Nashville HMIS Intake Form

[ENTRY ASSESSMENTS FOR ADULTS]

Complete form (pages 1-3) for each adult listed on Section 8 application.

1. **Name**: _____ **2. Social Security #**: _____

3. **Birth Date**: _____ **4. Relationship to Head of Household:** _____

5. **What is your gender?**

☐ Male ☐ Transgender Male (FTM) ☐ Gender non-conforming (not exclusively male or female)

☐ Female ☐ Transgender Female (MTF)

6. **What is your race? You may choose more than one**.

☐ American Indian/Alaskan Native ☐ Black/African-American ☐ White

☐ Asian ☐ Native Hawaiian/Pacific Islander

7. **Are you of Hispanic or Latino origin?**

☐ Yes ☐ No

8. **Are you a veteran?**

☐ Yes ☐ No

9. **Do you have a disabling condition?**

☐ Yes ☐ No

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

☐ Yes ☐ No

10. **Disability Type (check all that apply):**

☐ Alcohol abuse ☐ HIV/AIDS ☐ Mental health problem ☐ Physical disability

☐ Chronic health condition ☐ Drug abuse ☐ Developmental disability

11. **Do you have health insurance? Check all that apply.**

☐ Medicaid ☐ VA Medical Services ☐ Health Insurance obtained through COBRA

☐ Medicare ☐ Employer provided health insurance ☐ Indian Health Services Program

☐ State Health Insurance for Adults ☐ Private pay health insurance ☐ Other (specify): _____

12. **Non-Cash monthly benefits from any source? Check all that apply.**

☐ Supplemental Nutrition Assistance Program (**SNAP**) (Food Stamps) *amount:* $_____ ☐ Special Supplemental Nutrition Program for WIC ☐ Other (specify: _____)

☐ TANF child care services ☐ TANF transportation services ☐ Other TANF-funded services

13. Are you a domestic violence survivor?

☐ Yes ☐ No

If yes, when did it occur?

☐ Within the past three months

☐ Three to six months ago

☐ Six months to a year ago

☐ One year ago or more

If yes, are you currently fleeing?

☐ Yes ☐ No

14. Residence Prior to Project Entry: Where did you stay last night? (check only one box):

HOMELESS SITUATION	INSTITUTIONAL SITUATION	TRANSITIONAL OR PERMANENT HOUSING SITUATION
☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, or anywhere outside)	☐ Jail, prison, or juvenile detention facility	☐ Rental by client with VASH subsidy
☐ Emergency shelter, including hotel or motel paid for **with** an emergency shelter voucher	☐ Long-term care facility or nursing home	☐ Rental by client with GPD TIP subsidy
☐ Safe Haven (this is a type of emergency shelter bed - **not** Safe Haven Family Shelter)	☐ Substance abuse treatment or detox center	☐ Owned by client, **no** ongoing housing subsidy
	☐ Foster care home or foster care group home	☐ Rental by client, **no** ongoing housing subsidy
	☐ Psychiatric Hospital or other psychiatric facility	☐ Rental by client **with** other ongoing housing subsidy
	☐ Hospital or other residential non-psychiatric medical facility	☐ Owned by client **with** ongoing housing subsidy
		☐ Permanent housing for formerly homeless person
		☐ Staying or living in a friend's room, apartment, or house
		☐ Hotel or motel paid for **without** emergency shelter voucher
		☐ Residential project or halfway house with no homeless criteria
		☐ Staying or living in a family member's room, apartment, or house

15. How long did you stay there?

☐ One night or less ☐ One week or more, but less than one month ☐ 90 days or more, but less than one year

☐ Two to six nights ☐ One month or more, but less than 90 days ☐ One year or longer

X_____ signature of applicant stating that all information is true and correct

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[ENTRY ASSESSMENTS FOR ADULTS]

