

Universal Intake Form

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 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Last Name | | Suffix | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name Data Quality | <input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, Street Name or Code name | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SSN | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SSN Data Quality | <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or partial SSN reported | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Veteran Status <i>(Collected at Record Creation)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship (to HoH) | <input type="checkbox"/> SELF | | <input type="checkbox"/> Child of HOH <input type="checkbox"/> Spouse or Partner <input type="checkbox"/> Non-Relation | | | |
| Client Location | <input type="checkbox"/> IL- 510 (Chicago) <input type="checkbox"/> IL- 506 (Will County) <input type="checkbox"/> IL- 502 (Lake County) <input type="checkbox"/> IL- 514 (DuPage County) <input type="checkbox"/> IL-511 (Suburban Cook Co.) <input type="checkbox"/> IN- 502 (IN- Lake Co) | | | | | |
| Date of Birth | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Trans Female: (MTF or Male to Female) <input type="checkbox"/> Female <input type="checkbox"/> Trans Male: (FTM or Female to Male) | | | <input type="checkbox"/> Gender Non-Conforming (i.e., not exclusively male or female) | | |
| Sexual Orientation <i>(Optional for General population, Required for Youth)</i> | Which of these sexual orientations best describes how you identify? | | <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Questioning <input type="checkbox"/> Lesbian <input type="checkbox"/> Queer | | <input type="checkbox"/> Unsure/Don't know <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Did not answer | |
| Ethnicity | <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|--------------------------------------|--|---|--|--------------------------|--------------------------|--------------------------|
| Primary Race | <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary Race (Leave Blank if None) | <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | NA | NA | <input type="checkbox"/> |
| Primary Language | <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other, specify: | | | <input type="checkbox"/> |

Disability and Healthcare Information

PRIMARY DISABILITY:

- | | |
|---|--|
| <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Both Alcohol and Drug Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Developmental | <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <i>(If checked client record must be locked)</i> <input type="checkbox"/> Mental Health Problem <input type="checkbox"/> Physical |
|---|--|

START DATE: ____/____/____

| | Yes | No | Client does not know | Client refused to provide | Data Not Collected |
|--|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| Disability Determination: <i>If the client is self-reporting their disability to you, it will count as yes.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, expected to be of long-continued, and indefinite duration and substantially impairs ability to live independently. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, expected to be of long-continued, and indefinite duration and substantially impairs ability to live independently. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

DOMESTIC VIOLENCE VICTIM/SURVIVOR

- Yes No Client Does Not Know Client Refused

If "Yes", when experience occurred?

- Within the past 3 months 3-6 months ago 6-12 months ago
- More than a year ago Client Does Not Know Client Refused
- Data Not Collected

If "Yes", are you currently fleeing? *(If "Yes" client record must be locked)*

- Yes No Client Does Not Know Client Refused

Prior Living Situation





To be considered chronically homeless, an individual must have a disability and have been living in a place not meant for human habitation, in an emergency shelter (ES), or in a safe haven (SH) for the last 12 months continuously, or on at least four occasions in the last three years *where those occasions cumulatively total at least 12 months*

Complete the following questions in the workflow in order to determine the client's history with chronic homelessness. Ask questions as they appear and follow the instructions carefully in the workflow as you continue with the assessment.

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

| Typical Sleeping Places Table | | | | | | | | | |
|------------------------------------|-----------|----------|---------------------|---------------------|----------|-------------|-------------------------------------|--------------|------------|
| A Homeless community encampment | B Park | C CTA | D Emergency Room | E Police Station | F Car | G Street | H Abandoned/Uninhabited Building | I Viaduct | J Other |

| | | |
|------------------|---|--|
| Section I | HOUSING STATUS | |
| | <input type="checkbox"/> Category 1 - Homeless <input type="checkbox"/> Category 2 - At Imminent Risk of Losing Housing <input type="checkbox"/> Category 3 - Homeless only under other federal Statutes <input type="checkbox"/> Category 4 - Fleeing Domestic Violence | <input type="checkbox"/> At-risk of homelessness <input type="checkbox"/> Stably Housed <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected |

