

### **Outreach Intake Form:**

**\*Initial Contact Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Client Location (Continuum of Care):** {Pre-Populated}

**\*First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **\*Last Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_ **Alias:** \_\_\_\_\_

**\*Name Data Quality:** ☐ Full name reported ☐ Partial, street name, or code name reported

(Select one) ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

**\*Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Social Security Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Birth date Data Quality :**( select one)

**\*SSN Data Quality :**( select one)

☐ Full DOB Reported

☐ Full SSN Reported

☐ Client prefers not to answer

☐ Client prefers not to answer

☐ Approximate or Partial DOB ☐ Data not collected

☐ Approximate or Partial SSN Reported

☐ Client doesn't know

☐ Data not collected ☐ Client doesn't know

**\*Gender:** (select one)

☐ Woman (Girl if child)

☐ Man (Boy if child)

☐ Culturally Specific Identity (e.g. Two-Spirited)

☐ Non-Binary

☐ Questioning

☐ Transgender

☐ Different Identity

☐ Client doesn't know

☐ Client prefers not to answer

☐ Data not collected

**\*Ethnicity/Race:** (select all that apply)

☐ American Indian/Alaskan Native/Indigenous

☐ Asian/Asian American

☐ Black/African American

☐ Hispanic/Latina/e/o

☐ Middle Eastern/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: \_\_\_\_\_

**\*Translation Assistance Needed:**

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

**\*If Yes, Preferred Language:**

☐ ASL ☐ Arabic ☐ Bengali ☐ Cantonese ☐ Chinese ☐ English ☐ Farsi ☐ French ☐ French Creole ☐ German ☐ Hindi  
☐ Italian ☐ Japanese ☐ Korean ☐ Mandarin ☐ Persian ☐ Polish ☐ Portuguese ☐ Punjabi ☐ Russian ☐ Samoan  
☐ Spanish ☐ Tagalog ☐ Yiddish ☐ Other: \_\_\_\_\_ ☐Client doesn't know ☐Client prefers not to answer ☐Data not collected

**Age Range:** ☐Under 18 ☐18-25 ☐26-35 ☐36-50 ☐50 and over

**Diagnosis:** ☐ Alcohol User ☐ Drug User ☐ Mentally Ill ☐ Mentally Ill chemically addicted  
☐Unknown ☐ None

**Identifying Characteristics:** \_\_\_\_\_

**\*Veteran Status:** (select one)

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

**\*Residence prior to program entry:** (select one)

- ☐Emergency shelter, including hotel or motel paid for w/emergency shelter voucher
- ☐Foster care home or Foster care group home
- ☐Hospital or other residential non-psychiatric medical facility
- ☐Hotel or motel paid for w/o emergency shelter voucher
- ☐Jail, prison or juvenile detention facility
- ☐Long-term care facility or nursing home
- ☐Other: \_\_\_\_\_
- ☐Owned by client, no ongoing housing subsidy
- ☐Owned by client, w/ongoing housing subsidy
- ☐Permanent housing for formerly homeless persons (such as: CoC project or HUD Legacy programs or HOPWA PH)
- ☐Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐Psychiatric Hospital or other psychiatric facility

- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, w/GPD TIP subsidy
- ☐ Rental by client, w/VASH housing subsidy
- ☐ Rental by client, w/other ongoing housing subsidy
- ☐ Residential project or halfway house w/no homeless criteria
- ☐ Safe Haven
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Substance abuse treatment facility or detox center
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

**\*Length of stay in previous place: (select one)**

- ☐ One day or less
- ☐ Two days to one week
- ☐ More than one week, but less than one month
- ☐ One to three months
- ☐ More than three months, but less than one year
- ☐ One year or longer
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

**Extent of Homelessness**

**\*Client entering from the street, ES, or SH (ES= Emergency Shelter, SH= Safe Haven)**

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

**\*Approximate date this episode of homelessness started: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**\*Number of times the client has been on the streets, in ES, or SH in the past three years including today:**

- ☐ Never in the past three years   ☐ One Time   ☐ Two Times   ☐ Three Times   ☐ Four or more times
- ☐ Client doesn't know   ☐ Client prefers not to answer   ☐ Data not collected

\*(If you respond one time; follow up questions) **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 prefers not to answer  
☐ Data not collected

***Chronically Homeless (auto-calculated)***

**\*Income from any source:** ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

**\*Monthly Income Sources: (select all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Earned Income \$_____                                 | <input type="checkbox"/> Unemployment Insurance: \$_____                           |
| <input type="checkbox"/> SSI \$_____   | <input type="checkbox"/> SSDI \$_____  |
| <input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____ | <input type="checkbox"/> VA Non-Service-Connected<br>Disability Pension \$_____    |
| <input type="checkbox"/> Private disability insurance\$_____                   | <input type="checkbox"/> Worker's Compensation \$_____                             |
| <input type="checkbox"/> TANF \$_____  | <input type="checkbox"/> General Public Assistance \$_____                         |
| <input type="checkbox"/> Retirement Income from Social Security \$_____        | <input type="checkbox"/> Pension or retirement income<br>From a former job \$_____ |
| <input type="checkbox"/> Child support \$_____                                 | <input type="checkbox"/> Alimony or other spousal support \$_____                  |
| <input type="checkbox"/> Other \$_____   |  |

