

# HMIS Standard Intake Form for VA SSVF projects

Effective 2/1/2022

Intake Date

		/			/		
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Entry Date

		/			/		
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ServicePoint  
(HoH) ID:

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Project Name

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HoH First Name

Middle

--	--

Last

Suffix

Alias

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☐ Full Name Reported

☐ Partial, Street or Code Name

☐ Client doesn't know

☐ Client Refused

Social Security  
Number:

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☐ Full SSN reported

☐ Approx or Partial SSN

☐ Client doesn't know

☐ Client refused

Date of Birth:

		/			/		
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☐ Full DOB  
reported

☐ Approx or Partial DOB

☐ Client doesn't  
know

☐ Client refused

Race (Select all that apply)

☐ American Indian, Alaska Native, or Indigenous

☐ Black, African American, or African

☐ Native Hawaiian or Pacific Islander

☐ Asian

☐ White

☐ Client doesn't know

☐ Client refused

Gender

☐ Female

☐ Male

☐ A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)

☐ Transgender

☐ Questioning

☐ Client doesn't know

☐ Client refused

Ethnicity

☐ Non-Hispanic/Non-Latin(o)(a)(x)

☐ Hispanic/Latin(o)(a)(x)

☐ Client doesn't know

☐ Client refused

Veteran Status

☐ No

☐ Yes

Relationship to Head of Household (Must be an adult)

☐ Self (Head of Household)

☐ HoH's child

☐ HoH's spouse or partner

☐ HoH's other  
relation member

☐ Other: non-relation  
member

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Housing Move-in Date

		/			/		
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## Health Insurance

- ☐ No ☐ Client doesn't know  
☐ Yes (identify source below) ☐ Client

## Source

- ☐ Medicaid ☐ Medicare  
☐ State Children's Health Insurance (KCHIP) ☐ 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: \_\_\_\_\_

## Disability

**Do you have a physical, mental or emotional impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?**

- ☐ No ☐ Yes (indicate type(s) below) ☐ Client doesn't know ☐ Client refused

	Physical <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Chronic Health Condition <input type="checkbox"/>	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	Developmental <input type="checkbox"/>	HIV/AIDS <input type="checkbox"/>
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Income	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (identify source and amounts)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
Source	Amount:
<input type="checkbox"/> Earned income (i.e., employment income)	\$ ____ . 00
<input type="checkbox"/> Unemployment Insurance	\$ ____ . 00
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ ____ . 00
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ ____ . 00
<input type="checkbox"/> Retirement Income from Social Security	\$ ____ . 00
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$ ____ . 00
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$ ____ . 00
<input type="checkbox"/> Worker's Compensation	\$ ____ . 00
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$ ____ . 00
<input type="checkbox"/> General Assistance (GA)	\$ ____ . 00
<input type="checkbox"/> Private disability Insurance	\$ ____ . 00
<input type="checkbox"/> Pension or retirement income from a former job	\$ ____ . 00
<input type="checkbox"/> Child Support	\$ ____ . 00
<input type="checkbox"/> Alimony or other spousal support	\$ ____ . 00
<input type="checkbox"/> Other source: _____	\$ ____ . 00
<b>Total Monthly Income: \$</b>	

Non-Cash Benefits	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (Identify source below)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
Source	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> TANF Child Care services <input type="checkbox"/> TANF transportation services <input type="checkbox"/> Other TANF-funded services <input type="checkbox"/> Other: _____	

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Client's Prior Living Situation - Prior to Project Entry			
(Select one Living Situation and answer the corresponding questions in the order in which they appear)			
Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Other
<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside).  <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher  <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster group home  <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility  <input type="checkbox"/> Jail, prison or juvenile detention facility  <input type="checkbox"/> Long-term care facility or nursing home  <input type="checkbox"/> Psychiatric hospital or other psychiatric facility  <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)?</b>  <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer	<b>Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?</b>  <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer  <b>Did you stay in the institutional situation less than 90 days?</b>  <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<b>Length of Stay in Prior Living Situation (i.e. the housing situation identified above)</b>  <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer  <b>Did you stay in the housing situation less than 7 nights?</b>  <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<input type="checkbox"/> N/A (Complete SECTION IV Below)	<b>On the night before entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?</b>  <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<b>On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?</b>  <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

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On the night <u>before your previous stay</u> , was that on the streets, in an Emergency Shelter, or Safe Haven? <input type="checkbox"/> No <input type="checkbox"/> Yes	Approximate start of homelessness: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Total <u>number of times homeless</u> on the street, in ES, or SH in the past three years <input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Total <u>number of months</u> homeless on the street, in emergency shelter, or SH in the past three years _____										

## Domestic Violence

**Are you, or have you been a survivor of domestic or intimate partner violence?**

☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

**If YES, how long ago did you have this experience?**

☐ Within the past 3 months ☐ 1 year ago or more  
☐ 3 to 6 months ago ☐ 6 months to 1 year ago  
☐ Client doesn't know ☐ Client refused

