Participating Agency Information
[Agency Name]
[Address]
[City, state zip]
[Phone]

[Agency Logo]

Month / Day / Year	HMIS Client ID#	Housing Move-in Date

Demographics

NAME OF HEAD OF HOUSEHOLD (first, middle, last name, suffix (e.g., Jr, Sr, III))				Client does not know	Client refused to provide	Data Not Collected
First Name		Middle Name		☐	☐	☐
Last Name		Suffix		☐	☐	☐

Current Living Situation

Complete the following questions in the workflow in order to determine the client's current living situation.

Current Living Situation Table

Homeless Shelter	**1** Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)		**2** Safe Haven		**3** Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	
Institutional Setting	**4** Hospital or other residential non-psychiatric medical facility	**5** Jail, prison or juvenile detention facility	**6** Long-term care facility or nursing home	**7** Psychiatric hospital or other psychiatric facility	**8** Substance abuse treatment facility or detox center	**9** Foster care home or foster care group home
Transitional/Perm. Housing Situation	**10** Residential project or halfway house with no homeless criteria	**11** Hotel or motel paid for without emergency shelter voucher	**12** Transitional housing for homeless persons (including homeless youth)	**13** Host Home (non-crisis)	**14** Staying or living in a friend's room, apartment or house	**15** Staying or living in a family member's room, apartment or house
	16 Rental by client, with GPD TIP housing subsidy	**17** Rental by client, with VASH housing subsidy	**18** Permanent housing (other than RRH) for formerly homeless persons	**19** Rental by client, with RRH or equivalent subsidy	**20** Rental by client, with HCV voucher (tenant or project based)	**21** Rental by client in a public housing unit
	22 Rental by client, no ongoing housing subsidy	**23** Rental by client, with other ongoing housing subsidy	**24** Owned by client, with ongoing housing subsidy	**25** Owned by client, no ongoing housing subsidy	**26** **Other** **27** Worker unable to determine **28** Client doesn't know **29** Client refused **30** Data not collected	

Current Living Situation	
1) Current Living Situation Complete and code the response from the **Current Living Situation Table** above (#1-25)	# _____

Disability and Healthcare Information

PRIMARY DISABILITY:

☐ Alcohol Abuse
☐ Both Alcohol and Drug Abuse
☐ Chronic Health Condition
☐ Developmental
☐ Drug Abuse
☐ HIV/AIDS *(If checked client record must be locked)*
☐ Mental Health Problem
☐ Physical

START DATE: _____/ _____/_____

	Yes	No	Client does not know	Client refused to provide	Data Not Collected
Disability Determination: *If the client is self-reporting their disability to you, it will count as yes.*	☐	☐	☐	☐	☐
If YES, expected to be of long-continued, and indefinite duration and substantially impairs ability to live independently.	☐	☐	☐	☐	☐

Is the Above Condition going to be long term? ☐ Yes ☐ No

End Date: _____/ _____/_____

SECONDARY DISABILITY:

☐ Alcohol Abuse
☐ Both Alcohol and Drug Abuse
☐ Chronic Health Condition
☐ Developmental
☐ Drug Abuse
☐ HIV/AIDS *(If checked client record must be locked)*
☐ Mental Health Problem
☐ Physical

START DATE:_____/ _____/_____

	Yes	No	Client does not know	Client refused to provide	Data Not Collected
Disability Determination:	☐	☐	☐	☐	☐
If YES, expected to be of long-continued, and indefinite duration and substantially impairs ability to live independently.	☐	☐	☐	☐	☐

If the client has more than 2 disability types, please add the information to the back of this form

• RIN (Recipient Identification Number) _____

• What health plan are you enrolled in? _____

	Yes	No	Client does not know	Client refused to provide	Data Not Collected
Have you visited your primary care physician within the past 6 months?	☐	☐	☐	☐	☐

• Where have you gone most often to seek medical care in the past 12 months? _____

Health Insurance

COVERED BY HEALTH INSURANCE

Do household members currently have health insurance?

