COHMIS Intake

CoC/ESG Intake Form for Project Types:

Permanent Housing (PSH, PH, RRH), Homelessness Prevention, Transitional Housing, Services Only

SOCIAL SECURITY NUMBER (SSN):	___ ___ ___ — ___ ___ — ___ ___ ___ ___
Quality of SSN:	☐ Full SSN Reported ☐ Approximate or partial SSN reported ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
CLIENT NAME	
Last:	
First:	
Middle	Suffix:
QUALITY OF NAME	☐ Full name reported ☐ Partial, street name or code name reported ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
DATE OF BIRTH (DOB)	___ ___ — ___ ___ — ___ ___ ___ ___ **MONTH** **DAY** **YEAR**
QUALITY OF DOB	☐ Full DOB reported ☐ Approximate or partial DOB reported ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

GENDER *(select all that apply)*

- ☐ Woman (Girl if child)
- ☐ Man (Boy if child)
- ☐ Culturally Specific Identity (e.g., Two Spirit)
- ☐ Transgender
- ☐ Non-binary
- ☐ Questioning
- ☐ Different Identity
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

If different identity, please specify: _____

CLIENT PRONOUNS

- ☐ She/Her/Hers
- ☐ He/Him/His
- ☐ They/Them/Theirs
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected
- ☐ Other pronouns: _____

RACE/ETHNICITY *(select all that apply)*

- ☐ 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
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

Additional Race and Ethnicity Detail (optional): _____

VETERAN STATUS

- ☐ Yes*
- ☐ No

*If YES, complete the **Veteran Supplemental Questions**

- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

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: nonrelation member

PROJECT NAME	
PROJECT START DATE (mm/dd/yyyy)	☐☐ — ☐☐ — ☐☐☐☐
Housing move-in Date (PH ONLY)	**Zip Code:**
Translation assistance needed?	☐ No ☐ Yes* ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
If *YES, to the question above, Preferred Language:	Specify Language: _____ ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

PRIOR LIVING SITUATION *(Where did the client sleep the night before entering this project?)* **PICK ONLY 1 SITUATION CATEGORY (homeless, institutional, OR temp/permanent) AND COMPLETE THAT SECTION**

Homeless Situation Section

HOMELESS SITUATION

- ☐ Place not meant for human habitation (vehicle, anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher or RHY-funded host home
- ☐ Safe Haven

LENGTH OF STAY IN PRIOR LIVING SITUATION *(How long did the client stay in that situation?)*

- ☐ 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 prefers not to answer
- ☐ Data not collected

Approximate date THIS EPISODE of homelessness started:	☐☐ — ☐☐ — ☐☐☐☐
	MONTH **DAY** **YEAR**

Number of times the client has been on the streets, in ES, or SH in the past three years, including today *(Regardless of where they stayed last night)*

- ☐ One time
- ☐ Two times
- ☐ Three times
- ☐ Four or more times
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

Total number of months homeless on the street, in ES, or SH in the past three years

- ☐ One month (first month)
- ☐ Two months
- ☐ Three months
- ☐ Four months
- ☐ Five months
- ☐ Six months
- ☐ Seven months
- ☐ Eight months
- ☐ Nine months
- ☐ Ten months
- ☐ Eleven months
- ☐ Twelve months
- ☐ More than 12 months
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

End of section

Institutional Situation Section

INSTITUTIONAL SITUATION

- ☐ Foster care home or 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 or detox center

LENGTH OF STAY IN PRIOR LIVING SITUATION *(How long did the client stay in that situation?)*

- ☐ 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 prefers not to answer
- ☐ Data not collected

Length of Stay Less than 90 days? *(Indicate if the client's stay in the Institutional setting, where they stayed last night/prior to project entry, was less than 90 days)*	☐ No ☐ Yes*
***If YES to the question above, continue. If NO, stop here.** **On the night before the client entered the institutional living situation, were they staying in a homeless situation** *(emergency shelter, place not meant for habitation or safe haven)?*	☐ No ☐ Yes*

***If YES to the question above, continue. If NO, stop here.**

Approximate date THIS EPISODE of homelessness started:			—			—				
	MONTH			**DAY**			**YEAR**			

Number of times the client has been on the streets, in ES, or SH in the past three years, including today *(Regardless of where they stayed last night)*

- ☐ One time
- ☐ Two times
- ☐ Three times
- ☐ Four or more times
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

Total number of months homeless on the street, in ES, or SH in the past three years

- ☐ One month (first month)
- ☐ Two months
- ☐ Three months
- ☐ Four months
- ☐ Five months
- ☐ Six months
- ☐ Seven months
- ☐ Eight months
- ☐ Nine months
- ☐ Ten months
- ☐ Eleven months
- ☐ Twelve months
- ☐ More than 12 months
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

End of section

Temporary/Permanent Situation Section

TEMPORARY & PERMANENT HOUSING SITUATIONS

- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with ongoing housing subsidy*
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

If rental with subsidy, specify Subsidy Type:

- ☐ GPD TIP subsidy
- ☐ VASH housing subsidy
- ☐ RRH or equivalent subsidy
- ☐ HCV voucher (tenant or project based)
- ☐ Public housing unit
- ☐ Emergency Housing Voucher
- ☐ Family Unification Program Voucher (FUP)
- ☐ Foster Youth to Independent Initiative (FYI)
- ☐ Permanent Supportive Housing
- ☐ Other ongoing housing subsidy
- ☐ Other permanent housing dedicated for formerly homeless persons

- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION *(How long did the client stay in that situation?)*

- ☐ 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 prefers not to answer
- ☐ Data not collected

