**Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Intake Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Location:** WY – 500

**Household Type:**  Single individual  2 or more adults, no children  Family w/children under 18

**Section 1: Answer this section for all household members** (use additional paper for larger families):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name** | **Date of**  **Birth** | **^Gender** | **#Relation to Head**  **of Household** | **\* Health Insurance Coverage? Type?** | **SSN (full or**  **partial)** | **+ Race (select**  **up to 2)** | **~ Ethnicity** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **^ Gender:** Female Male Trans Female to Male Trans Male to Female Doesn’t identify as male, female or trans |
| **# Relation to Head of Household:** Self Child Spouse/Partner Other |
| **\* Health Insurance Type**: Medicaid Medicare State Children’s Health Insurance Program Veteran’s Administration  Medical Services Employer-Provided Health Insurance Health Insurance obtained through COBRA Indian Health Services State Health Insurance for Adults Private Pay Health Insurance |
| **+ Race Type**: American Indian / Alaska Native Asian Black / African American Native Hawaiian / Other Pacific Islander White |
| **~ Ethnicity Type**: Non-Hispanic / Non-Latino Hispanic / Latino |

**Is anyone in the Household a U.S. Military Veteran?** If Yes, Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does anyone in the Household have a Disabling Condition?** If Yes, Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indicate what type of Disability and answer additional questions:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disability Type** | **Long-Continued Duration?** | **Documentation on File?** | **Currently Receiving Services or Treatment?** | **Condition Going to be Long-Term?** |
| Alcohol Abuse |  |  |  |  |
| Both Alcohol & Drug Abuse |  |  |  |  |
| Chronic Health Condition |  |  |  |  |
| Developmental |  |  |  |  |
| Drug Abuse |  |  |  |  |
| HIV/AIDS |  |  |  |  |
| Mental Health |  |  |  |  |
| Physical |  |  |  |  |

**Section 2: Answer for Adults Only:**

**Residence Prior to Project Entry:**

**Literally Homeless:**

\_\_\_\_\_ Emergency shelter, including hotel or motel paid for with emergency shelter voucher

\_\_\_\_\_ Place not meant for habitation

\_\_\_\_\_ Safe Haven

\_\_\_\_\_Interim Housing

Length of Stay:

\_\_\_\_\_ One night or less \_\_\_\_\_90 days or more but less than one year

\_\_\_\_\_Two to six nights \_\_\_\_\_ One year or longer

\_\_\_\_\_One week or more, but less than one month \_\_\_\_\_Client doesn’t know

\_\_\_\_\_ One month or more, but less than 90 days \_\_\_\_\_Client refused

Approximate date started living on streets, emergency shelter or Safe Haven \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of times homeless on the streets, in emergency shelter or Safe Haven in past 3 years

\_\_\_\_\_One time \_\_\_\_\_Four or more times

\_\_\_\_\_Two times \_\_\_\_\_Client doesn’t know

\_\_\_\_\_Three times \_\_\_\_\_Client refused

Total number of months on the street, in emergency shelter or Safe Haven in past 3 years \_\_\_\_\_\_\_\_\_

**Institutional Setting:**

\_\_\_\_\_ 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

**If in institution 90 days or less and homeless prior to entry:** Approximate date entered \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Length of Stay:

\_\_\_\_\_ One night or less \_\_\_\_\_ One month or more, but less than 90 days

\_\_\_\_\_Two to six nights \_\_\_\_\_Client doesn’t know

\_\_\_\_\_One week or more, but less than one month \_\_\_\_\_Client refused

**If in institution more than 90 days:**

Length of Stay:

\_\_\_\_\_90 days or more but less than one year \_\_\_\_\_Client doesn’t know

\_\_\_\_\_ One year or longer \_\_\_\_\_Client refused

**Transitional and Permanent Housing Situation:**

\_\_\_\_\_ Hotel or motel paid for without emergency shelter voucher

\_\_\_\_\_ Owned by client, no ongoing housing subsidy

\_\_\_\_\_ Owned by client, with ongoing housing subsidy

\_\_\_\_\_ Permanent housing for formerly homeless persons

\_\_\_\_\_ Rental by client, no ongoing housing subsidy

\_\_\_\_\_ Rental by client, with VASH subsidy

\_\_\_\_\_ Rental by client, with GPD TIP subsidy

\_\_\_\_\_ Rental by client, with other ongoing housing subsidy

\_\_\_\_\_ Residential project or halfway house with no homeless criteria

\_\_\_\_\_ Staying or living in a family member’s room, apartment, or house

\_\_\_\_\_ Staying or living in a friend’s room, apartment, or house

\_\_\_\_\_ Transitional housing for homeless persons (including homeless youth)