☐ Yes ☐ Data Not Collected ☐ Client Does Not Know ☐ Client Refused

☐ No

START DATE: _____/ _____/_____

If Yes – Complete the following *(You may use "All" if all household members receive the benefit)*

Medicaid	
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:
Medicare	
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:
Illinois All Kids (State Children's Health Insurance Program)	
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:
Veteran's Administration Medical Services	
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:
Employer Provided Health Insurance	
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:
Health Insurance obtained through COBRA	
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:
Private Pay Health Insurance	
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:
Indian Health Services Program	
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:
Other Source (specify):	Other Source (specify):
☐ Yes ☐ No ☐ Data Not Collected	☐ Yes ☐ No ☐ Data Not Collected

Income

HOUSEHOLD INCOME

Does the household have any current income?

☐ Yes ☐ No ☐ Client Does Not Know ☐ Client Refused ☐ Data Not Collected

IF YES: Please indicate the household member receiving the income, the source code of the income, the monthly amount (to the nearest dollar) of the source and when the income started.

Household Member	Income code	Monthly Amount	Start Date
		$	
		$	
		$	
		$	
		$	

EI = Earned Income
SSDI = Social Security Disability Income
WC = Worker's compensation
CS = Child support
RI = Retirement income from Social Security
UI = Unemployment Insurance
VAS = VA Service Connected
VAN = VA Non-Service Connected
AS = Alimony or other spousal support
TANF = Temporary Assistance for Needy Families
SSI = Supplemental Security Income
PD = Private disability insurance
GA = General Assistance
PFJ = Pension from a former job
Other = Describe other income

*For Each **Individual** Household Member with income record their individual total income from all sources below*

Household Member	Total Monthly Income

Household Member	Total Monthly Income

Total Monthly Household Income $ **Number of Household Members**

2019 AREA MEDIAN INCOME (AMI)

Household Size	1	2	3	4	5	6	7	8
30% AMI	$ 1,560	$ 1,783	$ 2,005	$ 2,228	$ 2,407	$ 2,585	$ 2,762	$ 2,942
50% AMI	$ 2,600	$ 2,971	$ 3,341	$ 3,712	$ 4,012	$ 4,308	$ 4,604	$ 4,904
80% AMI	$ 4,160	$ 4,754	$ 5,346	$ 5,940	$ 6,420	$ 6,893	$ 7,366	$ 7,846
100% AMI	$ 5,200	$ 5,942	$ 6,683	$ 7,425	$8,025	$8,616	$9,208	$9,808

TOTAL MONTHLY HOUSEHOLD INCOME AS PERCENTAGE OF AMI:

☐ BELOW 30% ☐ 30%-49% ☐ 50%-79% ☐ 80%-99% ☐ 100% and above

50% AND ABOVE

Employment

Employment Questions	**1)** Are you currently employed? *By employed, I mean working at a job for which you are paid*	☐ Yes	☐ No
	2) How many hours do you work in a typical week?	☐ 30 Hours or more ☐ 20 to 29 hours ☐ 10 to 19 hours	☐ Less than 10 hours ☐ Not employed
	3) Do you have a disability or health condition that limits your ability to work?	☐ Yes	☐ No
	4) Are you currently looking for work?	☐ Yes	☐ No

Non-Cash Benefits

Does the household currently receive any Non-Cash Benefits?

☐ Yes ☐ No ☐ Client Does Not Know ☐ Client Refused ☐ Data Not Collected

IF YES – Please indicate which of the following non-cash benefits have you received over the last 30 days.
(You may use "All" if all household members receive the benefit)

Food stamps or money for food on a benefits card (If yes, amount of benefit) Amount (optional): $		Start Date/ End Date
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:	_____/_____
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)		
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:	_____/_____
TANF child care services		
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:	_____/_____
TANF transportation services		
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:	_____/_____
Other TANF-Funded Services		
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:	_____/_____
Other Source (specify):		
☐ Yes ☐ No ☐ Data Not Collected	If Yes, Household Members:	_____/_____

Pregnancy / Parenthood

Employment Questions	**1)** Are you currently pregnant or do you have a pregnant partner?	☐ Yes		☐ No	
	2) Are you a parent?	☐ Yes		☐ No	
	3) Does your child/ do (any of) your children live with you?	☐ Yes, full time	☐ Yes, some of the time	☐ No	☐ Not applicable

Permanent Connections

Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statement:	
1) There are people I can depend on to help me if I really need it?	☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

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All Applicants Must Sign Below

By signing below, I attest that the information I have provided for eligibility and intake is a true and accurate account of the current situation, income and household.

Client signature: _____ Date: _____

Agency Representative Name (print): _____

Agency Representative Signature: _____ Date: _____