www.hhccny.org
hhc@unitedway-cny.org
facebook.com/hhccny
@hhcofcny

FY2024 Emergency Shelter Intake Form (Complete this form for ALL adults)

Client Name: _____ HMIS Client ID#: _____ (optional)
Project Start Date: _____ **ROI Signed?** Yes ____ No ____
For fields in Italics, Check HMIS prior to intake and confirm that the information in HMIS is present and accurate
SS#: _ _ _ - _ _ - _ _ _ _ ***DOB***___/___/_____ ***Veteran?*** Yes ____ No_____

Race and Ethnicity: (Select as many as client identifies)
____ American Indian/ Alaska Native or Indigenous
____ Asian or Asian American
____ Black, African American, or African
____ Hispanic/Latina/e/o
____ Middle Eastern or North African
____ Native Hawaiian or Pacific Islander
____ White
Additional Race and Ethnicity Detail: _____

Gender: (Select as many as client identifies)
____ Woman (Girl, if child)
____ Man (Boy, If child)
____ Culturally Specific Identity (e.g., Two-Spirit)
____ Transgender (clients who live or identify with a transgender history, experience, or identity)
____ Non-Binary
____ Questioning (Unsure, may be exploring, or may not relate to or identify with a gender identity at this time)
____ Different Identity; **Please Specify**: _____

Relationship to Head of Household:
____ Self (Head of Household)
____ Head of Household's Child
____ Head of Household's Spouse/ Partner
____ Head of Household's Other Relation Member (other relation to head of household)
____ Other: Non-Relation Member

***Head of Household Only: Enrollment CoC*:** **____ NY-505 (Onondaga/ Cayuga/ Oswego counties)**
____ NY-510 (Ithaca/ Tompkins County)

The following questions should be asked and updated for every new entry into shelter:

Disabling Condition:
Do you have a DISABILITY? ____Yes ____ No
For each disability, check "LCI" if it is expected to be of long, continued, and indefinite duration that substantially impairs the individual's ability to live independently and is of such a nature that such ability could be improved by more suitable housing conditions.

www.hhccny.org
hhc@unitedway-cny.org
facebook.com/hhccny
@hhcofcny

Disability Type:

__Yes __LCI **Alcohol Use Disorder** __Yes__LCI **BOTH Alcohol & Drug Use Disorder** __Yes__LCI **Drug Use Disorder**
__Yes__LCI **Chronic Health Condition** __Yes__LCI **Developmental** _____ **HIV/AIDS**
__Yes__LCI **Mental Health Disorder** __Yes__LCI **Physical Health**

Medical Insurance:

Do you have Health Insurance/ Medical Assistance? ____Yes ____ No

Source of Health Insurance/ Medical Assistance:

_____ Medicaid _____ Medicare
_____ State Children's Health Insurance Program
_____ Employer – Provided Health Insurance
_____ State Health Insurance for Adults
_____ Other
_____ Veteran's Health Administration (VHA)
_____ Health Insurance obtained through COBRA
_____ Indian Health Services Program

Medicaid ID# _____

Medicaid Insurance Company: ____ Total Care ____ Blue Cross Blue Shield ____ Fidelis
____ United Healthcare ____ Molina Healthcare

Residence Prior to Project Entry (Where did you sleep last night?)

Homeless Situations:

____ Place not meant for human habitation
____ Emergency shelter, including hotel or motel paid for with emergency shelter voucher

Institutional Situations:

____ Foster care home/foster care group home
____ Hospital or other residential non-psychiatric medical facility
____ Jail, prison, or juvenile detention facility
____ Long-term care facility or nursing home
____ Psychiatric hospital or other psychiatric facility
____ Substance abuse treatment facility/detox center

Temporary Housing Situations:

____ Transitional housing for homeless persons (including homeless youth)
____ Residential project or halfway house with no homeless criteria
____ Hotel or motel paid without emergency voucher
____ Host Home (non-crisis)
____ Staying in family member's room/apartment/house
____ Staying in friend's room/apartment/house

Permanent Housing Situations:

____ Owned by client, no on-going housing subsidy
____ Owned by client, with on-going housing subsidy
____ Rental by client, no ongoing housing subsidy
____ Rental by client, with ongoing subsidy (*If you choose this answer, name the Rental Subsidy Type below*)
____ GPD TIP housing subsidy
____ VASH housing subsidy
____ RRH or equivalent

www.hhccny.org
hhc@unitedway-cny.org
facebook.com/hhccny
@hhcofcny

____ HCV voucher (tenant or project based)(not dedicated)
____ Public housing unit
____ Rental by client, with other ongoing housing subsidy
____ Housing Stability Voucher
____ Family Unification Program Voucher (FUP)
____ Foster Youth to Independence Initiative (FYI)
____ Permanent Supportive Housing
____ other permanent housing dedicated for formerly homeless persons

