





Homeless Management Information System

8. DATE OF BIRTH *[All Clients]* 9. AGE: \_\_\_\_\_

|       |   |     |   |      |     |     |     |
|-------|---|-----|---|------|-----|-----|-----|
| [ ]   | - | [ ] | - | [ ]  | [ ] | [ ] | [ ] |
| Month |   | Day |   | Year |     |     |     |

10. DATE OF BIRTH TYPE *[All Clients]*

|   |   |
|---|---|
| <input type="checkbox"/> Full DOB reported.                   | <input type="checkbox"/> Client does not know DOB.  |
| <input type="checkbox"/> Approximate or partial DOB reported. | <input type="checkbox"/> Client refused to provide. |

11. GENDER *[All Clients]*

|                                 |  |  |
|---------------------------------|--|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Transgender male to female. | <input type="checkbox"/> Other.                |
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender female to male. | <input type="checkbox"/> Client does not know. |

12. RACE (select all that apply) *[All Clients]*

|   |   |
|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native  | <input type="checkbox"/> White/Caucasian            |
| <input type="checkbox"/> Asian                              | <input type="checkbox"/> Other Racial Group         |
| <input type="checkbox"/> Black/African American             | <input type="checkbox"/> Client does not know.      |
| <input type="checkbox"/> Hawaiian or Other Pacific Islander | <input type="checkbox"/> Client refused to provide. |

13. HISPANIC ETHNICITY *[All Clients]*

|  |   |
|--|---|
| <input type="checkbox"/> Hispanic/Latino     | <input type="checkbox"/> Client does not know.      |
| <input type="checkbox"/> Non-Hispanic/Latino | <input type="checkbox"/> Client refused to provide. |

14. DISABLING CONDITION *[All Clients]*

|                                     |                                  |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Yes        | <input type="checkbox"/> No      |
| <input type="checkbox"/> Don't Know | <input type="checkbox"/> Refused |

15. VETERAN STATUS *[All Adults]*

|                                     |                                  |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Yes        | <input type="checkbox"/> No      |
| <input type="checkbox"/> Don't Know | <input type="checkbox"/> Refused |



Homeless Management  
Information System

**16. U.S. Citizen** *[All Clients]*

|                          |            |                          |         |
|--------------------------|------------|--------------------------|---------|
| <input type="checkbox"/> | Yes        | <input type="checkbox"/> | No      |
| <input type="checkbox"/> | Don't Know | <input type="checkbox"/> | Refused |

**17. HOUSING STATUS AT ENTRY** *[All Clients]*

|                          |                                      |                          |                            |
|--------------------------|--------------------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Literally Homeless                   | <input type="checkbox"/> | Stably Housed              |
| <input type="checkbox"/> | Imminent Risk of Literally Homeless  | <input type="checkbox"/> | Client does not know.      |
| <input type="checkbox"/> | Housed and at Risk of Losing Housing | <input type="checkbox"/> | Client refused to provide. |

**18. PRIOR LIVING SITUATION** *[All adults and unaccompanied youth]*

|                          |                                       |                          |                                      |
|--------------------------|---------------------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Place Not Meant for Habitation        | <input type="checkbox"/> | Living with Family or Relatives      |
| <input type="checkbox"/> | Emergency Shelter                     | <input type="checkbox"/> | Living with Friends                  |
| <input type="checkbox"/> | Transitional Housing                  | <input type="checkbox"/> | Room, Apartment or House (Rented)    |
| <input type="checkbox"/> | Permanent Housing for Former Homeless | <input type="checkbox"/> | Hotel or Motel (Not Paid by Voucher) |
| <input type="checkbox"/> | Psychiatric Facility or Hospital      | <input type="checkbox"/> | Apartment or House (Owned by Client) |
| <input type="checkbox"/> | Substance Abuse Treatment Facility    | <input type="checkbox"/> | Foster Care Family or Group Home     |
| <input type="checkbox"/> | Hospital (Non-Psychiatric)            | <input type="checkbox"/> | Other                                |
| <input type="checkbox"/> | Jail, Prison or Juvenile Detention    | <input type="checkbox"/> | Refused                              |
| <input type="checkbox"/> | Domestic Violence Situation           | <input type="checkbox"/> | Unknown/Don't Know                   |

**19. DURATION OF PRIOR LIVING SITUATION** *[All adults and unaccompanied youth]*

|                          |                     |                          |  |
|--------------------------|---------------------|--------------------------|--|
| <input type="checkbox"/> | One to Three Months | <input type="checkbox"/> | Over One Week but Less Than a Month    |
| <input type="checkbox"/> | One Week or Less    | <input type="checkbox"/> | Over Three Months but Less Than a Year |
| <input type="checkbox"/> | One Year or Longer  | <input type="checkbox"/> | Refused                                |
| <input type="checkbox"/> | Unknown/Don't Know  |                          |  |