**If Yes, are you currently fleeing?**

☐ No ☐ Yes  
☐ Client doesn't know ☐ Client refused

## SOAR Connection

**Connection with SOAR**

☐ No ☐ Yes  
☐ Client doesn't know ☐ Client refused

## Education

**What is the highest level of school that you have completed?**

Less than Grade 5 <input type="checkbox"/>	Grade 5-6 <input type="checkbox"/>	Grades 7-8 <input type="checkbox"/>	Grades 9-11 <input type="checkbox"/>
Grade 12 <input type="checkbox"/>	School program does not have grade levels <input type="checkbox"/>	GED <input type="checkbox"/>	Some college <input type="checkbox"/>
Associate degree <input type="checkbox"/>	Bachelor's degree <input type="checkbox"/>	Graduate degree <input type="checkbox"/>	Vocational certification <input type="checkbox"/>
Client doesn't know <input type="checkbox"/>	Client refused <input type="checkbox"/>		

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## Veteran Information

Year entered military service:

			/				/		
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World War II

Korean War

Vietnam War

Persian Gulf War

Afghanistan

Iraq Freedom

Iraq Dawn

Other Peace-keeping Operations or Military Interventions

Year separated from military service:

			/				/		
--	--	--	---	--	--	--	---	--	--

☐ Yes

☐ No

☐ Client refused

☐ Yes

☐ No

☐ Client refused

☐ Yes

☐ No

☐ Client refused

☐ Yes

☐ No

☐ Client refused

☐ Yes

☐ No

☐ Client refused

☐ Yes

☐ No

☐ Client refused

☐ Yes

☐ No

☐ Client refused

☐ Yes

☐ No

☐ Client refused

Branch of the Military

☐ Army

☐ Air Force

☐ Navy

☐ Marines

☐ Coast Guard

☐ Client doesn't know

☐ Client refused

☐ Data not collected

Discharge Status

☐ Honorable

☐ General under honorable conditions

☐ Under other than honorable conditions

☐ Bad Conduct

☐ Dishonorable

☐ Uncharacterized

☐ Client doesn't know

☐ Client refused

☐ Data not collected

Percentage of AMI

☐ Less than 30%

☐ 30% to 50%

☐ Greater than 50%

## Client's Residence/Last Permanent Address

Start Date:

			/				/		
--	--	--	---	--	--	--	---	--	--

End Date:

			/				/		
--	--	--	---	--	--	--	---	--	--

Client's Street Address:

Client's Apartment Number:

County of Residence:

Client's City:

State:

Zip:

Home Phone Number:

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<b>Employed?</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<b>If yes, Type of Employment</b>	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Seasonal/sporadic (including day labor)
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Data not collected
<b>In No, Why not Employed</b>	
<input type="checkbox"/> Looking for work	<input type="checkbox"/> Not looking for work
<input type="checkbox"/> Unable to work	<input type="checkbox"/> Data not collected

<b>VAMC Station Number</b>	
<b>SSVF HP Targeting Criteria</b>	
Is Homelessness Prevention targeting screener required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current housing loss expected within...	<input type="checkbox"/> 0-6 days <input type="checkbox"/> 7-13 days <input type="checkbox"/> 14-21 days <input type="checkbox"/> More than 21 days
Current household income	<input type="checkbox"/> 0-14% of Area Median Income <input type="checkbox"/> 15-30% of AMI for household size <input type="checkbox"/> More than 30% of AMI for household size
History of literal homelessness (street/shelter/transitional housing) (any adult)	<input type="checkbox"/> Most recent episode occurred in the last year <input type="checkbox"/> Most recent episode occurred more than one year ago <input type="checkbox"/> None
Head of Household is not a current leaseholder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head of House (HoH) never been a leaseholder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Evictions within the past 7 years (any adult)	<input type="checkbox"/> No prior rental evictions <input type="checkbox"/> 1 prior rental eviction <input type="checkbox"/> 2 or more rental evictions
History of Literal Homelessness (street/shelter/transitional housing)	<input type="checkbox"/> 4 or more times or total of at least 12 months in past three years <input type="checkbox"/> 2-3 times in past three years <input type="checkbox"/> 1 time in past three years <input type="checkbox"/> None
Criminal record for arson, drug dealing or manufacture of felony offense against person or property (any adult)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incarcerated as adult (any adult in the household)	<input type="checkbox"/> Not incarcerated <input type="checkbox"/> Incarcerated once <input type="checkbox"/> Incarcerated two or more times
Registered sex offender (any household member)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head of Household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently pregnant (any household member)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single parent with minor child(ren)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Household includes one of more young children (age six or under), or a child who requires significant care	<input type="checkbox"/> No <input type="checkbox"/> Youngest child is under one year <input type="checkbox"/> Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care
Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population.	<input type="checkbox"/> Yes <input type="checkbox"/> No
HP applicant total points (integer)	
Grantee targeting threshold score (integer)	

**Staff Completing (Printed Name):**

**Date:**

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