

Program-Specific Intake Form

(08/14/2009)

Please answer all questions. Fill out one form for each family member at program entry.

*INTAKE DATE: ____/____/____ *EXIT DATE: ____/____/____ *PROGRAM NAME/GRANT: _____
 REFERRED BY (choose one) Self Agency (Name) _____
 *SHELTER BED _____ PRIMARY WORKER _____

GENERAL INFORMATION

First Name: _____ Middle Name: _____ *Last Name: _____ Suffix: _____

*Are You the Head of Household? Yes No
 If No, Name of Head of Household _____ Relationship _____

Alias Name (if applicable): _____
 Ever Received Services Under Different Name: Yes No Don't Know Refused
 If Yes, then provide: First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

*Date of Birth (mm/dd/yyyy): ____ / ____ / ____ Don't Know Refused

*Social Security #: ____ - ____ - ____
 *SSN Data Quality: Full SSN Partial SSN Don't Know/Don't Have Refused

***GENDER**
 Male
 Female
 Trans-Male
 Trans-Female

***ETHNICITY**
 Hispanic/Latino
 Non-Hispanic/Non-Latino

*** RACE (choose all that apply):**
 American Indian or Alaskan Native
 Black or African-American
 White
 Asian
 Native Hawaiian/Other Pacific Islander
 Refused

***LAST PERMANENT ADDRESS**
 *ZIP CODE _____
 City/Town _____
 Township _____
 Date Left / ____ / ____

***ZIP CODE DATA QUALITY**
 Full Zip Code Recorded
 Don't Know
 Refused

***LENGTH OF STAY AT PREVIOUS RESIDENCE**
 <=1 week
 > 1Week and < 1 Month
 1 to 3 Months
 > 3 Months and < 1 Year

***MARITAL STATUS**
 Single
 Married
 Common Law
 Divorced
 Separated
 Remarried
 Widow(er)

***INDIVIDUAL FAMILY TYPE**
 Individual Male
 Individual Female
 Individual Male - Youth (<18)
 Individual Female - Youth (<18)
 Single Parent Family – Male Head
 Single Parent Family – Female Head
 Single Parent Family – Youth Head
 Two Parent Family - Adult
 Two Parent Family - Youth
 Adult Couple without Children

***NUMBER OF CHILDREN:**

CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5	CHILD 6
<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male
<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female
AGE	AGE	AGE	AGE	AGE	AGE
<input type="checkbox"/> Under 1	<input type="checkbox"/> Under 1	<input type="checkbox"/> Under 1	<input type="checkbox"/> Under 1	<input type="checkbox"/> Under 1	<input type="checkbox"/> Under 1
<input type="checkbox"/> 1 – 5	<input type="checkbox"/> 1 – 5	<input type="checkbox"/> 1 – 5	<input type="checkbox"/> 1 – 5	<input type="checkbox"/> 1 – 5	<input type="checkbox"/> 1 – 5
<input type="checkbox"/> 6 – 12	<input type="checkbox"/> 6 – 12	<input type="checkbox"/> 6 – 12	<input type="checkbox"/> 6 – 12	<input type="checkbox"/> 6 – 12	<input type="checkbox"/> 6 – 12
<input type="checkbox"/> 13 – 17	<input type="checkbox"/> 13 – 17	<input type="checkbox"/> 13 – 17	<input type="checkbox"/> 13 – 17	<input type="checkbox"/> 13 – 17	<input type="checkbox"/> 13 – 17

***DISABLING CONDITION**
 Yes (not specified)
 No
 Don't Know
 Refused
 Yes, Developmental Disability
 Yes, Serious Mental Illness
 Yes, Chronic Physical Illness or Disability
 Yes, Diagnosable Substance Use Disorder

GENERAL HEALTH RATING
 Excellent
 Very Good
 Good
 Fair
 Poor
 Don't Know
 Refuse

CURRENTLY PREGNANT?
 Yes
 No
 Don't Know
 Not Applicable
 Refused

Due Date (mm/dd/yyyy): ____/____/____

***U.S. MILITARY VETERAN:**
 Yes
 No
 Don't Know
 Refused

HOMELESS INTAKE

***WHERE DID YOU STAY LAST NIGHT** (choose one):

- | | |
|---|---|
| <input type="checkbox"/> Apartment or House that You Own | <input type="checkbox"/> Outside Anywhere |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Car or Other Vehicle | <input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Room, Apartment, or House that you Rent |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Staying or Living in a Family Member's Room, Apartment or House |
| <input type="checkbox"/> Foster Care Home or Foster Care Group Home | <input type="checkbox"/> Staying or Living in a Friend's Room, Apartment, or House |
| <input type="checkbox"/> Hospital (Non-Psychiatric) | <input type="checkbox"/> Subsidized Housing |
| <input type="checkbox"/> Hotel or Motel Paid for with a Voucher | <input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center |
| <input type="checkbox"/> Hotel or Motel Paid for without a Voucher | <input type="checkbox"/> Transitional Housing for Homeless Persons |
| <input type="checkbox"/> Jail | <input type="checkbox"/> Transportation Site or Station |
| <input type="checkbox"/> Juvenile Detention Facility | <input type="checkbox"/> Domestic Violence Situation |
| <input type="checkbox"/> Living with Family or Friends | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> On the Street / Under a Bridge, etc. | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Other _____ | |