| | | | | |
|---|---|--|--|---|
| Section I | 1) Prior Living Situation Complete and code the response from the Prior Living Situation Table above (#1-25) | # _____ | | |
| Prior Living Situation Questions | 2) Is this the type of place that you typically sleep? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused |
| | 2b) If Yes and selected a situation that falls under "Place not meant for habitation (#1 in Prior Living Situation Table)", please ask for the type of place they usually sleep and/or of the community in which the individual often engages. Complete and code the response from the Typical Sleeping Places table above (A-J) |  Letter: _____ |  | |
| | 3) If No, where do you typically sleep? Complete and code the response from the Prior Living Situation table above (#1-25) |  | # _____ | |
| | 3b) If selected a situation that falls under "Place Not Meant for Habitation (#1)", please ask for the type of place they usually sleep and/or of the community in which the individual often engages. Complete and code the response from the Typical Sleeping Places table above (A-J) |  | Letter: _____ | |
| | 4) Please briefly describe the place that you stay. You are welcome to include an address for team members to use to contact you regarding the availability or permanent housing or other shelter resources. | | | |

| | | | |
|--|---|------------------------------|-----------------------------|
| | <p>5) If selected a situation that falls under “Place Not Meant for Habitation (#1)” please ask if they currently stay in this setting with children.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|---|------------------------------|-----------------------------|

Section II

You will need to reference the client’s current residence from **Question 1** to inform yourself on which questions to answer below.

| | Literally Homeless Situation: 1 - 3 | Institutional Situation: 4 - 9 | Transitional/Permanent Housing Situation: 10 - 25 | |
|--------------------|--|--|---|---|
| Section II | <p>Length of stay in Prior Living Situation?</p> <p> <input type="checkbox"/> One Night or Less <input type="checkbox"/> Two to six Nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer </p> <p style="text-align: center;">↓</p> | <p>Length of Stay in Prior Living Situation</p> <p> <input type="checkbox"/> One Night or Less <input type="checkbox"/> Two to six Nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer </p> <p>Did you stay in this institutional situation less than 90 days?</p> <p> <input type="checkbox"/> Yes (Continue to section III) <input type="checkbox"/> No (If no- Do not continue with the interview) </p> <p style="text-align: center;">↓</p> | <p>Length of Stay in Prior Living Situation</p> <p> <input type="checkbox"/> One night or Less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer </p> <p>Did you stay in the housing situation less than 7 nights?</p> <p> <input type="checkbox"/> Yes (Continue to Section III) <input type="checkbox"/> No (If no- Do not continue with the interview) </p> <p style="text-align: center;">↓</p> | <p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused </p> <p style="text-align: center;">↓</p> |
| Section III | <p style="text-align: center;">N/A</p> <p style="text-align: center;">Continue to Sections Below</p> | <p>On the night before entering the institutional situation, did you stay on the streets, in emergency shelter or a safe haven?</p> <p> <input type="checkbox"/> Yes (Continue to Section IV) <input type="checkbox"/> No (If no- Do not continue with the interview) </p> | <p>On the night before entering the housing situation did you stay on the streets, in emergency shelter, or a safe haven?</p> <p> <input type="checkbox"/> Yes (Continue to Section IV) <input type="checkbox"/> No (If no- Do not continue with the interview) </p> | <p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused </p> |

The Client may have breaks in their stay on the streets, ES, of SH. A break in homelessness is considered to be:

- 7 or more consecutive nights in a housing situation (See section III)
- 90 or more consecutive days in an institutional situation (see section II)

Follow up questions:

1. (If coming from **Literal Homelessness**) Did you stay anywhere other than on the streets, in emergency shelter, or safe haven for less than seven nights?
2. (If coming from **Institutional Situation**) Were you in jail, hospital, or other institutional setting for less than 90 days?

If answer to either of these questions is yes, include all those days in the client's total number of days homeless and continue back to the next break in homelessness.

Approximate date this episode of homelessness started ____________ (MM / DD /YYYY)

If the client does not remember the exact date but remembers the month and year, the worker may substitute the day for the 1st.

Section IV

Regardless of where they stayed last night- What is the number of times the client has been on the streets, in ES, of SH in the past **three** years, including today?

