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 ☐ Grandparent(s) and Child ☐ Non-Custodial Caregiver(s)
☐ Female Single Parent ☐ Two Parent Family ☐ Foster Parent(s) ☐ Other: _____

For any answers below in which a client doesn't know or refuses to disclose information, please indicate **DK** (Doesn't Know) or **CR** (Client Refused).

Answer this section for each person in the household (complete additional data elements on the **Household Members** form and **Additional Adults** form). Please use additional forms for households with more than 6 people.

Client Name	SS#	Veteran?	Date of Birth	Race (see below)	Ethnicity (see below)	Gender (see below)	Relationship to Head of Household
		☐ Yes ☐ No	____/____/____				*Self (HoH)*
		☐ Yes ☐ No	____/____/____				
		☐ Yes ☐ No	____/____/____				
		☐ Yes ☐ No	____/____/____				

Race: *Indicate Primary Race (1) & Secondary Race (2)

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*)

Ethnicity:

Non-Hispanic / Non-Latino (*N*)
Hispanic / Latino (*H/L*)
Client doesn't know (*DK*)
Client refused (*CR*)

Gender:

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 that apply.)

Is the client covered by health insurance? ☐ Yes ☐ No ☐ Doesn't know ☐ Refused

☐ Medicaid
☐ Medicare
☐ State Children's Health Insurance Program
☐ Veteran's Administration Medical Services
☐ Employer-Provided Health Insurance
☐ Health Insurance through COBRA
☐ Private Pay Health Insurance
☐ State Health Insurance for Adults
☐ Indian Health Services Program
☐ Other:_____

Disabling Conditions

Does the client have a disabling condition? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Disability Type (Check all that apply.)	Yes	No	Doesn't Know	Refused	If yes, Long-Continued and Indefinite Duration?	Yes	No	Doesn't Know	Refused
Alcohol Abuse	☐	☐	☐	☐		☐	☐	☐	☐
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.)

Does the client have any of the following specific disabilities?	Alzheimer's Disease & Related Dementias	Chronic Alcoholism / Substance Use Disorder	Intellectual or Developmental Disabilities	Mental Illness	Traumatic Brain Injuries
	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Primary Alaska Regional Corporation

☐ Not Affiliated

Secondary Alaska Regional Corporation (if applicable):

☐ Ahtna Corp.
☐ Aleut Corp.
☐ Arctic Slope Regional Corp.
☐ Bering Straits Native Corp.
☐ Bristol Bay Native Corp.
☐ Calista Corp.
☐ Chugach Alaska Corp.
☐ Cook Inlet Regional Corp.
☐ Doyon Limited Corp.
☐ Koniag Incorp.
☐ NANA Regional Corp.
☐ Sealaska
☐ 13th Regional Corp.
☐ Client doesn't know
☐ Client refused

Client Name: _____ **Client DOB:** _____/ _____/ _____

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.

☐ Homeless Situation

If this option is selected, you must not select Institutional Situation or Temporary or Permanent Housing Situation

☐ Place not meant for habitation
☐ Emergency shelter (ES), including hotel or motel paid for with ES voucher, or RHY-funded Host Home shelter

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 month +, but less than 90 days
☐ 90 + days, but less than one year
☐ One year or longer

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.

Approximate Date Homeless Situation started:

_____/_____/_____

☐ Institutional Situation

If this option is selected, you must not select Homeless Situation or Temporary or Permanent Housing Situation

☐ Foster care home / group home
☐ Hospital / non-psychiatric residential medical facility
☐ Jail/prison/juvenile detention facility
☐ Long-term care facility or nursing home
☐ Psychiatric hospital / psychiatric facility
☐ Substance abuse treatment facility/detox center

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 month +, but less than 90 days
☐ 90 + days, but less than one year
☐ One year or longer

If the stay was less than 90 days, on the night before entering the **Institutional Situation,** *were you on the streets or in ES?*

☐ **Yes** ☐ **No**

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 Situation

If this option is selected, you must not select Homeless Situation or Institutional Situation

☐ 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, GPD TIP subsidy
☐ Rental by client, VASH subsidy
☐ Perm. Housing (no RRH) for formerly homeless persons
☐ Rental by client w/ RRH or equivalent subsidy
☐ Rental by client w/ HCV voucher (tenant/project based)
☐ Rental by client in a public housing unit
☐ Rental by client, no ongoing housing subsidy
☐ Rental by client, ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy
☐ Owned by client, ongoing housing subsidy

How long have you been in this current **Temp. or Perm. Housing Situation***?*

☐ One night or less
☐ Two to six nights
☐ One week +, but less than a month
☐ One month +, but less than 90 days
☐ 90 + days, but less than one year
☐ One year or longer

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?*

☐ Yes ☐ No

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:

_____/_____/_____

Regardless of where you stayed last night, **how many times** have you been **on the streets or in emergency shelter** in the last 3 years? Select one.

