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FY2024 Street Outreach Intake Form (Complete this form for ALL adults)

Client Name: _____

HMIS Client ID#: _____ (optional)

Project Start Date: _____

ROI Signed? Yes ___ No ___

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: 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 the project:

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



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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:

- | | |
|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> State Children’s Health Insurance Program | <input type="checkbox"/> Veteran’s Health Administration (VHA) |
| <input type="checkbox"/> Employer – Provided Health Insurance | <input type="checkbox"/> Health Insurance obtained through COBRA |
| <input type="checkbox"/> State Health Insurance for Adults | <input type="checkbox"/> Indian Health Care |
| <input type="checkbox"/> Other | |

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: **Error! Hyperlink reference not valid.**

- 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
 - HCV voucher (tenant or project based)(not dedicated)
 - Public housing unit



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- 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: (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 | |

Do you have Non-Cash Benefits? ___Yes ___No

Source of Non-Cash Benefits:



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- 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

Current Living Situation: (Street Outreach ONLY)

Start Date: ___/___/___

End Date: ___/___/___

Information Date: ___/___/___

Current Living Situation:

Homeless Situations:

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

Institutional Situations:

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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

Other:

- Other: Specify _____
 Worker Unable to Determine

If "Rental by client, with ongoing subsidy" was selected, please choose subsidy type:



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- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent
- HCV voucher (tenant or project based)(not dedicated)
- Public housing unit
- Rental by client, with other ongoing housing subsidy
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- Permanent Supportive Housing
- other permanent housing dedicated for formerly homeless persons.

Living Situation verified by: (Agency/ Program Name): _____

Is Client Going to have to leave their current living situation within 14 days? Yes No

If "Yes" to 'Is client going to have to leave their current living situation within 14 days?' answer the following questions:

Has a subsequent residence been identified? Yes No

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

Yes No

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

Yes No

Has the client moved 2 or more times in the last 60 days? Yes No

Location details: _____

Date of Engagement: ___/___/___

(Complete upon client entering Service Plan development or fully completed initial assessment)

Translation Assistance Needed:

No

Yes

If yes, Preferred Language:

- | | | | | | |
|------------------------------------|--|-----------------------------------|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> Arabic | <input type="checkbox"/> Armenian | <input type="checkbox"/> Bangali | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> French | <input type="checkbox"/> French Creole | <input type="checkbox"/> German | <input type="checkbox"/> Greek | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Haitian Creole |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Hindi | <input type="checkbox"/> Hmong | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Karen |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Panjabi | <input type="checkbox"/> Persian | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Serbian | <input type="checkbox"/> Somali | <input type="checkbox"/> Spanish | <input type="checkbox"/> Swahili | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Telugu | <input type="checkbox"/> Tigrigna | <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> 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 county public assistance and lost it for any reason? Yes No



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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: _____ - _____ - _____