|  |  |  |  |
| --- | --- | --- | --- |
| **Intake Date** | **Entry Date** | | **ServicePoint**  **(HoH) ID:** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| **Project Name**   |  | | --- | |  | | | | |
| **HoH First Name Middle**   |  |  | | --- | --- | |  |  |   **Last Suffix Alias**   |  |  |  | | --- | --- | --- | |  |  |  | | | | |
| Full Name Reported  Partial, Street or Code Name  Client doesn’t know  Client Refused | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |   **Date of Birth:**   * Full DOB reported * Client doesn’t know * Approx or Partial DOB * Client prefers not to answer  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   **Social Security Number:**   * Full SSN reported * Client doesn’t know * Approx or Partial SSN * Client prefers not to answer   d | | | |
| **Race and Ethnicity (Select all that apply)** | | | |
| American Indian, Alaska Native, or Indigenous  Native Hawaiian or Pacific Islander  Asian or Asian American  White  Black, African American, or African  Client doesn’t know  Hispanic/Latina/e/o  Client prefers not to answer  Middle Eastern or North African  Additional Race and Ethnicity detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Gender (Select all that apply)** | | | |
| Woman (Girl, if child)  Questioning  Man (Boy, if child)  Different Identity  Culturally Specific Identity (e.g., Two-Spirit)  Client doesn’t know  Transgender  Client prefers not to answer  Non-Binary  If Different Identity, Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Veteran Status** | | **Relationship to Head of Household (Must be an adult)** | |
| No  Yes | | Self (Head of Household)  HoH’s child  HoH’s spouse or partner  HoH’s other  Other: non-relation  relation member member | |
| **Housing Move-in Date** | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | |

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| **Health Insurance** |
| No  Client doesn’t know  Yes (identify source below)  Client prefers not to answer |
| **Source:** |
| Medicaid  Medicare  State Children’s Health Insurance (KCHIP)  Veteran’s Health Administration (VHA)  Employer-Provided Health Insurance  Health Insurance obtained through COBRA  Private Pay Health Insurance  State Health Insurance for Adults  Indian Health Services Program  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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 prefers not to answer | | | | | | |
|  | | | | | | |
|  | **Physical** | **Mental Health** | **Chronic Health Condition** | **Alcohol**  **Drugs**  **Both** | **Developmental** | **HIV/AIDS** |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

**🛑 \*\*IF CLIENT IS A MINOR WHO IS NOT HEAD OF HOUSEHOLD STOP DATA ENTRY HERE\*\***

|  |  |
| --- | --- |
| **Income** | |
| No/None at all  Yes (identify source and amounts)  Client doesn’t know  Client prefers not to answer | |
| **Source:** | **Amount:** |
| Earned income (i.e., employment income) | $ . 00 |
| Unemployment Insurance | $ . 00 |
| Supplemental Security Income (SSI) | $ . 00 |
| Social Security Disability Income (SSDI) | $ . 00 |
| Retirement Income from Social Security | $ . 00 |
| VA Service-Connected Disability Compensation | $ . 00 |
| VA Non-Service-Connected Disability Pension | $ . 00 |
| Worker’s Compensation | $ . 00 |
| Temporary Assistance for Needy Families (TANF) | $ . 00 |
| General Assistance (GA) | $ . 00 |
| Private disability Insurance | $ . 00 |
| Pension or retirement income from a former job | $ . 00 |
| Child Support | $ . 00 |
| Alimony or other spousal support | $ . 00 |
| Other source: | $ . 00 |
| **Total Monthly Income:** | **$** |

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| --- |
| **Non-Cash Benefits** |
| No/None at all  Yes (Identify source below)  Client doesn’t know  Client prefers not to answer |
| **Source:** |
| Supplemental Nutrition Assistance Program (SNAP)  Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)  TANF Child Care services  TANF transportation services  Other TANF-funded services  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Domestic Violence** |
| **Are you, or have you been a survivor of domestic or intimate partner violence?**  No  Yes  Client doesn’t know  Client prefers not to answer |
| **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 prefers not to answer |
| **If Yes, are you currently fleeing?**  No  Yes  Client doesn’t know  Client prefers not to answer |

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| --- | --- |
| **Foster Care** | **Zip Code of Last Permanent Address** |
| Yes  No | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |

**Staff Completing (Printed Name): Date:**

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