

**Date of Assessment: \*\*\*will correlate to "back date" in HMIS: \_\_\_/\_\_\_/\_\_\_**

## Emergency Shelter and Street Outreach Intake for Nashville Davidson County's HMIS

This form was created as a resource for data collection in HMIS. This form also meets the compliance requirement listed as "intake form" in the ESG RFA.

\*\*\*HUD views the following answers as data quality errors and should be avoided if possible, only use these answers if this is how the client reports: Client Doesn't Know, Client Refused, Data Not Collected, Other

### Section (1): Complete for All Household Members (Adults & Minors)

#### CLIENT INFORMATION

**Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Name Data Quality:** Full Name Reported \_\_\_ Partial, Street, or Code Name Reported \_\_\_ Client doesn't know \_\_\_ Client refused \_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **SSN Data Quality:** Full SSN Reported \_\_\_ Approximate or Partial SSN Reported \_\_\_ Client doesn't know \_\_\_ Client refused \_\_\_

**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-related) member \_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Date of Birth Type:** Full DOB Reported \_\_\_ Approximate or Partial DOB Reported \_\_\_ Client doesn't know \_\_\_ Client refused \_\_\_

**Primary Race:** \_\_\_\_\_ **Secondary Race (if reported):** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_ Non-Hispanic/non-Latino \_\_\_ Hispanic/Latino \_\_\_ Client doesn't Know \_\_\_ Client Refused \_\_\_

**Gender:** \_\_\_\_\_

#### DISABILITY INFORMATION

**Does client have a disabling condition?** Yes \_\_\_ No \_\_\_ Client doesn't know \_\_\_ Client refused \_\_\_

**Disability Type:** Alcohol Abuse \_\_\_ Drug Abuse \_\_\_ Mental Health Problem \_\_\_ Chronic Health Condition \_\_\_ Physical \_\_\_ Developmental \_\_\_ HIV/AIDS \_\_\_

**Disability Determination:** Yes \_\_\_ No \_\_\_ Client doesn't know \_\_\_ Client refused \_\_\_

If yes, expected to be of long-continued indefinite duration and substantially impairs ability to live independently?  
\_\_\_\_\_

#### HEALTH INSURANCE INFORMATION

**Covered by Health Insurance?** Yes \_\_\_ No \_\_\_ Client doesn't know \_\_\_ Client Refused \_\_\_

**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 \_\_\_

### Section (2): Complete for all adults (including Head of Household)

Client Location: TN-504 for Davidson County

HOMELESS HISTORY QUESTIONS

Prior Living Situation (where they stayed the night before intake) \_\_\_\_\_

Length of stay in previous place \_\_\_\_\_

Approximate date homelessness started: \_\_\_\_/\_\_\_\_/\_\_\_\_

Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today: One time \_\_\_\_ Two times \_\_\_\_ Three times \_\_\_\_ Four or more times \_\_\_\_ Client Refused \_\_\_\_ Client doesn't know \_\_\_\_

Total number of months homeless on the street, in ES or SH in the past three years (round UP to the next month)

\_\_\_\_\_

INCOME INFORMATION

Total Monthly Income: \*\* Put minor child's income ONLY on Head of Household record. Each adult in household should have income recorded in their individual record. \_\_\_\_\_

Income from any source: Yes \_\_\_\_ No \_\_\_\_ Client doesn't know \_\_\_\_ Client refused \_\_\_\_

If yes to cash income, please describe:

Monthly Amount \_\_\_\_\_ Source of Income \_\_\_\_\_

Non-Cash INFORMATION

Non-Cash Benefit from any source? Yes \_\_\_\_ No \_\_\_\_ Client doesn't know \_\_\_\_ Client refused \_\_\_\_

If yes to non-cash benefit, please describe:

Amount of Non-Cash Benefit \_\_\_\_\_ Receiving Benefit? Yes \_\_\_\_ No \_\_\_\_

Source of Non-Cash Benefit: Supplemental Nutrition Assistance Program (Food Stamps) \_\_\_\_ Special Supplemental Nutrition Program for WIC \_\_\_\_ TANF Child Care Services \_\_\_\_ TANF Transportation Services \_\_\_\_ Other TANF-Funded Services \_\_\_\_ Other Source \_\_\_\_

Other (Please Specify) \_\_\_\_\_

Domestic Violence History

Is Client a Survivor of Domestic Violence? \_\_\_\_\_

If yes for Domestic Violence Victim/Survivor, when did experience occur? \_\_\_\_\_

If Yes for Domestic Violence Victim/Survivor, are you currently fleeing? \_\_\_\_\_

If client is currently fleeing domestic violence and the household in in danger, please discuss a safety plan.

Current Living Situation: \*\*\*This question is to be updated every time a case manager interacts with the client.\*\*\*

Current living situation:

Is the client going to have to leave their living situation within 14 days? \_\_\_\_\_

If yes to client leaving situation within 14 days answer the following questions:

Has a subsequent residence been identified? \_\_\_\_\_

Does individual or family have resources or support networks to obtain permanent housing? \_\_\_\_\_

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? \_\_\_\_\_

Has the client moved 2 or more times in the last 60 days? \_\_\_\_\_

Location details:

**Date of Engagement** (This date indicates when a client “engages” in project services after one or more contacts with a SO or ES worker. You may have multiple contacts with a client before you fill this question out. In some cases, if a client never truly engages in services you will not fill this out): \_\_\_\_\_