Homeless Management Information System

**20. ZIP CODE OF LAST PERMANENT ADDRESS AND TYPE**

|  |                          |                        |
|--|--------------------------|------------------------|
| ZIP CODE: _____  | <input type="checkbox"/> | Full Zip Code Recorded |
| <input type="checkbox"/> Partial Zip Code Reported       | <input type="checkbox"/> | Refused                |
| <input type="checkbox"/> Estimated for City of Residence | <input type="checkbox"/> | Client Doesn't Know    |

**21. MARITAL STATUS [All Clients]**

|                                  |                                       |                                   |
|----------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Single  | <input type="checkbox"/> With Partner | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated    | <input type="checkbox"/> Widowed  |

**22. PARENTAL STATUS [All Clients]**

|   |   |
|---|---|
| <input type="checkbox"/> Single custodial parent of dependent child/ren       | <input type="checkbox"/> Not parent / No children |
| <input type="checkbox"/> Parent of non-dependent child/ren                    | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Parent in two-parent family with dependent child/ren |   |
| <input type="checkbox"/> Non-custodial parent of dependent child/ren          |   |

**23. CHRONIC HOMELESSNESS [All adults and unaccompanied youth]**

|   |   |
|---|---|
| <input type="checkbox"/> Chronic [4 or more in 3 yrs] | <input type="checkbox"/> Chronic [Cont. 1 yr or more] |
| <input type="checkbox"/> NOT Chronic Homeless         | <input type="checkbox"/> Unknown/Don't Know           |

**24. EMPLOYMENT STATUS [All Clients]**

|  |  |
|--|--|
| <input type="checkbox"/> Employed, Not Looking for a New Job     | <input type="checkbox"/> Unemployed (new or re-entry to work force)    |
| <input type="checkbox"/> Self Employed (non-job seeker)          | <input type="checkbox"/> Not in Labor Force (not seeking employment)   |
| <input type="checkbox"/> Full Time (over 35hrs per week)         | <input type="checkbox"/> Still in School or Too Young to Work          |
| <input type="checkbox"/> Part Time (under 35hrs per week)        | <input type="checkbox"/> Too Ill to Work                               |
| <input type="checkbox"/> Unemployed (no job, seeking employment) | <input type="checkbox"/> Discouraged Worker                            |
| <input type="checkbox"/> Unemployed (temporary lay off)          | <input type="checkbox"/> Retired                                       |
| <input type="checkbox"/> Unemployed (permanent lay off)          | <input type="checkbox"/> Employed, Seeking New Job                     |
| <input type="checkbox"/> Unemployed (other)                      | <input type="checkbox"/> Self Employed (seeking new job)               |
| <input type="checkbox"/> Unemployed (plant closure)              | <input type="checkbox"/> Full Time (over 35 hrs per week, seeking job) |
| <input type="checkbox"/> Unemployed (relocation)                 | <input type="checkbox"/> Unknown/Don't Know                            |

**25. TOTAL INDIVIDUAL INCOME:** \_\_\_\_\_

**26. TOTAL HOUSEHOLD INCOME:** \_\_\_\_\_  
 [Household income should include any income from all household sources i.e.; spouse, roommate, etc.]



Homeless Management Information System

**HMIS DATA: FAMILY INFORMATION** *[Head of Household Only]*

**31. ARE YOU HEAD OF HOUSEHOLD?**

|                          |  |                          |   |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | No – do not complete this form                               | <input type="checkbox"/> | Yes – but with no children, only spouse |
| <input type="checkbox"/> | Yes – If yes, how many children are in your household? _____ |                          |   |

**32. SPOUSE/SIGNIFICANT OTHERS NAME**

|             |  |  |  |  |  |  |  |  |  |  |  |  | N/A                      | does not know            | 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"/> |

**33. CHILDREN – List information about all dependent children (under 18 yrs old) in your household.**

|   | First Name | Middle Initial | Last Name |
|---|------------|----------------|-----------|
| 1 |            |                |           |
| 2 |            |                |           |
| 3 |            |                |           |
| 4 |            |                |           |
| 5 |            |                |           |
| 6 |            |                |           |

*[Be sure to also print and complete pages 1-4 of the intake form for each household member]*

Signature of applicant stating all information is true and correct

STAFF ACCEPTING APPLICATION \_\_\_\_\_