- | | | |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> One Time | <input type="checkbox"/> Three Times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two Times | <input type="checkbox"/> Four Times | <input type="checkbox"/> Client refused |

Total number of months homeless (on the street, in ES or SH) in past three years

- | | | |
|--|--|--|
| <input type="checkbox"/> One Month | <input type="checkbox"/> More than 12 months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 2-12 Months (# of Months____) | | <input type="checkbox"/> Client refused |

Please choose the primary reason the client is in their current housing situation:

- | | |
|--|--|
| <input type="checkbox"/> Aging out of Foster Care | <input type="checkbox"/> Experiencing Mental health issues |
| <input type="checkbox"/> Disagreement with family/roommate | <input type="checkbox"/> Family or personal medical issues |
| <input type="checkbox"/> Discharge from Hospital | <input type="checkbox"/> Fleeing Domestic Violence |
| <input type="checkbox"/> Discharge from Jail/prison | <input type="checkbox"/> Fleeing Human trafficking |
| <input type="checkbox"/> Discharge from Mental Health/substance abuse facility | <input type="checkbox"/> Insufficient Income |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Loss of public assistance |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Natural Disaster or Fire |
| <input type="checkbox"/> Experience Human trafficking | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Voluntarily left rental unit | <input type="checkbox"/> Substance Abuse |

If 'other' was selected, please indicate what:

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

| Current Living Situation Questions | 1) Current Living Situation | # _____ | | |
|---|---|------------------------------|---|---|
| | Complete and code the response from the Current Living Situation Table above (#1-25) | | | |
| | 2) Is client going to have to leave their current living situation within 14 days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused |
| | 3) Does individual or family have resources or support networks to obtain other permanent housing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused |
| | 3b) If "Yes" has a subsequent residence been identified? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused |
| | 4) Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused |
| 5) Has the client moved 2 or more times in the last 60 days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused | |

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 VA = 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 |
|------------------|----------------------|
| | |
| | |
| | |

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? <i>By employed, I mean working at a job for which you are paid</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 2) How many hours do you work in a typical week? | <input type="checkbox"/> 30 Hours or more <input type="checkbox"/> 20 to 29 hours <input type="checkbox"/> 10 to 19 hours | <input type="checkbox"/> Less than 10 hours <input type="checkbox"/> Not employed |
| | 3) Do you have a disability or health condition that limits your ability to work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 4) Are you currently looking for work? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 |
|--|-----------------------|----------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected If Yes, Household Members: | | _____ / _____ |
| Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected If Yes, Household Members: | | _____ / _____ |
| TANF child care services | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected If Yes, Household Members: | | _____ / _____ |
| TANF transportation services | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected If Yes, Household Members: | | _____ / _____ |
| Other TANF-Funded Services | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected If Yes, Household Members: | | _____ / _____ |
| Other Source (specify): | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected If Yes, Household Members: | | _____ / _____ |

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 | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected | If Yes, Household Members: |
| Medicare | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected | If Yes, Household Members: |
| Illinois All Kids (State Children’s Health Insurance Program) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected | If Yes, Household Members: |
| Veteran’s Administration Medical Services | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected | If Yes, Household Members: |
| Employer Provided Health Insurance | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected | If Yes, Household Members: |
| Health Insurance obtained through COBRA | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected | If Yes, Household Members: |
| Private Pay Health Insurance | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected | If Yes, Household Members: |
| Indian Health Services Program | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected | If Yes, Household Members: |
| Other Source (specify): | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected |

End Date: ____ / ____ / ____

Education

| | | | |
|----------------------------|---|------------------------------|-----------------------------|
| Education Questions | 1) Are you currently enrolled in school? <i>By school, I mean any type of education or training program</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 2) Are you attending school regularly? <i>By school, I mean any type of education or training program</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|--|---|---|
| | <p>3) What is the highest level of education you have completed?</p> | <input type="checkbox"/> Less than 9 th grade <input type="checkbox"/> 9 th -11 th grade <input type="checkbox"/> 12th but no diploma <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Some vocational training or trade school, but no credential or certificate <input type="checkbox"/> Credential or certificate, but no degree <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate's or four-year degree or more <input type="checkbox"/> Bachelor's or four-year degree or more <input type="checkbox"/> Other: _____ |
|--|---|---|

Pregnancy / Parenthood

| | | | |
|---------------------------------------|--|---|--|
| Pregnancy/Parenthood Questions | <p>1) Are you currently pregnant or do you have a pregnant partner?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <p>2) Are you a parent?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <p>3) Does your child/ do (any of) your children live with you?</p> | <input type="checkbox"/> Yes, full time | <input type="checkbox"/> Yes, some of the time |

Permanent Connections

| | |
|--|--|
| <p>Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statement:</p> | |
| <p>1) There are people I can depend on to help me if I really need it?</p> | <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree |

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: _____