☐ One time ☐ Three times
☐ Two times ☐ Four + times

How many months have you been **on the streets** or in **emergency shelter** in the last 3 years? Select one.

☐ 1 - 12 months (specify): _____
☐ More than 12 months

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: _____/ _____/ _____

Client Name: _____ **Client DOB:** _____/ _____/ _____

Primary Reason for Seeking Assistance

- ☐ Illness/Injury
- ☐ Domestic Violence
- ☐ Hours of Work Cut
- ☐ House Repairs (Damaged/Destroyed)
- ☐ ATAP Delays/Sanction
- ☐ Death in Family
- ☐ Legal Issues
- ☐ Unemployed-Less than 60 Days
- ☐ Unemployed-More than 60 Days
- ☐ Nonpayment of Child Support
- ☐ Benefits Interrupted (i.e. SSI or VA)
- ☐ In Treatment
- ☐ Low Wages/Fixed Income
- ☐ Car Trouble/Accident
- ☐ Loss of Partner/Roommate
- ☐ Theft Victim
- ☐ Moved w/in AK with Insufficient Funds
- ☐ Moved to AK with Insufficient Funds
- ☐ New Job/Paycheck Delay
- ☐ Mortgage Foreclosure
- ☐ Loss of Job
- ☐ Released from Medical Facility
- ☐ Released from Jail/Prison
- ☐ Living with Relative/Friend-Asked to Leave
- ☐ Substance Abuse
- ☐ Other (specify): _____

Monthly Income (Check all that apply.)

Does the client have a source of income? ☐ Yes ☐ No ☐ Doesn't know ☐ Refused

If yes, what is the total monthly income?

$_____

☐ Alimony/Other spousal support	$	☐ SSDI	$
☐ VA service connected disability compensation	$	☐ SSI	$
☐ VA non-service connected disability pension	$	☐ General assistance	$
☐ Worker's Compensation	$	☐ Unemployment insurance	$
☐ Retirement income from social security	$	☐ TANF	$
☐ Pension/Retirement income from another job	$	☐ Child support	$
☐ Private disability insurance	$	☐ Earned 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
- ☐ TANF Transportation Services
- ☐ Other TANF-Funded Services
- ☐ SNAP (Food Stamps)
- ☐ Special Supp. Nutrition Program for WIC
- ☐ Other (specify): _____

Sexual Orientation

- ☐ Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Questioning / Unsure
- ☐ Client doesn't know
- ☐ Client refused

Education

Last Grade Completed

- ☐ Less than Grade 5
- ☐ Grades 5 - 6
- ☐ Grades 7 - 8
- ☐ Grades 9 - 11
- ☐ Grade 12 / High School Diploma
- ☐ School Program does not have grades
- ☐ GED
- ☐ Some College
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Graduate Degree
- ☐ Vocational Certification
- ☐ Client doesn't know
- ☐ Client refused

School Status

- ☐ Attending School Regularly
- ☐ Attending School Irregularly
- ☐ Graduated High School
- ☐ Obtained GED
- ☐ Dropped Out
- ☐ Suspended
- ☐ 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 Diploma
- ☐ School Program does not have grades
- ☐ GED
- ☐ Some College
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Graduate Degree
- ☐ Vocational Certification
- ☐ Client doesn't know
- ☐ Client refused

School Status

- ☐ Attending School Regularly
- ☐ Attending School Irregularly
- ☐ Graduated High School
- ☐ Obtained GED
- ☐ Dropped Out
- ☐ Suspended
- ☐ Expelled
- ☐ Client doesn't know
- ☐ Client refused

Employment

Is the client employed? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

If Yes, Type of Employment:

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

If No, Reason for Unemployment:

- ☐ Looking for work
- ☐ Unable to work
- ☐ Not looking for work

Client Name: _____ **Client DOB:** _____/ _____/ _____

Health Status

General Health Status	Dental Health Status	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	**If yes**, projected due date:	

Foster Care History

Is the client formerly a ward of child welfare / foster care agency?	☐ Yes ☐ No ☐ Doesn't know ☐ Client refused	**If yes**, number of years:	
		If less than a year, number of months:	

Juvenile Justice System History

Is the client formerly a ward of juvenile justice system?	☐ Yes ☐ No ☐ Doesn't know ☐ Client refused	**If yes**, number of years:	
		If less than a year, number 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 client currently fleeing?
☐ Within last 3 months ☐ 6-12 months ago ☐ 1+ years ago ☐ Doesn't know ☐ Refused	☐ 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: (_____)_____-_____

Client Name: _____ Relationship to Head of Household: _____

Health Insurance (Check all that apply.)

