CoC, ESG, or BHAP AKHMIS Intake – All but Shelter & Outreach

Project Start Date (Use for Back Date Mode in AKHMIS): _____/_____/_______ Staff Completing Intake: _______________________

Client Name: ____ Client Phone Number: (_____)_____-_____________

Social Security Number	Veteran?	Date of Birth	Relationship to Head of Household
	☐ Yes ☐ No	_______/ _______/_________	Self (HoH)

Race: *Indicate Primary Race (1) & Secondary Race (2)	Ethnicity:	Gender:
☐ American Indian / Alaska Native ☐ Asian ☐ Black / African American ☐ Native Hawaiian / Other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused	☐ Non-Hispanic / Non-Latino ☐ Hispanic / Latino ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Trans Female - Male to Female ☐ Trans Male - Female to Male ☐ Gender Non-Conforming ☐ Client doesn't know ☐ Client refused

Domestic Violence Victim / Survivor

Victim or survivor of DV? ☐ Yes ☐ No ☐ Doesn't know ☐ Client refused

If yes, when did the last experience occur?	**If yes**, is the client currently fleeing?
☐ Within last 3 months ☐ 6-12 months ago ☐ 1+ years ago ☐ Doesn't know ☐ Refused	☐ Yes ☐ Doesn't know ☐ No ☐ Client refused

Health Insurance (Check all that apply.)

Is the client covered by health insurance? ☐ Yes ☐ No ☐ Doesn't know ☐ Refused

☐ Medicaid
☐ Medicare
☐ State Children's Health Insurance Program
☐ Veteran's Administration Medical Services
☐ Employer-Provided Health Insurance
☐ Health Insurance through COBRA
☐ Private Pay Health Insurance
☐ State Health Insurance for Adults
☐ Indian Health Services Program
☐ Other:_____________________________

Disabling Conditions

Does the client have a disabling condition? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Disability Type (Check all that apply.)	Yes	No	Doesn't Know	Refused	If yes, Long-Continued and Indefinite Duration? Yes	No	Doesn't Know	Refused
Alcohol Abuse	☐	☐	☐	☐	☐	☐	☐	☐
Both Alcohol & Drug Abuse	☐	☐	☐	☐	☐	☐	☐	☐
Chronic Health Condition	☐	☐	☐	☐	☐	☐	☐	☐
Developmental	☐	☐	☐	☐				
Drug Abuse	☐	☐	☐	☐	☐	☐	☐	☐
HIV/AIDS	☐	☐	☐	☐				
Mental Health Problem	☐	☐	☐	☐	☐	☐	☐	☐
Physical	☐	☐	☐	☐	☐	☐	☐	☐

Alaska Mental Health Trust (AMHT) Beneficiary (Select an answer for each disability type.)

Does the client have any of the following specific disabilities?	Alzheimer's Disease & Related Dementias	Chronic Alcoholism / Substance Use Disorder	Intellectual or Developmental Disabilities	Mental Illness	Traumatic Brain Injuries
	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Primary Alaska Regional Corporation

☐ Not Affiliated

Secondary Alaska Regional Corporation (if applicable):

☐ Ahtna Corp.
☐ Aleut Corp.
☐ Arctic Slope Regional Corp.
☐ Bering Straits Native Corp.
☐ Bristol Bay Native Corp.
☐ Calista Corp.
☐ Chugach Alaska Corp.
☐ Cook Inlet Regional Corp.
☐ Doyon Limited Corp.
☐ Koniag Incorp.
☐ NANA Regional Corp.
☐ Sealaska
☐ 13th Regional Corp.
☐ Client doesn't know
☐ Client refused

Client Name: ______________________________ **Client DOB:** ______/ ______/ ________

Prior Living Situation

Select ***only one living situation*** below (Homeless Situation, Institutional Situation, OR Temporary and Permanent Housing Situation), then complete the corresponding fields in the table.

☐ Homeless Situation

If this option is selected, you must not select Institutional Situation or Temporary or Permanent Housing Situation

- ☐ Place not meant for habitation
- ☐ Emergency shelter (ES), including hotel or motel paid for with ES voucher, or RHY-funded Host Home shelter

How long have you been in this current **Homeless Situation***?*

☐ One night or less	☐ One month +, but less than 90 days
☐ Two to six nights	☐ 90 + days, but less than one year
☐ One week +, but less than a month	☐ One year or longer

The **Approximate Date** that the client's current episode of homelessness started is the first date the client started living on the streets or in Emergency Shelter after staying in **1)** an Institutional Situation for 90+ nights, or **2)** a Temporary or Permanent Housing Situation for 7+ nights.
If today is their first night in shelter after a break in homelessness, enter today's date.

