



COHMIS

CoC/ESG 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								
VETERAN STATUS										
<input type="checkbox"/> Yes <input type="checkbox"/> No		<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

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy | <ul style="list-style-type: none"> <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> 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?)

- | | | |
|--|---|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> 90 days or more, but less than one year | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> One year or longer | <input type="checkbox"/> 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)

- | | | |
|------------------------------------|---|--|
| <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 or more times | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> Data not collected |

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

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> One month (first time) | <input type="checkbox"/> Five months | <input type="checkbox"/> Nine months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> Two months | <input type="checkbox"/> Six months | <input type="checkbox"/> Ten months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three months | <input type="checkbox"/> Seven months | <input type="checkbox"/> Eleven months | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Four months | <input type="checkbox"/> Eight months | <input type="checkbox"/> Twelve months | <input type="checkbox"/> Data not collected |

DISABLING CONDITION

- No
- Yes

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

CASH INCOME FOR INDIVIDUAL

Income from Any Source?

- No
- Yes*

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

***If YES to Income from Any Source – Indicate all sources that apply**

Income Source (Check all that apply)	Monthly Amount
<input type="checkbox"/> Earned Income	
<input type="checkbox"/> Unemployment Insurance	
<input type="checkbox"/> Supplemental Security Income (SSI)	
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	
<input type="checkbox"/> VA Service-Connected Disability Compensation	
<input type="checkbox"/> VA Non-Service Connected Disability Compensation	
<input type="checkbox"/> Private Disability Insurance	
<input type="checkbox"/> Worker's Compensation	
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/> General Assistance (GA)	
<input type="checkbox"/> Retirement Income from Social Security	
<input type="checkbox"/> Pension or Retirement Income from a Former Job	
<input type="checkbox"/> Child Support	
<input type="checkbox"/> Alimony and Other Spousal Support	
<input type="checkbox"/> Other Cash Income (Specify: _____)	
Total Monthly Amount	

NON-CASH BENEFITS	
Receiving Non-Cash Benefits?	<input type="checkbox"/> No <input type="checkbox"/> Yes* <div style="float: right; text-align: right;"> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected </div>
*If YES to Receiving Non-Cash Benefits – Indicate all sources that apply	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <div style="float: right; text-align: right;"> <input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> Other Non-Cash Benefit (Specify source: _____) </div> <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> TANF Childcare Services	

HEALTH INSURANCE	
Covered by Health Insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes* <div style="float: right; text-align: right;"> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected </div>
*If YES to Covered by Health Insurance – Indicate all sources that apply	
<input type="checkbox"/> Medicaid <div style="float: right; text-align: right;"> <input type="checkbox"/> Health Insurance Obtained Through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other Health Insurance (Specify source: _____) </div> <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Veteran's Administration (VA) Medical Services <input type="checkbox"/> Employer-Provided Health Insurance	

CONTACT INFORMATION (Optional – entered on the Contacts tab)		Personal <input type="checkbox"/>	Work <input type="checkbox"/>	Message <input type="checkbox"/>
Phone number				
Email				

ADDRESS (Optional – entered on the Locations tab)		Mailing Address <input type="checkbox"/>	Last Permanent Address <input type="checkbox"/>
Street			
City			
State		Zip Code	

Signature of applicant stating all information is true and correct

Date