**Maryland Balance of State CoC**

Coordinated Entry System

Client Intake Form

This form is used to enter all clients into the Coordinated Entry System. The questions asked on this form are intended to assist clients in the navigation process and determine project eligibility. Any information omitted on this form will not prevent a client from obtaining housing through the Coordinated Entry System. This form will fulfill all HUD required data elements for all project types. Data from this form will be used to populate the LHC By Name List.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HMIS#** |  | **Project Start Date** |  | **SSM Score** |  |
| **Case Manager Name** |  | **Case Manager Agency** |  | **Case Manager Phone & Email** |  |
| **Family Type** |  ☐ Adults & Children ☐Adults Only |
| **Total # Adults** |  | **Total # Children** |  | **Household Total Size** |  |

|  |  |
| --- | --- |
| **Notes** |  |

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| --- | --- | --- | --- |
| **Client First Name** |  | **Last Name** |  |
| **Alias** |  | **Suffix** |  |
| **Social Security Number** |  |
| **Has this individual ever served in the U.S. Armed Forces** | ☐Yes ☐No ☐Don’t Know/Refused |
| **Client Phone** |  |
| **Client Email** |  |
| **Date of Birth**  |  | **Age** |  |
| **Primary Race** | ☐American Indian/ Alaskan Native/ Indigenous  | ☐Asian / Asian American | ☐Black/African American/African | ☐Native Hawaiian/ Pacific Islander | ☐White☐Don’t Know/Refused |
| **Secondary Race** | ☐American Indian/ Alaskan Native/ Indigenous | ☐Asian / Asian American | ☐Black/African American/African | ☐Native Hawaiian/ Pacific Islander | ☐White☐Don’t Know/Refused |
| **Ethnicity** | ☐Hispanic/Latino ☐Non-Hispanic/Non-Latino ☐Don’t Know/Refused |
| **Gender** | ☐Female ☐Male ☐Gender not singularly male or female ☐Transgender ☐Questioning ☐Don’t Know/Refused  |
| **Relationship to Head of Household** | ☐ Self (Head of household) ☐ HoH Child ☐ HoH Spouse/Partner ☐ HoH other/non-relation ☐ Other ☐Don’t Know/Refused |
| **Last Grade Completed** |  |
| **County Residence Prior to Entry** |  | **Zip Code of Last Permanent Address** |  |

# Homeless History

|  |  |
| --- | --- |
| **Prior living situation: Where did the client sleep last night?**  | ☐Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter ☐ Safe Haven ☐ 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 ☐ 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, temporary tenure ☐ Staying or living in a family member’s room, apartment, or house, temporary tenure ☐ Staying or living in a friend’s room, apartment, or house, permanent tenure☐ Staying or living with family, permanent tenure ☐ Moved from one HOPWA funded project to HOPWA PH☐ 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 ☐ 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 |
| **Approximately how long was the client staying in that location?** | ☐ 1 night or less☐ 2 to 6 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 / Refused |
| **Approximate date homelessness started** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*MM/DD/YYYY* |
| **Regardless of where they stayed last night, what is the number of times the client has been homeless in the past three years, including today?** | ☐ One time☐ Two times☐ Three times | ☐ Four or more times☐ Don’t know / Refused |
| **Over the last 3 years, approximately how many months did this client spend staying on the streets, in an emergency shelter/safe haven, or in a place not meant for human habitation?** | ☐ One month *(this time is the first month)* ☐ 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☐ Don’t Know/Refused  |

# Income

|  |  |
| --- | --- |
| **Percentage of AMI** | ☐ Less than 30% ☐ 30%-50% ☐ Greater than 50% |
| **Does the individual receive any earned income (i.e. employment income)?** | ☐Yes ☐No ☐Don’t Know/Refused |
| ***If yes, indicate what source(s) & amount***  |
| ☐ Employment Income $\_\_\_\_\_\_\_\_\_\_☐ Unemployment $\_\_\_\_\_\_\_\_\_\_☐ Supplemental Security Insurance $\_\_\_\_\_\_\_\_☐ Social Security Disability Insurance $\_\_\_\_\_\_☐ VA Service Connected $\_\_\_\_\_\_\_\_\_\_☐ VA Non-Service Connected $\_\_\_\_\_\_\_\_\_\_ | ☐ General Assistance $\_\_\_\_\_\_\_\_\_\_☐ Retirement Income from Social Security $\_\_\_\_\_\_\_\_\_\_☐ Private Disability Insurance $\_\_\_\_\_\_☐ Worker’s Compensation$\_\_\_\_\_\_\_\_\_☐ TANF $\_\_\_\_\_\_\_\_\_\_ | ☐ Pension or retirement from previous job $\_\_\_\_\_\_\_\_\_\_☐ Child Support $\_\_\_\_\_\_\_\_\_☐ Alimony or Spousal Support $\_\_\_\_\_\_\_\_\_\_☐ Other $\_\_\_\_\_\_\_\_\_\_ |
| **Does the individual receive any income from benefits (e.g. SNAP, WIC, etc.)?** | ☐Yes ☐No ☐Don’t Know/Refused |
| ***If yes, indicate what source(s)*** |
|  ☐ SNAP $\_\_\_\_\_\_\_ ☐ WIC $\_\_\_\_\_\_\_ ☐ TANF Child Care $\_\_\_\_\_\_\_ ☐ TANF Transportation $\_\_\_\_\_\_\_ ☐ Other $\_\_\_\_\_\_\_  |

# Health Insurance

|  |  |
| --- | --- |
| **Is the client currently covered by Health Insurance?** | ☐Yes ☐No ☐Don’t Know/Refused |
| ***If yes, what kind?*** | ☐ Medicaid ☐ Medicare ☐ State Children’s Program (CHIP) | ☐ VA Medical Services☐ Employer Provided ☐ COBRA ☐ Private Pay  | ☐ State Adult Program ☐ Indian Health Services Program ☐ Other |

# Disability

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| --- | --- |
| **Does the individual or anyone in the individual’s household have a disabling condition?**  | ☐Yes ☐No ☐Don’t Know/Refused |
| ***If yes, indicate what type(s)***  | ☐ Physical Disability ☐ Developmental Disability ☐ Chronic Health Condition  | ☐ HIV/AIDS ☐ Mental Health Problem ☐ Substance Abuse |
| ***If yes, is it expected to be of long, continued & indefinite duration & substantially impair ability to live independently?*** | ☐Yes ☐No ☐Don’t Know/Refused |

# Domestic Violence

|  |  |
| --- | --- |
| **Have you experienced Domestic Violence?** | ☐Yes ☐No ☐Don’t Know/Refused |
| ***If yes, when did it occur?*** | ☐Within the last 3 months ☐3 to 6 months ago ☐6 months to 1 year ago ☐One year ago or more ☐ Don’t Know/Refused |
| ***If yes, are you currently fleeing?*** | ☐Yes ☐No ☐Don’t Know/Refused |