Is the client covered by health insurance? ☐ Yes ☐ No ☐ Doesn't know ☐ Refused

- ☐ Medicaid
- ☐ Medicare
- ☐ State Children's Health Insurance Program
- ☐ Veteran's Administration Medical Services
- ☐ Employer-Provided Health Insurance
- ☐ Health Insurance through COBRA
- ☐ Private Pay Health Insurance
- ☐ State Health Insurance for Adults
- ☐ Indian Health Services Program
- ☐ Other:_____

Disabling Conditions

Does the client have a disabling condition? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Disability Type (Check all that apply.)	Yes	No	Doesn't Know	Refused	If yes, Long-Continued and Indefinite Duration?	Yes	No	Doesn't Know	Refused
Alcohol Abuse	☐	☐	☐	☐		☐	☐	☐	☐
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.)

Does the client have any of the following specific disabilities?	Alzheimer's Disease & Related Dementias	Chronic Alcoholism / Substance Use Disorder	Intellectual or Developmental Disabilities	Mental Illness	Traumatic Brain Injuries
	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Primary Alaska Regional Corporation

☐ Not Affiliated

Secondary Alaska Regional Corporation (if applicable):

- ☐ Ahtna Corp.
- ☐ Aleut Corp.
- ☐ Arctic Slope Regional Corp.
- ☐ Bering Straits Native Corp.
- ☐ Bristol Bay Native Corp.
- ☐ Calista Corp.
- ☐ Chugach Alaska Corp.
- ☐ Cook Inlet Regional Corp.
- ☐ Doyon Limited Corp.
- ☐ Koniag Incorp.
- ☐ NANA Regional Corp.
- ☐ Sealaska
- ☐ 13th Regional Corp.
- ☐ Client doesn't know
- ☐ Client refused

Domestic Violence Victim / Survivor

Victim or survivor of DV? ☐ Yes ☐ No ☐ Doesn't know ☐ Client refused

If yes, when did the last experience occur?

☐ Within last 3 months ☐ 6-12 months ago ☐ 1+ years ago ☐ Doesn't know ☐ Refused

If yes, is the client currently fleeing?

☐ Yes ☐ No ☐ Doesn't know ☐ 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.

☐ Homeless Situation

If this option is selected, you must not select Institutional Situation or Temporary or Permanent Housing Situation

- ☐ Place not meant for habitation
- ☐ Emergency shelter (ES), including hotel or motel paid for with ES voucher, or RHY-funded Host Home shelter

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 month +, but less than 90 days
- ☐ 90 + days, but less than one year
- ☐ One year or longer

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.

Approximate Date Homeless Situation started:

_____/_____/_____

Client Name: _____ DOB: _____/_____/_____

☐ Institutional Situation

If this option is selected, you must not select Homeless Situation or Temporary or Permanent Housing Situation

☐ Foster care home / group home
☐ Hospital / non-psychiatric residential medical facility
☐ Jail/prison/juvenile detention facility
☐ Long-term care facility or nursing home
☐ Psychiatric hospital / psychiatric facility
☐ Substance abuse treatment facility/detox center

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 month +, but less than 90 days
☐ 90 + days, but less than one year
☐ One year or longer

If the stay was less than 90 days, on the night before entering the **Institutional Situation,** *were you on the streets or in ES?*

☐ **Yes** ☐ **No**

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 Situation

If this option is selected, you must not select Homeless Situation or Institutional Situation

☐ 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, GPD TIP subsidy
☐ Rental by client, VASH subsidy
☐ Perm. Housing (no RRH) for formerly homeless persons
☐ Rental by client w/ RRH or equivalent subsidy
☐ Rental by client w/ HCV voucher (tenant/project based)
☐ Rental by client in a public housing unit
☐ Rental by client, no ongoing housing subsidy
☐ Rental by client, ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy
☐ Owned by client, ongoing housing subsidy

How long have you been in this current **Temp. or Perm. Housing Situation***?*

☐ One night or less
☐ Two to six nights
☐ One week +, but less than a month
☐ One month +, but less than 90 days
☐ 90 + days, but less than one year
☐ One year or longer

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?*

☐ Yes ☐ No

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:

_____/_____/_____

Regardless of where you stayed last night, **how many times** have you been **on the streets or in emergency shelter** in the last 3 years? Select one.

