Maricopa HMIS Project

ESG Intake Form

1. Client Information

Client Name and/or Alias		**Name Data Quality**	☐ Full Name Reported ☐ Partial, Street Name, or Code Name Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
SSN		**SSN Data Quality**	☐ Full SSN Reported ☐ Approximate or Partial SSN Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Client ID		**U.S. Military Veteran?**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

2. Household Information

Household Type	☐ Couple (parent & friend) & child(ren) ☐ Couple with no child(ren) ☐ Extended family unit	☐ Foster parent(s) with child(ren) ☐ Grandparent(s) with child(ren) ☐ Non-custodial caregiver(s) with child(ren)	☐ Other ☐ Single parent with child(ren) ☐ Two parents with child(ren)
Head of Household	☐ Yes ☐ No	**If No, HoH Name & ID**	

Relationship to Head of Household	☐ Brother ☐ Daughter ☐ Daughter-in-law ☐ Father ☐ Father-in-law ☐ Foster daughter ☐ Foster Son	☐ Granddaughter ☐ Grandfather ☐ Grandmother ☐ Grandson ☐ Husband ☐ Mother ☐ Mother-in-law	☐ Nephew ☐ Niece ☐ Other non-relative ☐ Other relative ☐ Self ☐ Significant other ☐ Sister	☐ Son-in-law ☐ Step-daughter ☐ Step-son ☐ Unknown ☐ Wife

3. Entry Summary

Provider Name		**Entry Type**	☐ HUD/Other ☐ VA ☐ PATH ☐ RHY
Entry Date		**All Household Members Entering**	☐ Yes ☐ No

4. Universal Data Elements

Date of Birth		**DOB Data Quality**	☐ Full DOB Reported ☐ Partial DOB Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Race	**Pri** **Sec** ☐ ☐ American Indian/Alaska Native ☐ ☐ Asian ☐ ☐ Black or African-American ☐ ☐ Native Hawaiian/Pacific Islander ☐ ☐ White ☐ ☐ Client Doesn't Know ☐ ☐ Client Refused ☐ ☐ Data Not Collected	**Ethnicity**	☐ Non-Hispanic/Latino ☐ Hispanic/Latino ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Gender	☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male ☐ Other ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If Other Gender, Specify**	
Disability of Long Duration	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		

Type of Residence Prior to Program Entry	☐ Emergency shelter, including voucher ☐ Foster care home or foster care group home ☐ Hospital (non-psychiatric) ☐ Hotel or motel paid for without voucher ☐ Jail, prison or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Owned by client, no housing subsidy ☐ Owned by client, with housing subsidy ☐ Permanent housing for formerly homeless ☐ Place not meant for habitation ☐ Psychiatric hospital/facility ☐ Rental by client, no housing subsidy ☐ Rental by client, with VASH housing subsidy ☐ Rental by client, with GPD TIP subsidy ☐ Rental by client, with other housing subsidy ☐ Residential project/halfway house ☐ Safe Haven ☐ Staying or living with a family member ☐ Staying or living with a friend ☐ Substance abuse treatment facility/detox ☐ Transitional housing for homeless persons ☐ Other ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**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 ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Other Type of Residence, Specify		**Zip Code of Last Perm Residence**	
Relationship to HoH	☐ Self (Head of Household) ☐ Head of Household's child ☐ Head of Household's spouse or partner ☐ Head of Household's other relation member ☐ Other: non-relation member ☐ Data Not Collected	**Client Location**	☐ AZ-502
Homeless Primary Reason	☐ Aged out of foster care ☐ Client doesn't know ☐ Client NOT homeless ☐ Client refused ☐ Criminal Activity ☐ Data not collected ☐ Domestic Violence ☐ Economic ☐ Evicted ☐ Family dispute/overcrowding ☐ Loss of job ☐ Medical condition ☐ Mental health ☐ Moved to seek work ☐ Natural disaster/fire ☐ Release from jail or prison ☐ Relocated ☐ Substance abuse ☐ Trafficking/Exploitation		
Client entering from the streets, ES or SH	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If Yes for "Client entering from streets, ES or SH" Approx. Date Started**	
Regardless of where they stayed last night – Number of times the client has been on the streets, in ES or SH in the past three years including today	☐ Never in 3 years ☐ One time ☐ Two times ☐ Three times ☐ Four or more times ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Total number of months homeless on the street, in ES or SH in the past three years**	☐ One month (this time is the first month) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 months ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Length of time homeless - Status Documented?	☐ Yes ☐ No		

