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**FY2024 Cayuga County 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

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

**Disabling Condition:**

**Do you have a DISABILITY of long duration?** \_\_\_Yes \_\_\_ No

For each disability, check "LCI" if it is expected to be of long, continued and indefinite duration, 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.

**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





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- RRH or equivalent
- 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.

**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                         |   |



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**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 or 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

**Arrest/ Conviction Record**

**Has any family member been arrested, convicted of a crime?** \_\_\_ Yes \_\_\_ No

If yes, who was arrested/ convicted of a crime? \_\_\_\_\_

If yes, please explain arrest/ conviction:  
\_\_\_\_\_



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Are you on Probation?  Yes  No

Are you on Parole:  Yes  No

If yes, Parole Officer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Is any member of the family on probation or parole?  Yes  No

If yes, who is the person on probation/parole: \_\_\_\_\_

If yes, explain reason:  
\_\_\_\_\_

Are you a convicted sex offender?  Yes  No

Sex Offender Case Type:  Level 1

Level 2

Level 3

**Education Summary – ADULTS and unaccompanied Youth**

**Highest Level Attained:**

No schooling completed  Nursery School to 4<sup>th</sup> grade  5<sup>th</sup> grade to 6<sup>th</sup> grade  7<sup>th</sup> grade

to 8<sup>th</sup> grade

9<sup>th</sup> grade

10<sup>th</sup> grade

11<sup>th</sup> grade

12<sup>th</sup> grade, no diploma

GED diploma

High School Diploma

Some College

Some Technical School

Technical School certification

College Degree

Post-Secondary school

Graduate Degree

Comments related to education attained:  
\_\_\_\_\_

Does the children have a McKinney Vento Liaison?  Yes  No

Personal Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_