Length of Stay Less than 7 days?
(Indicate if the client's stay in the transitional/permanent housing setting, where they stayed last night/prior to project entry, was less than 7 days)

- ☐ No
- ☐ Yes*

***If YES to the question above, continue. If NO, stop here.**
On the night before the client entered the transitional or permanent housing situation, were they staying in a homeless situation *(emergency shelter, place not meant for habitation or safe haven)***?**

- ☐ No
- ☐ Yes*

***If YES to the question above, continue. If NO, stop here.**

Approximate date THIS EPISODE of homelessness started:

		—			—				
MONTH			DAY			YEAR			

Number of times the client has been on the streets, in ES, or SH in the past three years, including today
(Regardless of where they stayed last night)

- ☐ One time
- ☐ Two times
- ☐ Three times
- ☐ Four or more times
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

Total number of months homeless on the street, in ES, or SH in the past three years

- ☐ One month (first month)
- ☐ Two months
- ☐ Three months
- ☐ Four months
- ☐ Five months
- ☐ Six months
- ☐ Seven months
- ☐ Eight months
- ☐ Nine months
- ☐ Ten months
- ☐ Eleven months
- ☐ Twelve months
- ☐ More than 12 months
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

End of section

Disabling Condition

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

Physical Disability

- ☐ No
- ☐ Yes*
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

*If **YES** for Physical Disability
Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

Developmental Disability

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

Chronic Health Condition

- ☐ No
- ☐ Yes*
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

*If **YES** for Chronic Health Condition
Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

HIV/AIDS

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

Mental Health Disorder

- ☐ No
- ☐ Yes*
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

*If **YES** for Mental Health Disorder
Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

Substance Use Disorder

- ☐ No
- ☐ Alcohol Use Disorder*
- ☐ Drug Use Disorder*
- ☐ Both Alcohol and Drug Use Disorder*
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

*If **YES** for Substance Use Disorder
Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

SURVIVOR OF DOMESTIC VIOLENCE		
☐ No ☐ Yes*		☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
***If YES to Survivor Domestic Violence**		
When did this experience occur?	☐ Within the past three months ☐ Three to six months ago (excluding six months exactly) ☐ From six to twelve months ago (excluding one year exactly) ☐ More than a year ago	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
Are you currently fleeing?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

CASH INCOME FOR INDIVIDUAL		
Income from Any Source?	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

***If YES to Income from Any Source – Indicate all sources that apply**	
Income Source (Check all that apply)	**Monthly Amount**
☐ Earned Income (i.e. employment income)	
☐ Unemployment Insurance	
☐ Supplemental Security Income (SSI)	
☐ Social Security Disability Insurance (SSDI)	
☐ VA Service-Connected Disability Compensation	
☐ VA Non-Service Connected Disability Pension	
☐ Private disability insurance	
☐ Worker's Compensation	
☐ Temporary Assistance for Needy Families (TANF)	
☐ General Assistance (GA)	
☐ Retirement Income from Social Security	
☐ Pension or retirement income from a former job	
☐ Child support	
☐ Alimony and other spousal support	
☐ Other Cash Income (Specify: _____)	
Total Monthly Amount	

NON-CASH BENEFITS		
Receiving Non-Cash Benefits?	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

***If YES to Receiving Non-Cash Benefits – Indicate all sources that apply**

- ☐ Supplemental Nutrition Assistance Program
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ☐ TANF Childcare Services
- ☐ TANF Transportation Services
- ☐ Other TANF-Funded Services
- ☐ Other Non-Cash Benefit (Specify source: _____)

HEALTH INSURANCE		
Covered by health insurance?	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

***If YES to Covered by Health Insurance – Indicate all sources that apply**

- ☐ Medicaid
- ☐ Medicare
- ☐ State Children's Health Insurance Program
- ☐ Veteran's Health Administration (VHA)
- ☐ Employer-Provided Health Insurance
- ☐ Health Insurance Obtained Through COBRA
- ☐ Private Pay Health Insurance
- ☐ State Health Insurance for Adults
- ☐ Indian Health Services Program
- ☐ Other Health Insurance (Specify source: _____)

Would you like to share the reasons or factors you feel contributed to your homelessness?	☐ No	☐ Yes*

***If YES please indicate all reasons that apply**

- ☐ Abuse or violence in my home
- ☐ Alcohol or substance use problems
- ☐ Asked to leave or evicted
- ☐ Bad credit
- ☐ Client Choice
- ☐ COVID-19
- ☐ Disabling conditions
- ☐ Discharged from foster care
- ☐ Discharged from jail
- ☐ Discharged from prison
- ☐ Family member or personal illness
- ☐ Language barrier
- ☐ Legal problems
- ☐ Lost a job, could not find work
- ☐ Medical Expenses
- ☐ Mental health condition
- ☐ Moved to find work
- ☐ Problems with public benefits
- ☐ PTSD
- ☐ Reasons related to my race or ethnicity
- ☐ Reasons related to my sexual orientation or gender
- ☐ Relationship problems or family breakup
- ☐ Traumatic brain injury
- ☐ Unable to pay rent or mortgage
- ☐ Unable to pay utilities
- ☐ Other

SEXUAL ORIENTATION (REQUIRED FOR PSH, OPTIONAL FOR OTHER PROJECT TYPES)

- ☐ Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Questioning/Unsure
- ☐ Other
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

If other, please specify: _____

CONTACT INFORMATION (Optional — entered on the **Contacts** tab) □ Personal □ Work □ Message	
Phone Number	
Email	

ADDRESS (Optional — entered on the **Locations** tab)	□ Current Address □ Last Permanent Address □ Mailing Address		
Street			
City			
State		**Zip Code**	

Signature of applicant stating all information is true and correct

Date