**\*Non-Cash Benefits from any source: (select one)**

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

**\*Non-Cash Benefits: (select all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> SNAP (Food Stamps)         | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, &<br>Children (WIC) |
| <input type="checkbox"/> TANF Child Care services   | <input type="checkbox"/> TANF transportation services   |
| <input type="checkbox"/> Other TANF-funded services | <input type="checkbox"/> Other source: _____  |

**\*Covered by Health Insurance:** (select one; if answer is yes please complete below)

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

MEDICAID: ☐No ☐Yes

MEDICARE: ☐No ☐Yes

State Children's Health Insurance program: ☐No ☐Yes

Veterans Health Administration (VHA): ☐No ☐Yes

Employer-Provided Health Insurance: ☐No ☐Yes

Health Insurance obtained through COBRA: ☐No  
☐Yes

Private Pay Health Insurance ☐ No ☐Yes

State Health Insurance for Adults: ☐No ☐Yes

Indian Health Insurance: ☐No ☐Yes

Other: ☐No ☐Yes – Please specify: \_\_\_\_\_

### **Special Needs:**

**Physical Disability:** (select one)

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

**Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:** ☐No    ☐Yes    ☐Client doesn't know    ☐Client prefers not to answer    ☐Data not collected

**Documentation of the disability and severity on file?** ☐No    ☐Yes

**Received services/treatment while in the program:**

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

**Developmental Disability:** (select one)

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

**Expected to substantially impair ability to live independently?:**

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

**Documentation of the disability and severity on file?:** ☐No    ☐Yes

**Received services/treatment while in the program:**

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

**Chronic Health Condition:** (select one)

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

**Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:** ☐No    ☐Yes    ☐Client doesn't know    ☐Client refused    ☐Data not collected

**Documentation of the disability and severity on file?** ☐No    ☐Yes

**Received services/treatment while in the program:**

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

**HIV/AIDS:** (select one)

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

**Expected to substantially impair ability to live independently?:**

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

**Documentation of the disability and severity on file?:** ☐No    ☐Yes

**Received services/treatment while in the program:**

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

**Mental Health Problem:** (select one)

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

(If client has a mental health problem) **Expected to of long-continued and indefinite duration and substantially impairs ability to live independently?:**

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

**Documentation of the disability and severity on file?:** ☐No    ☐Yes

(If client has a mental health problem) **Received services/treatment while in the program:**

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

**Substance Abuse:** (select one)

☐No    ☐Alcohol Abuse    ☐Drug Abuse    ☐Both Alcohol & Drug Abuse    ☐Client doesn't know  
☐Client prefers not to answer    ☐Data not collected

(If client has a substance abuse problem) **Expected to of long-continued and indefinite duration and substantially impairs ability to live independently?:**

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

**Documentation of the disability and severity on file?:** ☐No ☐Yes

(If client has a substance abuse problem) **Received services/treatment while in the program:**

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

**\*Disabling Condition:** ☐No ☐Yes ☐Client doesn't know ☐Client prefers not to answer

☐Data not collected

### **Domestic Violence**

**Information Date:** \_\_\_\_\_

**Domestic Violence Victim/Survivor:** (select one)

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

**\*(If Yes) When experience occurred:** (select one)

☐Within the past three months ☐Client doesn't know

☐Three to six months ago ☐Client prefers not to answer

☐From six to twelve months ago ☐Data not collected

☐More than a year ago

**\*Are you currently fleeing?** (select one)

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

**Engagement Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Household Composition:**

**\*Individual/Family Type:**

☐Individual Man

☐Individual Woman

☐Individual Boy Consumer (<18)

☐Individual Girl Consumer (<18)

☐Single Parent Family – Man Head

☐Single Parent Family – Woman Head

☐Single Parent Family – Consumer <18 Head

☐Two Parent Family – Adult

☐Two Parent Family – Consumer <18

☐Adult Couple w/o Children

☐Household w/only Children

☐Other household type

☐Household member - adult

☐Household member – child

**Household Size:** \_\_\_\_\_

**Non-HMIS Data Elements:**

**Homeless Cause:** (select one)

- |   |  |
|---|--|
| <input type="checkbox"/> Benefits Loss/Reduction      | <input type="checkbox"/> Injury                          |
| <input type="checkbox"/> Job Income Loss/Reduction    | <input type="checkbox"/> Domestic Violence               |
| <input type="checkbox"/> Eviction                     | <input type="checkbox"/> Asked to leave shared residence |
| <input type="checkbox"/> Relocation                   | <input type="checkbox"/> Drug/Alcohol Abuse              |
| <input type="checkbox"/> Release from prison/jail     | <input type="checkbox"/> Other                           |
| <input type="checkbox"/> Release from Hospital        | <input type="checkbox"/> Natural Disaster                |
| <input type="checkbox"/> Release from Psych. Facility | <input type="checkbox"/> Foreclosure – Rented Property   |
| <input type="checkbox"/> Illness                      | <input type="checkbox"/> Foreclosure – Owned Property    |
| <input type="checkbox"/> Unknown                      | <input type="checkbox"/> Not Homeless                    |