***HOMELESS CAUSE**

- | | |
|--|--|
| <input type="checkbox"/> Benefits Loss/Reduction | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Job Income Loss/Reduction | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Asked to Leave a Shared Residence |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Drug/Alcohol Abuse |
| <input type="checkbox"/> Release from Jail/Prison | <input type="checkbox"/> Other |
| <input type="checkbox"/> Release from Hospital | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Release from Psych Facility | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Not Currently Homeless |

***HOMELESS STATUS**

- At Risk
 Homeless (HUD Defined)
 Not Currently Homeless
 Precariously Housed

If You Are Currently Housed, Are You Being Evicted Within 7 Days?

- Yes No Don't Know Refused

***HOW LONG HAVE YOU STAYED AT THE PLACE YOU SPENT LAST NIGHT?** (choose one):

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> 1 week or less | <input type="checkbox"/> More than 3 months, less than 6 months | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> More than 1 week, less than 1 month | <input type="checkbox"/> More than 6 months, less than 1 year | <input type="checkbox"/> Refused |
| <input type="checkbox"/> 1 month to 3 months | <input type="checkbox"/> 1 year or longer | |

***EPISODES OF HOMELESSNESS IN PAST 3 YEARS** (including this time):

- | | |
|-------------------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 10 or more | |

***TOTAL NUMBER OF TIMES HOMELESS** (including this time):

- | | |
|-------------------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 10 or more | |

EMPLOYMENT (for Adults (Age 18+) and Unaccompanied Minors)

Currently Employed: Yes No Don't Know Not Applicable Refused Child is a Minor

How Many Hours Worked Last Week: _____

Type of Work: Permanent Temporary Seasonal Contract-Based

If not currently employed:

Looking for work?: Yes No Don't Know Not Applicable Refused

INCOME & BENEFITS

Income From Work & Other Sources (for All):

Received Income From Work Last Month (Earned Income): Yes No Don't Know Refused

Income From Work in Dollars: \$ _____

Received Income From Other Sources in Past Month (30 Days):				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
1) Unemployment Insurance:	\$ _____	9) Retirement from Social Security:	\$ _____				
2) Supplemental Security Income (SSI):	\$ _____	10) Veteran's Pension:	\$ _____				
3) Social Security Disability Income (SSDI):	\$ _____	11) Pension from Former Job:	\$ _____				
4) Veteran's Disability Payment:	\$ _____	12) Child Support:	\$ _____				
5) Private Disability Insurance:	\$ _____	13) Alimony/Other Spousal Support:	\$ _____				
6) Worker's Compensation:	\$ _____	14) Aid to the Needy and Disabled (AND):	\$ _____				
7) Temporary Assistance for Needy Families (TANF):	\$ _____	15) Old Age Pension (OAP)	\$ _____				
8) General Assistance (GA):	\$ _____	16) Other Sources: If Other: Describe _____	\$ _____				

Non-Cash Benefits (for Adults and Unaccompanied Minors):							
	Eligible	Application Submitted	Currently Receiving	Past Recipient	Not Receiving	Don't Know	Refused
Food Stamps or Money Benefits Card:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps Amount: \$ _____							
MEDICAID Health Insurance Program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICARE Health Insurance Program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Children's Health Insurance Program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women Infants Children (WIC):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's VA Medical Services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF Child Care Services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF Transportation Services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF (Other TANF-funded Services):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance, Section 8, Housing Vouchers: (Through What Agency? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Benefit Sources: (Through What Agency? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

In School or Training Currently:

Yes
 No
 Don't Know
 Not Applicable
 Refused

Received Vocational Training or Apprenticeship Certificate?

Yes
 No

Highest Level of Education Completed (choose one):

No Schooling
 Less Than 4th Grade
 4th Grade
 5th or 6th Grade
 7th or 8th Grade
 9th Grade
 10th Grade
 11th Grade
 12th Grade – No Diploma
 GED
 Post Secondary School

Post-Secondary Degree

Bachelors
 Masters
 Doctorate
 Other graduate/professional degree

DOMESTIC ABUSE (for Adults (Age 18+) and Unaccompanied Minors)

Experienced Abuse: Current In the Past No Don't Know Refused

If Current or Past, How Recent?:

Immediately prior to contact
 24 - 48 hours ago
 Last week

Last month
 Past 3 months
 3 - 6 months

6 -12 months
 More than 1 year

Don't Know
 Refused