☐ One time ☐ Three times
☐ Two times ☐ Four + times

How many months have you been **on the streets** or in **emergency shelter** in the last 3 years? Select one.

☐ 1 - 12 months (specify): _____
☐ More than 12 months

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: _____/ _____/ _____

Primary Reason for Seeking Assistance

☐ Illness/Injury
☐ Domestic Violence
☐ Hours of Work Cut
☐ House Repairs (Damaged/Destroyed)
☐ ATAP Delays/Sanction
☐ Death in Family
☐ Legal Issues
☐ Unemployed-Less than 60 Days
☐ Unemployed-More than 60 Days
☐ Nonpayment of Child Support
☐ Benefits Interrupted (i.e. SSI or VA)
☐ In Treatment
☐ Low Wages/Fixed Income
☐ Car Trouble/Accident
☐ Loss of Partner/Roommate
☐ Theft Victim
☐ Moved w/in AK with Insufficient Funds
☐ Moved to AK with Insufficient Funds
☐ New Job/Paycheck Delay
☐ Mortgage Foreclosure
☐ Loss of Job
☐ Released from Medical Facility
☐ Released from Jail/Prison
☐ Living with Relative/Friend-Asked to Leave
☐ Substance Abuse
☐ Other (specify): _____

Client Name: _____ DOB: _____/_____/_____

Monthly Income (Check all that apply.)	**Does the client have a source of income?** ☐ Yes ☐ No ☐ Doesn't know ☐ Refused			
If yes, what is the total monthly income? $_____	☐ Alimony/Other spousal support	$	☐ SSDI	$
	☐ VA service connected disability compensation	$	☐ SSI	$
	☐ VA non-service connected disability pension	$	☐ General assistance	$
	☐ Worker's Compensation	$	☐ Unemployment insurance	$
	☐ Retirement income from social security	$	☐ TANF	$
	☐ Pension/Retirement income from another job	$	☐ Child support	$
	☐ Private disability insurance	$	☐ Earned 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): _____	

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 client currently fleeing?	
☐ Within last 3 months	☐ 6-12 months ago	☐ 1+ years ago	☐ Yes	☐ Doesn't know
☐ Doesn't know	☐ Refused		☐ No	☐ Client refused

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: _____

Health Insurance (Check all that apply.)

Is the client covered by health insurance? ☐ Yes ☐ No ☐ Doesn't know ☐ Refused

- ☐ Medicaid
- ☐ Medicare
- ☐ State Children's Health Insurance Program
- ☐ Veteran's Administration Medical Services
- ☐ Employer-Provided Health Insurance
- ☐ Health Insurance through COBRA
- ☐ Private Pay Health Insurance
- ☐ State Health Insurance for Adults
- ☐ Indian Health Services Program
- ☐ Other:_____

Disabling

Does the client have a disabling condition? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Disability Type (Check all that apply.)	Yes	No	Doesn't Know	Refused	If yes, Long-Continued and Indefinite Duration? Yes	No	Doesn't Know	Refused
Alcohol Abuse	☐	☐	☐	☐	☐	☐	☐	☐
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.)

Does the client have any of the following specific disabilities?	Alzheimer's Disease & Related Dementias	Chronic Alcoholism / Substance Use Disorder	Intellectual or Developmental Disabilities	Mental Illness	Traumatic Brain Injuries
	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Primary Alaska Regional Corporation

☐ Not Affiliated

Secondary Alaska Regional Corporation (if applicable):

- ☐ Ahtna Corp.
- ☐ Aleut Corp.
- ☐ Arctic Slope Regional Corp.
- ☐ Bering Straits Native Corp.
- ☐ Bristol Bay Native Corp.
- ☐ Calista Corp.
- ☐ Chugach Alaska Corp.
- ☐ Cook Inlet Regional Corp.
- ☐ Doyon Limited Corp.
- ☐ Koniag Incorp.
- ☐ NANA Regional Corp.
- ☐ Sealaska
- ☐ 13th Regional Corp.
- ☐ Client doesn't know
- ☐ 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: _____/ _____/ _____