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: ___/____/_____**

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

□Full DOB Reported

□Client prefers not to answer

□Approximate or Partial DOB □Data not collected

□Client doesn't know

***Social Security Number: ____/___/_____**

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

□Full SSN Reported

□Client prefers not to answer

□Approximate or Partial SSN Reported

□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)**

□Earned Income $_____

□Unemployment Insurance: $_____

□SSI $_____

□SSDI $_____

□VA Service-Connected Disability Compensation $ _____

□VA Non-Service-Connected Disability Pension $_____

□Private disability insurance$_____

□Worker's Compensation $_____

□TANF $_____

□General Public Assistance $_____

□Retirement Income from Social Security $_____

□Pension or retirement income From a former job $_____

□Child support $_____

□Alimony or other spousal support $_____

□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)

□SNAP (Food Stamps)

□Special Supplemental Nutrition Program for Women, Infants, & Children (WIC)

□TANF Child Care services

□TANF transportation services

□Other TANF-funded services

□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)

□Benefits Loss/Reduction
□Job Income Loss/Reduction
□Eviction
□Relocation
□Release from prison/jail
□Release from Hospital
□Release from Psych. Facility
□Illness
□Unknown
□Injury
□Domestic Violence
□Asked to leave shared residence
□Drug/Alcohol Abuse
□Other
□Natural Disaster
□Foreclosure – Rented Property
□Foreclosure – Owned Property
□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/Showers □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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_____

Revised on 11/3/2023