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**FY2024 Transitional Housing, Homelessness Prevention and Supportive Services Only Projects**  
(complete this form for ALL adults and Head of Household/ Including Child only HH)

**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: Non-Relation Member

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

**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



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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

**Head of Household Only:**

**Enrollment CoC:**     NY-505 (Onondaga/ Cayuga/ Oswego counties)  
                                   NY-510 (Ithaca/ Tompkins County)

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

**Homeless Situation:** (If yes to either of these, fill out the Homeless Situation Questions below)

- 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

Did you stay less than 90 days?    Yes     No

If yes, prior to Institutional Stay were you living on the streets or in a shelter?    Yes     No

(If yes, answer the Homeless Situation Questions)

**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

If length of stay is less than 7 days in a temporary housing situation, on the night before did you stay on the streets or in an Emergency Shelter?    Yes     No     If yes, answer the "Homeless Situation Questions" below.



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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 (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

If length of stay is less than 7 days in a permanent housing situation, on the night before did you stay on the streets or in an Emergency Shelter? Yes  No  If yes, answer the "Homeless Situation Questions" below.

**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

**Homeless Situation Questions:**

**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.*

**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



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- \$ \_\_\_\_\_ Pension or retirement income from another job
- \$ \_\_\_\_\_ Private Disability Insurance
- \$ \_\_\_\_\_ Social Security Disability Income (SSDI)
- \$ \_\_\_\_\_ Temporary Assist for Needy Families TANF
- \$ \_\_\_\_\_ VA Non-Service-Connected Disability Pension
- \$ \_\_\_\_\_ Worker's Compensation
- \$ \_\_\_\_\_ Retirement Income from Social Security
- \$ \_\_\_\_\_ Social Security Income (SSI)
- \$ \_\_\_\_\_ Unemployment Insurance
- \$ \_\_\_\_\_ VA Service-Connected Disability Compensation

**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: \_\_\_\_\_

**Are you on Parole:** \_\_\_ Yes \_\_\_ No

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

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

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

**Reasons for Homelessness** (Please answer for each adult in the household if they are experiencing homelessness or at risk of homelessness)

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



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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