Homeless Situation Questions:

Length of Stay in Previous Place:

____ One day or less ____ Two days to one week ____ More than one week, less than one month
____ One to three months ____ More than three months, less than one year ____ One year or longer

Approximate Date Homelessness Started: ____/____/_____

Have the client look back to the date of the last time the client had a place to sleep that was not on the streets or ES. Remember that "the streets" is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground). Including the situation the client was in right before entering, plus any continuous time moving around between the streets, an emergency shelter, or a safe haven, determine the date this period of the client's "literal" homelessness began. The look back time would not be broken by a stay of less than 7 consecutive nights in any permanent or temporary housing situation nor would it be broken by an institutional stay of less than 90 days (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility). Approximations are permitted.

# of times (episodes) on streets or in ES in 3 years: ___1 ___2 ___3 ___4 or more

Including today, count all the different times the client was on the streets, in an emergency shelter in the last 3 years where there are full breaks in between (i.e., breaks that are 90 days or more in an institution or 7 nights or more in permanent or transitional housing).

Total number of months homeless on the street, in ES in the past 3 years: _____ Months

Count the cumulative number of months in which a person was on the streets or in an ES in the last 3 years, including stays in an institution less than 90 days or in permanent or transitional housing less than 7 days. Round the number of months up to the next highest number of full months. The current month, even if a partial month, can be counted as a full month.

Zip Code of Last Permanent Address: _____

Income:

Do you have income? ____Yes ____ No **Total Monthly Income** $_____

Income Source and amount: (Ask about each source individually and please write in the monthly amount below for each source)

$_____ Alimony/ Spousal Support
$_____ Child Support
$_____ Earned Income
$_____ General Assistance
$_____ Pension or retirement income from another job
$_____ Private Disability Insurance
$_____ Retirement Income from Social Security
$_____ Social Security Disability Income (SSDI)
$_____ Social Security Income (SSI)
$_____ Temporary Assist for Needy Families TANF
$_____ Unemployment Insurance
$_____ VA Non-Service-Connected Disability Pension
$_____ VA Service-Connected Disability Compensation
$_____ Worker's Compensation
$_____ Other

www.hhccny.org
hhc@unitedway-cny.org
facebook.com/hhccny
@hhcofcny

Non-Cash Benefits:

Do you have Non-Cash Benefits? ____Yes ____ No

Source of Non-Cash Benefits:

_____ Supplemental Nutrition Assistance Program (SNAP) (HUD) (Previously known as Food Stamps)
_____ Special supplemental Nutrition Program for (WIC) (HUD)
_____ TANF Child Care Services (HUD)
_____ TANF Transportation Services (HUD)
_____ Other TANF-Funded Services (HUD);
_____ If "Other" Specify: _____

Are you a Survivor of Domestic Violence? ____Yes ____ No

If yes, when did it last occur: ____ Within the past 3 months ____ 3 to 6 months ____ 6 to 12 months
____ More than 12 months ____ Refused

Are you currently fleeing? ____Yes ____ No

Translation Assistance Needed:

__ No
__ Yes

***If yes, Preferred Language*:**

__AfriKaans	__ Arabic	__Armenian	__Bangali	__Cantonese	__Chinese
__French	__French Creole	__German	__Greek	__Gujarati	__Haitian Creole
__Hebrew	__Hindi	__Hmong	__Italian	__Japanese	__Karen
__Korean	__Mandarin	__Panjabi	__Persian	__Polish	__Portuguese
__Russian	__Serbian	__Somali	__Spanish	__Swahili	__Tagalog
__Telugu	__Tigrigna	__Urdu	__Vietnamese	__Yiddish	

__ Different Preferred Language; Please Specify: _____

Reasons for Homelessness (Please answer for each adult in the household)

In the past year (12 months), did you experience any of the following:

1. Doubled up with friends of family for more than 1 week? ____Yes ____ No
2. Lived in a place where an eviction suit was brought against you or the lease holder? ____Yes ____ No
3. Lived in a place that was declared unfit for human habitation by city/town code enforcement? __Yes __ No
4. Received public assistance from the county and lost it for any reason? ____Yes ____ No
5. Went to the emergency room or hospital for mental health reasons? ____Yes ____ No
6. Had a large medical expense? ____Yes ____ No
7. Released from state prison or other long-term criminal justice institution? ____Yes ____ No
8. Had some other involvement with the criminal justice system (including probation/parole) ____Yes ____ No
9. Had utilities shut off? ____Yes ____ No

Are you on Parole: ____Yes ____ No

If yes, Parole Officer: _____

Phone Number: _____ - _____ - _____

Personal Phone Number: _____ - _____ - _____