**If in transitional or permanent housing for less than 7 days:** Approximate date entered \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Length of Stay:

\_\_\_\_\_ One night or less \_\_\_\_\_Client doesn’t know

\_\_\_\_\_Two to six nights \_\_\_\_\_Client refused

**If in transitional or permanent housing more than 7 days:**

Length of Stay:

\_\_\_\_\_One week or more, but less than one month \_\_\_\_\_ One year or longer

\_\_\_\_\_One month or more, but less than 90 days \_\_\_\_\_Client doesn’t know

\_\_\_\_\_90 days or more but less than one year \_\_\_\_\_Client refused

**Housing Status:**

\_\_\_\_\_ Category 1 – Homeless \_\_\_\_\_ Category 4 – Fleeing domestic violence

\_\_\_\_\_ Category 2 – At imminent risk of losing housing \_\_\_\_\_ At-risk of homelessness

\_\_\_\_\_ Category 3 – Homeless only under other federal statutes \_\_\_\_\_ Stably housed

**Income:**

Receive income from any source: \_\_\_\_\_Yes \_\_\_\_\_No

Total Monthly Amount: \_\_\_\_\_\_\_\_\_\_\_

**If Received, Which Source Amount: Who Receives:**

Alimony or Other Spousal Support \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TANF / ATAP \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Earned Income \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Assistance \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pension or retirement income from another job \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Private Disability Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSDI \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSI \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retirement Income from Social Security \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unemployment Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VA Service Connected Disability Compensation \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VA Non-Service Connected Disability Pension \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worker’s Compensation \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-Cash Benefits from Any Source? Domestic Violence:**

**If yes, indicate which type:** Victim/survivor \_\_\_\_\_Yes \_\_\_\_\_No

\_\_\_\_\_ SNAP (Food Stamps) If yes, when experience occurred:

\_\_\_\_\_ TANF / ATAP Child Care Services \_\_\_\_\_Within past 3 months \_\_\_\_\_1 year ago or more

\_\_\_\_\_ TANF / ATAP Transportation Services \_\_\_\_\_3 to 6 months ago \_\_\_\_\_6 months to 1 year

\_\_\_\_\_ Temporary rental assistance \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused

\_\_\_\_\_ Other TANF / ATAP – Funded Services Are you currently fleeing \_\_\_\_\_ Yes \_\_\_\_\_No

\_\_\_\_\_ Section 8, Public Housing, or other ongoing rental assistance

\_\_\_\_\_ Special Supplemental Nutrition Program for WIC

\_\_\_\_\_ Other Source

**For Homeless Prevention Projects ONLY: For Rapid Rehousing Projects ONLY:**

**Homeless Verification on File:** Move in date \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Formal eviction documentation

\_\_\_\_\_ Signed client statement with confirmation statement **For Street Outreach Projects ONLY:**

\_\_\_\_\_ Verification from an institution Contact Date \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Verification from outreach worker (for on the street) Location: \_\_\_\_\_Place no meant for habitation

\_\_\_\_\_ Verification from referring agency / shelter \_\_\_\_\_Service setting; non-residential

\_\_\_\_\_Service setting; residential

Engagement Date:\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

**I verify that all of the information provided in this assessment is as true and accurate as I know.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Printed Name

Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

**Informed Consent & Release of Information for Shared Data** Information about you and your household will be entered into a computer program called ServicePoint, or Wyoming Homeless Management Information System (WYHMIS). This program helps us to better understand homelessness/near homelessness, to improve service delivery to the homeless/near homeless, and to evaluate the effectiveness of services provided. WYHMIS is used by many social service agencies throughout the state that provide services to homeless and low-income persons. You have the choice to share part or all of your information with other agencies where you might be seeking help. Upon request a complete list of data elements shared will be provided to you.

Client name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Do you want to include all household members?** ** Yes ** No  *If no:* Exclude the household members listed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release of Information**  ** I give my permission for this agency to share my information with agencies.

**I do not give my permission for this agency to share my information.

I understand that all information gathered about me is personal and private and that I do not have to participate in WYMIS in order to receive services. I also understand that in the future I can request in writing I no longer want to participate in the HMIS network, and information entered under my name from that date forward will no longer be shared.

This release will remain in force for 1 year from today and will expire on End Date*:* \_\_\_\_\_ /\_\_\_\_\_/ \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Printed Name

Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_