

Central Intake Form

Agency: _____

Program: _____

Date: _____

Head of Household Information

SSN	First Name	Middle Name	Last Name	Disabled	Date of Birth
_____ - _____ - _____					____/____/____

Last Known Permanent Address?

Address1:							
City	County	State	Zip	Phone 1	* Phone Type	Phone 2	* Phone Type
Email:				* Contact Preference:			

* Phone Type	* Contact Preference	* Contact Type	Race (Circle as Many AS Apply)	* Ethnicity (Circle One)
Cell Phone	Alternate Address	Alternate Address	White	Hispanic
Home Phone	Alternate Phone	Emergency	Asian	Non-Hispanic
Message	Email	Mailing Address	Black or African-American	
Pager	Mail		Native Hawaiian or Other Pacific Islander	
Work Phone	Message		US Indian or Alaska Native	
	Pager			
	Phone			

Family Contact

Contact Type 1	Relationship	First Name	MI	Last Name			
Address1:		Address2:					
City	County	State	Zip	Phone	Phone Type	Phone Alt.	Phone Type

Contact Type 2	Relationship	First Name	MI	Last Name			
Address1:		Address2:					
City	County	State	Zip	Phone	Phone Type	Phone Alt.	Phone Type

Household/Demographics(Head of Household)

Marital Status	1st Language	2nd Language	Gender
Mother's 1st Name	Veteran	Educational Level	Insurance

Income Sources

Income Source	Stated Income	Pay Interval
1.		
2.		
3.		

Household/Demographics Household Member #1

<u>SSN</u> _____ - _____ - _____		<u>First Name</u> 	
<u>Middle Name</u> 	<u>Last Name</u> 		<u>Suffix</u>
<u>Date of Birth</u> / /	<u>Relation</u> 	<u>Disabled</u> 	
<u>Marital Status</u> 	<u>1st Language</u> 	<u>2nd Language</u> 	<u>Gender</u>
<u>Mother's 1st Name</u> 	<u>Veteran</u> 	<u>Educational Level</u> 	<u>Insurance</u>

Income Sources

<u>Income Source</u>	<u>Stated Income</u>	<u>Pay Interval</u>
1.		
2.		
3.		
4.		

Race (Circle as Many AS Apply) _____ *** Ethnicity (Circle One)** _____

White
Asian
Black or African-American
Native Hawaiian or Other Pacific Islander
US Indian or Alaska Native

Hispanic
Non-Hispanic

Household/Demographics Household Member #2

<u>SSN</u> _____ - _____ - _____		<u>First Name</u> 	
<u>Middle Name</u> 	<u>Last Name</u> 		<u>Suffix</u>
<u>Date of Birth</u> / /	<u>Relation</u> 	<u>Disabled</u> 	
<u>Marital Status</u> 	<u>1st Language</u> 	<u>2nd Language</u> 	<u>Gender</u>
<u>Mother's 1st Name</u> 	<u>Veteran</u> 	<u>Educational Level</u> 	<u>Insurance</u>

Income Sources

<u>Income Source</u>	<u>Stated Income</u>	<u>Pay Interval</u>
1.		
2.		
3.		
4.		

Race (Circle as Many AS Apply) _____ *** Ethnicity (Circle One)** _____

White
Asian
Black or African-American
Native Hawaiian or Other Pacific Islander
US Indian or Alaska Native

Hispanic
Non-Hispanic

Household/Demographics Household Member #3

<u>SSN</u> _____ - _____ - _____		<u>First Name</u> 	
<u>Middle Name</u> 	<u>Last Name</u> 		<u>Suffix</u>
<u>Date of Birth</u> / /	<u>Relation</u> 	<u>Disabled</u> 	
<u>Marital Status</u> 	<u>1st Language</u> 	<u>2nd Language</u> 	<u>Gender</u>
<u>Mother's 1st Name</u> 	<u>Veteran</u> 	<u>Educational Level</u> 	<u>Insurance</u>

Income Sources

<u>Income Source</u>	<u>Stated Income</u>	<u>Pay Interval</u>
1.		
2.		
3.		
4.		

Race (Circle as Many AS Apply) _____ *** Ethnicity (Circle One)** _____

White
Asian
Black or African-American
Native Hawaiian or Other Pacific Islander
US Indian or Alaska Native

Hispanic
Non-Hispanic

Employment (Head of Household)

<u>Employer</u>	<u>Address #1</u>	<u>Address #2</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Zip</u>
1.						
2.						
3.						

<u>Date From</u>	<u>Date To</u>	<u>Job Title</u>	<u>Hourly Wage</u>	<u>Pay Interval</u>	<u>Supervisor</u>	<u>Phone #</u>	<u>Job Status</u>
1.							
2.							
3.							