**Birth Place:** \_\_\_\_\_

**Citizen:**      ☐ US Citizen      ☐ Registered Alien      ☐ Undocumented Alien

**Alien Registration:** \_\_\_\_\_

**Optional Military Data Elements**

**Duration of Active Duty (months):** \_\_\_\_\_

**Served in a war zone:**

- ☐ No    ☐ Yes    ☐ Doesn't know    ☐ Prefers not to answer

**Name of war zone:**

- ☐ Europe ☐ North Africa ☐ Vietnam ☐ Laos and Cambodia ☐ South China Sea ☐ China , Burma, India ☐ Korea  
☐ South Pacific ☐ Persian Gulf ☐ Other ☐ Afghanistan ☐ Don't know ☐ Prefers not to answer

**Number of months in war zone:** \_\_\_\_\_

**Received hostile or friendly fire:** ☐ No    ☐ Yes    ☐ Doesn't know    ☐ Prefers not to answer

**Current Student:** (select one)

- ☐ Yes    ☐ No    ☐ Don't know    ☐ Prefers not to answer

**Post Secondary Degree:** ☐ None    ☐ Associates Degree ☐ Bachelors ☐ Masters ☐ Doctorate ☐ Other  
graduate/professional degree ☐ Certificate of advanced training or skilled artisan ☐ Don't Know ☐ Prefers not to answer



**Received vocational Training or apprenticeship certificate:** ☐No ☐Yes ☐Don't Know ☐Prefers not to answer

**Encounter Information: New Homeless Outreach Contact**

**\*Contact Date:** \_\_\_\_\_ **\*Location:** \_\_\_\_\_

**Location Type:** ☐ Airport ☐ Bus Station ☐ Drug and Alcohol Agency ☐ Ferry Terminal Health Provider  
☐ Hospital Emergency Room ☐ Mental Health Agency ☐ Outreach/ Office Phone ☐ Park  
☐ Police Station ☐ Shelter ☐ Street ☐ Train Station ☐ Other

**\*HMIS Location of Contact:** ☐ Placed not meant for habitation ☐ Service Setting, non residential  
☐ Service setting, residential

**GPS Coordinates:** \_\_\_\_\_ **Tour:** \_\_\_\_\_ **Shift:** \_\_\_\_\_

**Outreach worker** \_\_\_\_\_

**Reason for Encounter:** ☐ Crisis Intervention ☐ Alcohol Problem ☐ Follow Up ☐ Behavioral Problem (violent abuse)  
☐ Hospital Referral ☐ Bizarre Behavior ☐ Outreach Activity ☐ Depression ☐ Police Referral ☐ Drug Problem  
☐ Social Services Referral ☐ Homicidal ☐ Telephone Referral ☐ Physical Illness/Condition ☐ Walk-in ☐ Problem with Aging  
☐ Weather Intervention ☐ Suicidal ☐ Other

**Behavioral Indicators:** ☐ Alcohol problem ☐ Behavioral Problem (violent abuse) ☐ Bizarre Behavior ☐ Depression  
☐ Drug Problem ☐ Homicidal ☐ Physical Illness/Condition ☐ Problem with Aging ☐ Suicidal ☐ Other

**Referral Made:** ☐ Alcohol Detox ☐ Alcohol Treatment ☐ DHS/ Contracted Shelter ☐ Drop-in Center  
☐ Drug Treatment ☐ Entitlements ☐ Medical Attention ☐ Private Non-DHS Shelter ☐ Psych. Consultation/Eval  
☐ Showers ☐ Soup Kit./Food Pantry ☐ Other

**Services Accepted by Client:**

Assessment ☐ Accepted ☐ Prefers not to answer ☐ Not offered

Clothing ☐ Accepted ☐ Prefers not to answer ☐ Not offered

Transportation/Escort ☐ Accepted ☐ Prefers not to answer ☐ Not offered

Food/Shower ☐ Accepted ☐ Prefers not to answer ☐ Not offered

Information/Counseling ☐ Accepted ☐ Prefers not to answer ☐ Not offered

Other ☐ Accepted ☐ Prefers not to answer ☐ Not offered

**Encounter Notes:**

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