Approximate Date Homeless Situation started: ______/______/_________

☐ Institutional Situation

If this option is selected, you must not select Homeless Situation or Temporary or Permanent Housing Situation

☐ Foster care home / group home	☐ Long-term care facility or nursing home
☐ Hospital / non-psychiatric residential medical facility	☐ Psychiatric hospital / psychiatric facility
☐ Jail/prison/juvenile detention facility	☐ Substance abuse treatment facility/detox center

How long have you been in this current **Institutional Situation***?*

☐ One night or less	☐ One month +, but less than 90 days
☐ Two to six nights	☐ 90 + days, but less than one year
☐ One week +, but less than a month	☐ One year or longer

If the stay was less than 90 days, on the night before entering the **Institutional Situation,** *were you on the streets or in ES?* ☐ **Yes** ☐ **No**

The **Approximate Date** that the client's current episode of homelessness started is the first date the client started living on the streets or in Emergency Shelter after staying in an Institutional Situation for 90+ nights.
If today is their first night in shelter after a break in homelessness, enter today's date.

Approximate Date Homeless Situation started: ______/______/_________

☐ Temporary or Permanent Housing Situation

If this option is selected, you must not select Homeless Situation or Institutional Situation

☐ Residential project/halfway house w/ no homeless criteria	☐ Perm. Housing (no RRH) for formerly homeless persons
☐ Hotel/motel paid for without ES voucher	☐ Rental by client w/ RRH or equivalent subsidy
☐ Transitional housing for homeless persons youth	☐ Rental by client w/ HCV voucher (tenant/project based)
☐ Host Home (non-crisis)	☐ Rental by client in a public housing unit
☐ Staying/living in friend's room/apt./house	☐ Rental by client, no ongoing housing subsidy
☐ Staying/living in family's room/apt./house	☐ Rental by client, ongoing housing subsidy
☐ Rental by client, GPD TIP subsidy	☐ Owned by client, no ongoing housing subsidy
☐ Rental by client, VASH subsidy	☐ Owned by client, ongoing housing subsidy

How long have you been in this current **Temp. or Perm. Housing Situation***?*

☐ One night or less	☐ One month +, but less than 90 days
☐ Two to six nights	☐ 90 + days, but less than one year
☐ One week +, but less than a month	☐ One year or longer

If the stay was less than 7 nights, on the night before entering the Temp. or Perm. Housing Situation, *were you on the streets or in ES?* ☐ Yes ☐ No

The Approximate Date that the client's current episode of homelessness started is the first date the client started living on the streets or in Emergency Shelter after staying in a Temporary or Permanent Housing Situation for 7+ nights.
If today is their first night in shelter after a break in homelessness, enter today's date.

Approximate Date Homeless Situation started: ______/______/_________

Regardless of where you stayed last night, **how many times** have you been **on the streets or in emergency shelter** in the last 3 years? Select one.

- ☐ One time
- ☐ Two times
- ☐ Three times
- ☐ Four + times

How many months have you been **on the streets** or in **emergency shelter** in the last 3 years? Select one.

- ☐ 1 - 12 months (specify): ____________
- ☐ More than 12 months

For Permanent Housing Projects—including Rapid Rehousing Projects—*only*

If you are completing this for a project that is not a PH project and this data element is filled in on the Entry Assessment in HMIS, remove it.

Client Name: ______________________________ **Client DOB:** ______/ ______/ ________

Housing Move-In Date: ______/ ______/ ________

Primary Reason for Seeking Assistance

- ☐ Illness/Injury
- ☐ Domestic Violence
- ☐ Hours of Work Cut
- ☐ House Repairs (Damaged/Destroyed)
- ☐ ATAP Delays/Sanction
- ☐ Death in Family
- ☐ Legal Issues
- ☐ Unemployed-Less than 60 Days
- ☐ Unemployed-More than 60 Days
- ☐ Nonpayment of Child Support
- ☐ Benefits Interrupted (i.e. SSI or VA)
- ☐ In Treatment
- ☐ Low Wages/Fixed Income
- ☐ Car Trouble/Accident
- ☐ Loss of Partner/Roommate
- ☐ Theft Victim
- ☐ Moved w/in AK with Insufficient Funds
- ☐ Moved to AK with Insufficient Funds
- ☐ New Job/Paycheck Delay
- ☐ Mortgage Foreclosure
- ☐ Loss of Job
- ☐ Released from Medical Facility
- ☐ Released from Jail/Prison
- ☐ Living with Relative/Friend-Asked to Leave
- ☐ Substance Abuse
- ☐ Other (specify): ____________________

Monthly Income (Check all that apply.)

Does the client have a source of income? ☐ Yes ☐ No ☐ Doesn't know ☐ Refused

If yes, what is the total monthly income? $______________

Income source	Amount	Income source	Amount
☐ Alimony/Other spousal support	$	☐ SSDI	$
☐ VA service connected disability compensation	$	☐ SSI	$
☐ VA non-service connected disability pension	$	☐ General assistance	$
☐ Worker's Compensation	$	☐ Unemployment insurance	$
☐ Retirement income from social security	$	☐ TANF	$
☐ Pension/Retirement income from another job	$	☐ Child support	$
☐ Private disability insurance	$	☐ Earned income	$

Non-Cash Benefits (Check all that apply.)

Does the client receive non-cash benefits? ☐ Yes ☐ No ☐ Doesn't know ☐ Refused

- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF-Funded Services
- ☐ SNAP (Food Stamps)
- ☐ Special Supp. Nutrition Program for WIC
- ☐ Other (specify): ______________________