Maricopa HMIS

HMIS Intake Form (UDE Only)

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 and 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 ☐ Son-in-law ☐ Step-daughter ☐ Step-son ☐ Unknown ☐ Wife

3. Entry Summary

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

4. Universal Data Elements

Relationship to Head of Household	☐ 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	**Date of Birth**	Month Day Year
		DOB Type	☐ 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	☐ Doesn't identify as Male, Female, or Transgender ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Does Client have a disabling condition?** ☐ Yes ☐ No
If covered by AHCCCS enter ID #:			

Homelessness 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

Residence Prior To Project Entry

Homeless Situation	Institutional Situation	Transitional and Permanent Housing Situation
☐ Place not meant for habitation	☐ Foster care home or foster care group home	☐ Hotel or motel paid for without Emergency Shelter voucher
☐ Emergency shelter *(Including hotel/motel paid for with Emergency Shelter voucher)*	☐ Hospital or other residential non-psychiatric medical facility	☐ Owned by client, no ongoing subsidy
☐ Safe Haven	☐ Jail, prison, or juvenile detention facility	☐ Owned by client, with ongoing subsidy
☐ *Interim Housing*	☐ Psychiatric hospital or other psychiatric facility	☐ Permanent housing for formerly homeless persons
	☐ Substance abuse treatment facility or detox center	☐ Rental by client, no ongoing subsidy
		☐ Rental by client, with VASH subsidy
		☐ Rental by client, with GPD TIP subsidy
☐ **Client doesn't know**		☐ Rental by client, with other ongoing subsidy
☐ **Client refused**		☐ Residential project or halfway house with no homeless criteria
☐ **Data not collected**		☐ Staying or living in a family member's room, apartment, or house
		☐ Staying or living in a friend's room, apartment, or house
		☐ Transitional housing for homeless persons (including homeless youth)

Length of stay in previous place	☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected	**Did you stay less than 90 days?**	☐ Yes ☐ No	**If yes, indicate how long they stayed** ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days
		Did you stay less than 7 nights?	☐ Yes ☐ No	**If yes, indicate how long they stayed** ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days
		On the night before did you stay on the streets, in ES, or SH?		☐ Yes ☐ No

For Chronic Homelessness Determination	**(Regardless of where they stayed last night) Total number of times homeless on the street, in Emergency Shelter or SH in the past three years, including today**	☐ One time ☐ Two times ☐ Three times ☐ Four or more times ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected	**Approximate date homelessness started**	Month Day Year	
			Total number of months homeless on the street, in ES, or SH in the past three years	☐ One month (this is the first time) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 months ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected
Zip Code of Last Know Permanent Address			**Client Location**		☐ AZ-502

Intake Staff Name_____

Release of Information Signed ☐ Yes ☐ No