5. Program Data Elements

Income and Benefits

Total Monthly Income			
Income from any source	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Non-cash benefit from any source**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Sources and Amounts of Income at Entry		Non-Cash Benefits	
Alimony or Other Spousal Support	$_____.00	Supplemental Nutrition Assist Program *(Food Stamps)*	☐
Child Support	$_____.00	Special Supplemental Nutrition Program for WIC	☐
Earned Income	$_____.00	TANF Child Care Services	☐
General Assistance	$_____.00	TANF Transportation Services	☐
No Financial Resources	$_____.00	Other TANF-Funded Services	☐
Other	$_____.00	Section 8, Public Housing	☐
Pension or Retirement Former Job	$_____.00	Other Source	☐
Private Disability Insurance	$_____.00	Temporary Rental Assistance	
Retirement Income Social Security	$_____.00		
SSDI	$_____.00		
SSI	$_____.00		
TANF	$_____.00		
Tribal Pay	$_____.00		
Unemployment Insurance	$_____.00		
VA Non-Service Disability Pension	$_____.00		
VA Service Connected Disability Comp	$_____.00		
Worker's Compensation	$_____.00		
If Other, Please Specify			

Health Insurance

Covered by Health Insurance	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Health Insurance Type**	☐ MEDICAID ☐ MEDICARE ☐ State Children's Health Insurance Program ☐ Veteran's Administration (VA) Medical Services ☐ Employer Provided Health Insurance ☐ Health Insurance obtained through COBRA ☐ State Health Insurance for Adults ☐ Private Pay Health Insurance

Disabilities

Alcohol Abuse	☐ Yes ☐ No		
Disability Determined	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Documents of disability & severity on file	☐ Yes ☐ No	**Currently receiving services**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Condition going to be long term	☐ Yes ☐ No		
Chronic Health Condition	☐ Yes ☐ No		
Disability Determined	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Documents of disability & severity on file	☐ Yes ☐ No	**Currently receiving services**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Condition going to be long term	☐ Yes ☐ No		

Developmental	☐ Yes ☐ No		
Disability Determined	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Documents of disability & severity on file	☐ Yes ☐ No	**Currently receiving services**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Condition going to be long term	☐ Yes ☐ No		
Drug Abuse	☐ Yes ☐ No		
Disability Determined	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Documents of disability & severity on file	☐ Yes ☐ No	**Currently receiving services**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Condition going to be long term	☐ Yes ☐ No		
HIV/AIDS	☐ Yes ☐ No		
Disability Determined	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Documents of disability & severity on file	☐ Yes ☐ No	**Currently receiving services**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Condition going to be long term	☐ Yes ☐ No		
Mental Health Problem	☐ Yes ☐ No		
Disability Determined	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Documents of disability & severity on file	☐ Yes ☐ No	**Currently receiving services**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Condition going to be long term	☐ Yes ☐ No		

Physical	☐ Yes ☐ No		
Disability Determined	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Impairs ability to live independently**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Documents of disability & severity on file	☐ Yes ☐ No	**Currently receiving services**	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Condition going to be long term	☐ Yes ☐ No		
Education			
Highest Level of Education Attained	☐ No Schooling Completed ☐ Nursery School to 4th Grade ☐ 5th or 6th Grade ☐ 7th or 8th Grade ☐ 9th Grade ☐ 10th Grade ☐ 11th Grade ☐ 12th Grade, No Diploma ☐ High School Diploma ☐ GED	☐ Post-Secondary School, no degree ☐ Associates Degree ☐ Bachelors ☐ Masters ☐ Doctorate ☐ Other Graduate/Professional Degree ☐ Certificate of advanced training ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	
Domestic Violence			
Domestic Violence Victim/ Survivor	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If yes for DV, when experience occurred**	☐ Within the past three months ☐ Three to six months ago ☐ From six months to twelve months ago ☐ More than one year ago ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If Yes for Domestic Violence victim/ survivor, are you currently fleeing?	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected		
Residential Move-In Date *(RRH Only)*			
In Permanent Housing	☐ Yes ☐ No	**If Yes, Date of Move-In**	

Intake Staff Name_____

Client Acknowledgement Signed ☐ Yes ☐ No