Employment HouseHold Member #1

<u>Employer</u>	<u>Address #1</u>	<u>Address #2</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Zip</u>
1.						
2.						
3.						

<u>Date From</u>	<u>Date To</u>	<u>Job Title</u>	<u>Hourly Wage</u>	<u>Pay Interval</u>	<u>Supervisor</u>	<u>Phone #</u>	<u>Job Status</u>
1.							
2.							
3.							

Employment HouseHold Member #2

<u>Employer</u>	<u>Address #1</u>	<u>Address #2</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Zip</u>
1.						
2.						
3.						

<u>Date From</u>	<u>Date To</u>	<u>Job Title</u>	<u>Hourly Wage</u>	<u>Pay Interval</u>	<u>Supervisor</u>	<u>Phone #</u>	<u>Job Status</u>
1.							
2.							
3.							

Employment HouseHold Member #3

<u>Employer</u>	<u>Address #1</u>	<u>Address #2</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Zip</u>
1.						
2.						
3.						

<u>Date From</u>	<u>Date To</u>	<u>Job Title</u>	<u>Hourly Wage</u>	<u>Pay Interval</u>	<u>Supervisor</u>	<u>Phone #</u>	<u>Job Status</u>
1.							
2.							
3.							

Education Programs Head of Household

<u>School Name</u>	<u>Address #1</u>	<u>Address #2</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Zip</u>
1.						
2.						
3.						

<u>Program</u>	<u>Major Course</u>	<u># of Months</u>	<u># of Years</u>	<u>Major Course</u>	<u>Certificate Degree</u>	<u>End Date</u>	<u>Completed?</u>
1.						/ /	
2.							
3.							

Education Programs Household Member #1

<u>School Name</u>	<u>Address #1</u>	<u>Address #2</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Zip</u>
1.						
2.						
3.						

<u>Program</u>	<u>Major Course</u>	<u># of Months</u>	<u># of Years</u>	<u>Major Course</u>	<u>Certificate Degree</u>	<u>End Date</u>	<u>Completed?</u>
1.						/ /	
2.							
3.							

Education Programs Household Member #2

<u>School Name</u>	<u>Address #1</u>	<u>Address #2</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Zip</u>
1.						
2.						
3.						

<u>Program</u>	<u>Major Course</u>	<u># of Months</u>	<u># of Years</u>	<u>Major Course</u>	<u>Certificate Degree</u>	<u>End Date</u>	<u>Completed?</u>
1.						/ /	
2.							
3.							

Education Programs Household Member #3

<u>School Name</u>	<u>Address #1</u>	<u>Address #2</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Zip</u>
1.						
2.						
3.						

<u>Program</u>	<u>Major Course</u>	<u># of Months</u>	<u># of Years</u>	<u>Major Course</u>	<u>Certificate Degree</u>	<u>End Date</u>	<u>Completed</u>
1.						/ /	
2.							
3.							

***Questions (Check all that apply)**

Comments

Housing Status

- Literally homeless
- Housed and at imminent risk of losing housing
- Housed and at-risk of losing housing
- Stably housed
- Don't Know
- Refused

What circumstances caused your homelessness?

- Alcoholism
- Substance Abuse
- Transient on the Road
- Family Crisis
- Out of Home Youth
- Primarily Economic Reasons
- New Arrival
- Don't Know
- Refused
- Displacement
- Eviction
- Illness
- Health Problems
- Domestic violence
- Mental Illness
- Other

Client is Chronically Homeless:

(An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least 4 episodes of homelessness in the past 3 years.)

- No
- Yes

Have you been continuously homeless for a year or more?

***Questions (Check all that apply)**

Comments

Have you been continuously homeless for a year or more?

- No
- Yes
- Don't Know
- Refused

How many episodes of homelessness have you had in the past three (3) years?

- Less than 4 episodes
- At least 4 episodes

Are you currently employed?

- No
- Yes
- Don't Know
- Refused

If the client is not currently employed, is the client looking for work?

- Don't Know
- Refused
- No
- Yes

If employed, is the client looking for additional employment or increased hours at their current job?

- No
- Yes
- Don't Know
- Refused

Is work permanent, temporary, or seasonal?

- Permanent
- Temporary
- Seasonal
- Don't Know
- Refused

Currently in school or working on any degree or certificate

***Questions (Check all that apply)**

Comments

Currently in school or working on any degree or certificate

- No
- Yes
- Don't Know
- Refused

If a client has received a high school diploma, GED, or enrolled in post secondary education, what degrees has the client earned?