If you selected a **Homeless Situation** for question 14:	If you selected an **Institutional Situation** for question 14:	If you selected a **Transitional or Permanent Housing Situation** for question 14:
What was the approximate date your homelessness started? ____/____/_____ **How many times** have you been on the streets, in an emergency shelter, or Safe Haven (this is a type of emergency shelter bed – not Safe Haven Family Shelter) in the past three years? _____ **Total number of months** on the streets, in an emergency shelter, or Safe Haven (this is a type of emergency shelter bed – not Safe Haven Family Shelter) in the past three years, including today? _____	Did you stay there less than **90 days**? ☐Yes ☐No **If YES, answer the following questions:** On the **night before that situation,** did you stay on the streets, in an emergency shelter, or Safe Haven (this is a type of emergency shelter bed – not Safe Haven Family Shelter) ☐ Yes ☐No What was the approximate date your homelessness started? ____/____/_____ **Regardless of where you stayed last night, how many times** (episodes) have you been on the streets, in an emergency shelter, or Safe Haven (this is a type of emergency shelter bed – not Safe Haven Family Shelter) in the past three years? _____ **Total number of months** on the streets, in an emergency shelter, or Safe Haven (this is a type of emergency shelter bed – not Safe Haven Family Shelter) in the past three years, including today? _____	Did you stay there less than **7 nights**? ☐ Yes ☐No **If YES, answer the following questions:** On the **night before that situation,** did you stay on the streets, in an emergency shelter, or Safe Haven (this is a type of emergency shelter bed – not Safe Haven Family Shelter) ☐ Yes ☐No What was the approximate date your homelessness started? ____/____/_____ **Regardless of where you stayed last night, how many times** (episodes) have you been on the streets, in an emergency shelter, or Safe Haven (this is a type of emergency shelter bed – not Safe Haven Family Shelter) in the past three years? _____ **Total number of months** on the streets, in an emergency shelter, or Safe Haven (this is a type of emergency shelter bed – not Safe Haven Family Shelter) in the past three years, including today? _____

16. Total gross income from any source: $_____

Monthly income amount from each source:

$_____Earned income (employment)

$_____Unemployment insurance

$_____SSI (Supplementary Security Income)

$_____SSDI (Social Security Disability Income)

$_____VA service-connected disability

$_____VA **non**-service connected disability

$_____Child support

$_____Private disability insurance

$_____Workers compensation

$_____TANF (Temporary Assistance for Needy Families)

$_____Retirement Income from Social Security

$_____General Assistance (GA)

$_____Pension or retirement from a former job

$_____Alimony and other spousal support

$_____Other (please specify: _____)

X_____ signature of applicant stating that all information is true and correct

Complete page 4 for children included in Section 8 application.

Please list information about all dependent children (under 18 years old) in your household:

First Name	Last Name	Social Security Number	Gender	Hispanic/ Latino?	Race (can check more than one)	Health Insurance	Disabling Condition (can check more than one)
			☐ Male ☐ Female ☐ Trans Male (FTM) ☐ Trans Female (MTF) ☐ Gender non-conforming	☐ Yes ☐ No	☐ American Indian/ Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Islander ☐ White	☐ Yes Type: ___________ ☐ No	☐ Alcohol abuse ☐ Chronic health condition ☐ HIV/AIDS ☐ Drug abuse ☐ Mental health problem ☐ Developmental disability ☐ Physical health problem
			☐ Male ☐ Female ☐ Trans Male (FTM) ☐ Trans Female (MTF) ☐ Gender non-conforming	☐ Yes ☐ No	☐ American Indian/ Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Islander ☐ White	☐ Yes Type: ___________ ☐ No	☐ Alcohol abuse ☐ Chronic health condition ☐ HIV/AIDS ☐ Drug abuse ☐ Mental health problem ☐ Developmental disability ☐ Physical health problem
			☐ Male ☐ Female ☐ Trans Male (FTM) ☐ Trans Female (MTF) ☐ Gender non-conforming	☐ Yes ☐ No	☐ American Indian/ Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Islander ☐ White	☐ Yes Type: ___________ ☐ No	☐ Alcohol abuse ☐ Chronic health condition ☐ HIV/AIDS ☐ Drug abuse ☐ Mental health problem ☐ Developmental disability ☐ Physical health problem
			☐ Male ☐ Female ☐ Trans Male (FTM) ☐ Trans Female (MTF) ☐ Gender non-conforming	☐ Yes ☐ No	☐ American Indian/ Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Islander ☐ White	☐ Yes Type: ___________ ☐ No	☐ Alcohol abuse ☐ Chronic health condition ☐ HIV/AIDS ☐ Drug abuse ☐ Mental health problem ☐ Developmental disability ☐ Physical health problem
			☐ Male ☐ Female ☐ Trans Male (FTM) ☐ Trans Female (MTF) ☐ Gender non-conforming	☐ Yes ☐ No	☐ American Indian/ Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Islander ☐ White	☐ Yes Type: ___________ ☐ No	☐ Alcohol abuse ☐ Chronic health condition ☐ HIV/AIDS ☐ Drug abuse ☐ Mental health problem ☐ Developmental disability ☐ Physical health problem

X______________________________ signature of applicant stating that all information is true and correct