**ServicePoint Intake – for Dependent Children <18 ServicePoint ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Client’s Name:**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_ Full name \_\_\_\_\_Partial, street or code name \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **Social Security Number (SSN)** :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_Full SSN \_\_\_\_\_Approx. or partial SSN \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **Client’s relationship to head of household:**  |
| **ROI Page 1** (Overall Record Sharing): \_\_\_\_\_Yes \_\_\_\_\_No **(IF NO, CLOSE MAIN RECORD PADLOCK)** |
| **Does client have a disability of long duration:** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused |
| **Circle below for each disability type: Y=Y N=No DK=Doesn’t Know R=Refused**  |
| **Disability Type** | Has disability | **IF YES:** | Expected to be of long continued and indefinite duration AND substantially impairs ability to live independently |
| **Alcohol abuse** | Y N DK R  | Y N DK R  |
| **Drug Abuse** | Y N DK R  | Y N DK R  |
| **Both alcohol and drug abuse** | Y N DK R  | Y N DK R  |
| **Chronic health condition** | Y N DK R  | Y N DK R  |
| **Developmental disability** | Y N DK R  | Y N DK R  |
| **HIV/AIDS** | Y N DK R  | Y N DK R  |
| **Mental health problem** | Y N DK R  | Y N DK R  |
| **Physical disability** | Y N DK R  | Y N DK R  |
| **HUD Relationship to Head of Household**:\_\_\_\_\_Head of Household’s other relation member \_\_\_\_\_Other: Non-relation member\_\_\_\_\_Head of Household’s Child \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_Full DOB \_\_\_\_Approx.DOB \_\_\_\_Client doesn’t know \_\_\_\_Client refused |
| **Race** (check up to 2):\_\_\_\_\_American Indian or Alaska Native \_\_\_\_\_Asian \_\_\_\_\_Black or African American\_\_\_\_\_Native Hawaiian/Pacific Islander \_\_\_\_\_White \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused |
| **Gender**: \_\_\_\_\_Female \_\_\_\_\_Male \_\_\_\_\_Client refused \_\_\_\_\_Client doesn’t know \_\_\_\_\_Transgender M to F \_\_\_\_\_Transgender F to M \_\_\_\_\_Does Not Identify as M/F/T |
| **Ethnicity**: \_\_\_\_\_Non-Hispanic/Non-Latino \_\_\_\_\_Hispanic/Latino \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused |
| **Covered by health insurance**:\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| Type: | Yes | No | Type: | Yes | No |
| MEDICAID |  |  | Employer-provided insurance |  |  |
| MEDICARE |  |  | Health insurance through COBRA |  |  |
| State children’s health insurance |  |  | Private pay health insurance |  |  |
| Veteran’s Admin. medical services |  |  | State health insurance for adults |  |  |
| Indian Health Services Program |  |  | Other: |  |  |