- None
- Associates Degree
- Bachelors
- Masters
- Doctorate
- Other Graduate/Professional Degree
- Certificate of advanced training or skilled artisan
- Don't Know
- Refused

Received vocational training or apprenticeship certificates

- No
- Yes
- Don't Know
- Refused

In which military service eras did you serve (choose all that apply)?

- Persian Gulf Era (August 1991-Present)
- Post Vietnam (May 1975-July 1991)
- Vietnam Era (August 1964-April 1975)
- Between Korean and Vietnam War (February 1955-July 1964)
- Korean War (June 1950-January 1955)
- Between WWII and Korean War (August 1947-May 1950)
- World War II (September 1940-July 1947)

***Questions (Check all that apply)**

Comments

In which military service eras did you serve (choose all that apply)?

- Don't Know
- Refused

Did you serve in a war zone?

- No
- Yes
- Don't Know
- Refused

What war zone(s) (choose all that apply)?

- Don't Know
- Refused
- Europe
- North Africa
- Vietnam
- Laos & Cambodia
- South China Sea
- China,Burma,India
- Korea
- South Pacific
- Persian Gulf
- Other

Did you ever receive hostile or friendly fire in a war zone?

- No
- Yes
- Don't Know
- Refused

What branch of the military did you serve in?

- Don't Know
- Refused
- Army

***Questions (Check all that apply)**

Comments

What branch of the military did you serve in?

- Air Force
- Navy
- Marines
- Other

What type of discharge did you receive?

- Honorable
- General
- Medical
- Bad Conduct
- Dishonorable
- Other
- Don't Know
- Refused

Is (child) currently enrolled in school?

- Don't Know
- Refused
- No
- Yes

Was/is the child connected to the Mckinney-Vento homeless Assistance Act school liaison.

- No
- Yes
- Don't Know
- Refused

What type of school is it? Is it a public or private school?

- Don't Know
- Refused
- Public school
- Parochial or other private school

***Questions (Check all that apply)**

Comments

If not enrolled, identify the problems in enrolling (child). I am going to read a list of problems that you may have had getting (child) into a school. Please tell me if you have experienced any of these problems for (child)?

- None
- Residency Requirements
- Availability of School Records
- Birth Certificates
- Legal Guardianship Requirements
- Transportation
- Lack of Available Preschool Programs
- Immunization Requirements
- Physical Examination Records
- Other
- Don't Know
- Refused

Are you pregnant?

- Don't Know
- Refused
- No
- Yes

Do you have a developmental disability?

- Don't Know
- Refused
- No
- Yes

If you have a developmental disability: Are you currently receiving services or treatment for this condition?

- No
- Yes
- Don't Know
- Refused

***Questions (Check all that apply)**

Comments

Do you feel that you have a mental health problem?

- Don't Know
- Refused
- No
- Yes

Mental health problem: Expected to be on-going, indefinite in duration and substantially impairs ability to live independently

- No
- Yes
- Don't Know
- Refused

If you have a mental health problem: Are you currently receiving services or treatment for this condition?

- No
- Yes
- Don't Know
- Refused

Do you have a drug or alcohol problem?

- Don't Know
- Refused
- Alcohol
- Drug
- Both Alcohol and Drug
- No

Substance Abuse: Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently

- Don't Know
- Refused
- No
- Yes

If you have a substance abuse problem: Are you currently receiving services or treatment for this condition?

***Questions (Check all that apply)**

Comments

If you have a substance abuse problem: Are you currently receiving services or treatment for this condition?

- No
- Yes
- Don't Know
- Refused

Have you been a victim of domestic or intimate partner violence?

- Don't Know
- Refused
- No
- Yes

If you experienced domestic or intimate partner violence, how long ago did you have this experience?

- Within the past three months
- Three to six months ago
- From six to twelve months ago
- More than a year ago
- Don't Know
- Refused

Do you have a physical disability?

- Don't Know
- Refused
- No
- Yes

If you have a physical disability: Are you currently receiving services or treatment for this condition?

- No
- Yes
- Don't Know
- Refused

Do you have a chronic health condition?

- No

***Questions (Check all that apply)**

Comments

Do you have a chronic health condition?

- Yes
- Don't Know
- Refused

If you have a chronic health condition: Are you currently receiving services or treatment for this condition?

- No
- Yes
- Don't Know
- Refused

Have you been diagnosed with AIDS or have you tested positive for HIV?

- Don't Know
- Refused
- No
- Yes

If you have been diagnosed with AIDS or have tested positive for HIV: Are you currently receiving services or treatment for this condition?

- No
- Yes
- Don't Know
- Refused

Compare to other people your age, would you say your health is excellent, very good, good, fair, or poor?

- Refused
- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't Know