

HPRP HMIS Data: INTAKE FORM

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"
 Fill out separate form for each household member and clip together.

PROGRAM ENTRY DATE (e.g., 05/24/2010) *[All clients]*

		/			/				
Month			Day			Year			

CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III)) *[All clients]*

	N/A	Client does not know	Client refused to provide
First name		<input type="checkbox"/>	<input type="checkbox"/>
Middle name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name		<input type="checkbox"/>	<input type="checkbox"/>
Suffix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL SECURITY NUMBER *[All clients]*

			-			-			
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DATE OF BIRTH (e.g., 10/23/1978) *[All clients]*

		/			/			
Month			Day			Year		

SOCIAL SECURITY NUMBER AND TYPE *[All clients]*

Full SSN reported

Partial SSN reported

Client does not know or does not have SSN

Client refused to provide

DATE OF BIRTH AND TYPE *[All clients]*

Full date of birth reported

Approximate or partial date of birth reported

Client does not know

Client refused to provide

RACE More than one race is permitted. *[All clients]*

American Indian or Alaskan Native

Asian

Black / African American

Native / Hawaiian or Other Pacific Islander

White

Other multi-racial

Client does not know

Client refused to provide

ETHNICITY *[All clients]*

Hispanic / Latino

Non-Hispanic / Latino

Client does not know

Client refused to provide

GENDER *[All clients]*

Male

Female

Transgendered male to female

Transgendered female to male

Other

Client does not know

Client refused to provide

VETERAN STATUS *[All adults]*

- No
- Yes
- Client does not know
- Client refused to provide

DISABLING CONDITION *[All clients]*

- No
- Yes
- Client does not know
- Client refused to provide

RESIDENCE PRIOR TO PROGRAM ENTRY *[All adults and unaccompanied youth]*

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Places not meant for habitation
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
- Staying or living in a family member's room, apartment, or house
- Staying or living in a friend's room, apartment, or house
- Rental by client, no housing subsidy
- Rental by client, with other (non-VASH) housing subsidy
- Rental by client, with VASH housing subsidy

- Owned by client, no housing subsidy
- Owned by client, with housing subsidy
- Foster care home or foster care group home
- Hospital (non psychiatric)
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Jail, prison, or juvenile detention facility
- Safe Haven
- Other: (Describe) _____
- Client does not know
- Client refused to provide

LENGTH OF STAY IN PREVIOUS PLACE *[All adults and unaccompanied youth]*

- 1 week or less
- More than 1 week, but less than 1 month
- 1 to 3 months
- More than 3 months but less than 1 year
- 1 year or longer

- Client does not know
- Client refused to provide

ZIP CODE OF LAST PERMANENT ADDRESS AND TYPE *[All adults and unaccompanied youth]*

Zip code

- Full or partial zip code reported
- Client does not know
- Client refused to provide

HOUSING STATUS *[All clients]*

- Literally homeless
- Housed and at imminent risk of losing housing
- Housed and at-risk of losing housing
- Stably housed

- Client does not know
- Client refused to provide