**HMIS Intake – for Children in Household under 18** Head of Household Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Child Entered Project: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** | | | | |
| **Social Security Number (SSN):** (write in SSN and check 1 data quality option): **\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_**  Full SSN Approx. or partial SSN Client doesn’t know Client prefers not to answer   Data not collected | | | | |
| **Child’s First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Full name Partial, street, or code name Client doesn’t know Client prefers not to answer   Data not collected | | | | |
| **Date of Birth (DOB): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**  Full DOB Approx. or partial DOB Client doesn’t know Client prefers not to answer   Data not collected | | | | |
| **Gender** (check 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:** | | | | |
| **Race and Ethnicity** (check 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** (if client would like to share additional info about their race or ethnicity, add here): | | | | |
| ***Disabling Condition:***  Does the client have a disabling condition? Yes No Client doesn’t know Client prefers not to answer  Data not collected | | | | |
| Circle below for each disability type: Y=Yes N=No DK=Doesn’t know PN=Prefers not to answer NC=Not collected | | | | |
| **Disability Type** | | **Disability Determination**  **(Has disability)** | **IF YES:** | Expected to be of long continued and indefinite duration and substantially impairs ability to live independently and of such a nature that such ability could be improved by more suitable housing conditions. |
| Physical Disability | | Y N DK PN NC | Y N DK PN NC |
| Developmental Disability | | Y N DK PN NC | N/A |
| Chronic Health Condition | | Y N DK PN NC | Y N DK PN NC |
| HIV/AIDS | | Y N DK PN NC | N/A |
| Mental Health Disorder | | Y N DK PN NC | Y N DK PN NC |
| Alcohol Use Disorder | | Y N DK PN NC | Y N DK PN NC |
| Drug Use Disorder | | Y N DK PN NC | Y N DK PN NC |
| Both Alcohol & Drug Use Disorder | | Y N DK PN NC | Y N DK PN NC |
| ***Health Insurance***  Is the client covered by health insurance? Yes No Client doesn’t know Client prefers not to answer  Data not collected | | | | |
| **Yes** (Check box) | **Health Insurance Type** | | | |
|  | 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 (please specify): | | | |