



COHMIS

Child Intake Form for Project Types:

Coordinated Entry

SOCIAL SECURITY NUMBER (SSN)											
QUALITY OF SSN		<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate/partial SSN reported						<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected			
CLIENT NAME											
Last:											
First:											
Middle:								Suffix:			
QUALITY OF NAME		<input type="checkbox"/> Full name reported <input type="checkbox"/> Partial, street name, or code name reported						<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected			
DATE OF BIRTH (DOB) (MM/DD/YYYY)											
QUALITY OF DOB		<input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate/partial DOB reported						<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected			
GENDER											
<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> A gender that is not singularly 'Female' or 'Male' <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning				<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected					
RACE											
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American				<input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White				<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected			
ETHNICITY											
<input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x)						<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected					
RELATIONSHIP TO HEAD OF HOUSEHOLD											
<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner				<input type="checkbox"/> Head of household's other relation member <input type="checkbox"/> Other: non-relation member							
PROJECT NAME											
PROJECT START DATE (MM/DD/YYYY)											

PRIOR LIVING SITUATION (Where did the client sleep the night before entering this project?) (PICK ONLY 1)

HOMELESS SITUATION

- Place not meant for human habitation (vehicle, anywhere outside)
- Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher or RHY-funded host home
- Safe Haven

INSTITUTIONAL SITUATION

- Foster care home or foster care group home
- 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

TRANSITIONAL & PERMANENT HOUSING SITUATION

- 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
- Rental by client, with GPD TIP 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)
- Rental by client in a public housing unit
- 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
- Client doesn't know
- Client refused
- Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION (How long did the client stay in that situation?)

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused
- Data not collected

APPROXIMATE DATE HOMELESSNESS STARTED

(for the client's **current** episode of homelessness)

MONTH			DAY			YEAR			

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today (Regardless of where they stayed last night)

- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused
- Data not collected

Total number of months homeless on the streets, in ES, or SH in the past three years

- One month (first time)
- Two months
- Three months
- Four months
- Five months
- Six months
- Seven months
- Eight months
- Nine months
- Ten months
- Eleven months
- Twelve months
- More than 12 months
- Client doesn't know
- Client refused
- Data not collected

DISABLING CONDITION

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected

HEALTH INSURANCE

Covered by Health Insurance?

- No
- Yes*

- Client doesn't know
- Client refused
- Data not collected

***If YES to Covered by Health Insurance – Indicate all sources that apply**

- Medicaid
- Medicare
- State Children's Health Insurance Program
- Veteran's Administration (VA) Medical Services
- 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
(Specify source: _____)

Signature of parent/guardian stating all information is true and correct

Date