

HMIS/Cap60 Form

Date of Intake: _____

Name: _____

SS #: _____

DOB: _____

Current address: _____

Phone number: _____ Message number _____

Gender: M F Head of Household: Y N Marital Status: _____

Residence Type: 1-3 4+ Homeless RV

Family Type: Extended Grandparents raising kids Single Parent/Female

Single Parent/Male Single Person 2 or more adults/no kids

Two Parent Household

Military Branch _____ Years _____ to _____

Disabled: Y N

Veteran: Y N

Education Level: _____ Interested in GED information?: _____

Ethnicity: Hispanic Latino Non-Hispanic Latino Don't know Refused

Race: White Asian Black/African American Native/Hawaiian/Pacific Islander

US Indian/Alaskan Native Don't Know Refused

Income: Y N

If Yes, Type: _____ Amount: \$ _____ Child Support: \$ _____

Non Cash Benefits: Food Stamps Medicaid (state) Medicare

Food Stamps Amount: _____ TANF Amount: _____

VA Medical Private TANF Child Care TANF Transportation WIC

Section 8/Rental Assistance None Don't Know Refused Applied? _____

Housing Status: Literally Homeless At imminent risk Stably housed Refused

Where did you sleep last night? _____

How long in current living situation? _____

Prior living situation? _____

How many times homeless in the past three years? _____

How many months combined? _____

Currently Employed: Y N

If yes, where? _____ **How Long:** _____

If not, Looking?: Y N

If Previously employed, For how long? _____

DISABILITY INFO FOR HMIS CLIENTS ONLY

Answers: Yes No Don't know Refused

Physical Disab: Y N

Long term?: _____

Mental Health: Y N

Long term?: _____

Comprehensive?: _____

Substance abuse: Y N

Long term?: _____

Drugs Alcohol Both

Are you interested in a program that provides **substance abuse** services or addiction treatment services? Y N

Chronic health condition: Y N

Long term?: _____

Developmental Disability: Y N

Long term?: _____

Live indepently?: _____

Domestic Violence: _____

Fleeing? Y N

Last Occurrence? _____

Are you interested in services specifically geared towards **domestic violence** survivors OR do you need a confidential location to stay? Y N

Do you have any felonies? (STAR) Y N

Inpatient treatment for substance abuse or mental health issues? (HARPS) Y N