

Housing Problem Solving Services Minimal Intake Form



Use this form to document Housing Problem Solving Conversations in HMIS.

CLARITY HMIS: HOUSING PROBLEM SOLVING CoC MINIMAL PROJECT INTAKE FORM

Use block letters for text and bubble in the appropriate circles.

Please complete a separate form for each household member.

CURRENT NAME <i>[All Clients]</i>																	N/A
Last																	○
First																	
Middle																	
Suffix																	

SOCIAL SECURITY NUMBER *[All Clients]*

			-			-				
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DATE OF BIRTH *[All Clients]*

		-			-					Age:
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Month

Day

Year

HOUSING PROBLEM SOLVING PROJECT START DATE

[All Clients]

		-			-				
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Month

Day

Year

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PRIOR LIVING SITUATION

TYPE OF RESIDENCE (DATA ENTRY ONLY)
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter

LENGTH OF STAY IN PRIOR LIVING SITUATION (LENGTH OF STAY IN MOTEL)				
One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn't know
Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client refused
One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

Approximate Date Homelessness Started (if no prior history of homelessness, then record date enrolled in FEMA Motel)	____/____/____		
Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years			
<input type="radio"/> One Time	<input type="radio"/>	Client doesn't know	
<input type="radio"/> Two Times	<input type="radio"/>	Client refused	
<input type="radio"/> Three Times	<input type="radio"/>	Data not collected	
<input type="radio"/> Four or More Times			
Total Number of <i>Months</i> homeless on the streets, ES, or Safe Haven in the last 3 years			
<input type="radio"/> One month (this time is the first month)	<input type="radio"/>	Client doesn't know	
<input type="radio"/> 2--12 months (specify number of months): _____	<input type="radio"/>	Client refused	
<input type="radio"/> More than 12 months	<input type="radio"/>	Data not collected	