☐ One time ☐ Two times ☐ Three times ☐ Four or more times ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected	**Approximate date homelessness started**	Month	Day Year
			Total number of months homeless on the street, in ES, or SH in the past three years	☐ One month (this is the first time) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 months ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected

Zip Code of Last Know Permanent Address		**Client Location**	☐ AZ-500

5. Program Data Elements

Income and Benefits

Total Monthly Income			
Income from any source	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Non-cash benefit from any source**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Sources and Amounts of Income at Entry		Non-Cash Benefits	
Alimony or Other Spousal Support	$_____.00		
Child Support	$_____.00		
Earned Income	$_____.00		
General Assistance	$_____.00		
No Financial Resources	$_____.00		
Other	$_____.00		
Pension or Retirement Former Job	$_____.00		
Private Disability Insurance	$_____.00		
Retirement Income Social Security	$_____.00		
SSDI	$_____.00		
SSI	$_____.00		
TANF	$_____.00		
Tribal Pay	$_____.00		
Unemployment Insurance	$_____.00		
VA Non-Service Disability Pension	$_____.00		
VA Service Connected Disability Comp	$_____.00		
Worker's Compensation	$_____.00		
If Other, Specify _____	$_____.00		
		Supplemental Nutrition Assist Program *(Food Stamps)*	☐
		Special Supplemental Nutrition Program for WIC	☐
		TANF Child Care Services	☐
		TANF Transportation Services	☐
		Other TANF-Funded Services	☐
		Section 8, Public Housing	☐
		Other Source	☐
		Temporary Rental Assistance	☐

Health Insurance

Covered by Health Insurance	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Health Insurance Type**	☐ MEDICAID ☐ MEDICARE ☐ State Children's Health Insurance Program ☐ Veteran's Administration (VA) Medical Services ☐ Employer Provided Health Insurance ☐ Health Insurance obtained through COBRA ☐ Private Pay Health Insurance ☐ State Health Insurance for Adults ☐ Indian health services program ☐ Other (Specify) _____

Disabilities

Alcohol Abuse	☐ Yes ☐ No		
Disability Determination	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes, Documentation of disability & severity on file	☐ Yes ☐ No	**Currently receiving services or treatment**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Chronic Health Condition	☐ Yes ☐ No		
Disability Determination	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes, Documentation of disability & severity on file	☐ Yes ☐ No	**Currently receiving services or treatment**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Developmental	☐ Yes ☐ No			
Disability Determination	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes, Documentation of disability & severity on file	☐ Yes ☐ No		**Currently receiving services or treatment**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Drug Abuse	☐ Yes ☐ No			
Disability Determination	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes, Documentation of disability & severity on file	☐ Yes ☐ No		**Currently receiving services or treatment**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Mental Health Problem	☐ Yes ☐ No			
Disability Determination	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes, Documentation of disability & severity on file	☐ Yes ☐ No		**Currently receiving services or treatment**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Physical	☐ Yes ☐ No			
Disability Determination	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes, Documentation of disability & severity on file	☐ Yes ☐ No		**Currently receiving services or treatment**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
HIV/AIDS	☐ Yes ☐ No			
Disability Determination	☐ Yes ☐ No	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes, Documentation of disability & severity on file	☐ Yes ☐ No		**Currently receiving services or treatment**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Domestic Violence				
Domestic Violence victim/survivor	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		**If Yes for Domestic Violence victim/ survivor, are you currently fleeing?**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes for Domestic Violence victim/ survivor, when experience occurred	☐ Within the past three months ☐ Three to six months ago ☐ From six months to twelve months ago ☐ More than one year ago ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected			
Education				
Currently in School or Working on any Degree?	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		**Received Vocational Training?**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Highest Level of Education Attained	☐ No Schooling Completed ☐ Nursery School to 4th Grade ☐ 5th or 6th Grade ☐ 7th or 8th Grade ☐ 9th Grade ☐ 10th Grade ☐ 11th Grade ☐ 12th Grade, No Diploma ☐ High School Diploma ☐ GED		☐ Post-Secondary School ☐ Associates Degree ☐ Bachelors Degree ☐ Masters Degree ☐ Doctorate Degree ☐ Other Graduate/Professional Degree ☐ Certificate of advanced learning or skilled artisan ☐ Client Doesn't Know ☐ Client Refused	

Intake Staff Name_____

Release of Information Signed ☐ Yes ☐ No