

Universal and ESG Intake/Checkout Form for HMIS Clients

Program Entry Date: \_\_\_\_\_ Entry Type: Basic Entry/Exit

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Social Security Number: ( )-( )-( )

SSN Data Quality:  Full SSN Reported  Partial SSN Reported  
 Don't Know or Don't Have SSN  Refused

Gender:  Female  Male  Transgender  Unknown

**Primary Race:**

*Examples:* If a client is *White*, you would select White in Primary Race and White in Secondary Race.

If a client is *Asian & White*, you would select Asian in Primary Race and White in Secondary Race.

American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  Other  Other Multi-Racial  White

**Secondary Race:**

American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  Other  Other Multi-Racial  White

Ethnicity:  Hispanic/Latino  Other (Non Hispanic/Latino)

US Military Veteran:  Yes  No  Don't Know  Refused

Is Client Homeless?  Yes  No

**Type of Living Situation:**

<input type="checkbox"/> Domestic Violence Situation	<input type="checkbox"/> Own House/Apartment
<input type="checkbox"/> Don't Know	<input type="checkbox"/> Permanent Housing for Formerly Homeless
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Place not meant for habitation
<input type="checkbox"/> Foster care/group home	<input type="checkbox"/> Psychiatric Hospital or Facility
<input type="checkbox"/> Hospital (non-psychiatric)	<input type="checkbox"/> Refused
<input type="checkbox"/> Hotel/Motel without emergency shelter	<input type="checkbox"/> Rental House/Apartment
<input type="checkbox"/> Jail, Prison or Juvenile Facility	<input type="checkbox"/> Subsidized Housing
<input type="checkbox"/> Living with Family	<input type="checkbox"/> Substance Abuse Treatment Center
<input type="checkbox"/> Living with Friends	<input type="checkbox"/> Transitional Housing for Homeless
<input type="checkbox"/> Other	

**Length of Stay:**

One week or less  
 More than one week, but less than one month  
 One to three months  
 More than three months, but less than one year  
 One year or longer

Zip Code of Last Permanent Address: \_\_\_\_\_

Zip Data Quality:  Full Zip Code Recorded  Don't Know  Refused

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**Do you have a disability of long duration?**

Yes    No    Don't Know    Refused

**Disability Assessment:**  
**(Check all that apply)**

- Alcohol Abuse
- Developmental
- Drug abuse
- Dual Diagnosis
- Hearing Impaired
- HIV/AIDS
- Mental Illness
- Other
- Physical/Medical
- Physical/Mobility Limits
- Vision Impaired

**Start Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** The start date is required for the disability to be included in the reporting. If the actual start date is unknown a date that is prior to the entry date should be used.

**Chronic Homeless Assessment:**

An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. The individual must have been on the streets or in an emergency shelter (not transitional housing) during these episodes.

**Is Client Chronically Homeless?**    Yes    No

**Program Exit Date:** \_\_\_\_\_