**Intake Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ServicePoint Client ID for Head of Household: \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Household Type:** 🞏Single Individual 🞏Female Single Parent 🞏Male Single Parent 🞏Two Parent 🞏Foster Parent(s) 🞏Grandparent(s) w/ children 🞏Couple with No Children 🞏Non-custodial Caregiver 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HEAD OF HOUSEHOLD (HoH) Data** (Page 1 of 3)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Rel. to HoH**: \_\_SELF\_\_\_\_ | | | | | | | | | | | | | |
| **Gender**: 🞏Female 🞏Male 🞏Gender other than singularly Male or Female 🞏 Transgender  🞏Questioning 🞏Client Doesn’t Know 🞏Client Refused | | | | | | | | | | | | | |
| **Veteran?** 🞏Yes 🞏No   🞏Client Refused 🞏Client Doesn’t Know | | | | | | | **Primary Language:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Population A/B (required for JOHS funded or CoC programs)**  🞏 A 🞏 B | | |
| **Inclusive Identity\***  **(check all that apply)**: | 🞏African  🞏Asian  🞏Black/African American  🞏Latino/Hispanic  🞏Middle Eastern | | | | | 🞏Native Am/Alaska Native  🞏Native Hawaiian/Pacific Islander  🞏Slavic  🞏White  🞏Declined to Answer | | | | **Ethnicity:** | | 🞏Non-Hispanic/Non-Latino  🞏Hispanic/Latino  🞏Client Doesn’t Know  🞏Client Refused | |
| \* When entering data in ServicePoint, you will need to enter these responses under **BOTH** the Inclusive Identity as well as Federal race/ethnicity categories areas. | | | | | | | | |  | | | | |
| **Disability Type:** | | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Mental Health 🞏Physical 🞏Chronic Health Condition 🞏Drug Abuse 🞏Alcohol Abuse 🞏HIV/AIDS 🞏Hearing Impaired 🞏Vision Impaired 🞏Developmental 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Health Insurance:** | | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Medicaid (OHP) 🞏Medicare 🞏VA Medical Services 🞏Employer Provided 🞏COBRA  🞏Indian Health Services Program 🞏Private Pay 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Continuous and Ongoing Non-Cash Benefits:**  (Select all that apply) | | | | | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Supplemental Nutrition Assistance (SNAP) 🞏WIC 🞏TANF Child Care Services  🞏TANF Transportation Services 🞏Other TANF-Funded Services  🞏Other (Describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **HEAD OF HOUSEHOLD (HoH) Data** (Page 2 of 3) | | | | | | | | | | | | | |
| **Continuous and Ongoing Income** (Fill in all that apply. Do not count if income is one time, has ended, or is ending soon):  🞏None 🞏Client Refused 🞏Client Doesn’t Know  Monthly Amount Monthly Amount  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Alimony or Other Spousal Suport $\_\_\_\_\_\_\_\_\_\_\_\_\_ Supplemental Security Income (SSI)  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support $\_\_\_\_\_\_\_\_\_\_\_\_\_ TANF  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Earned Income (wages, salary, etc) $\_\_\_\_\_\_\_\_\_\_\_\_\_ Unemployment Insurance  $\_\_\_\_\_\_\_\_\_\_\_\_\_ General Assistance $\_\_\_\_\_\_\_\_\_\_\_\_\_ VA Non-Service Connected Disability Pension  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Pension or retirement income $\_\_\_\_\_\_\_\_\_\_\_\_\_ VA Service Connected Disability Compensation  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Private Disability Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_ Worker’s Compensation  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Retirement Income from Social Security $\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Disability Insurance (SSDI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **Employment Status:** | | | | 🞏Full-Time 🞏Part-Time 🞏Job Training 🞏Irregular  🞏Not Employed – Not Seeking 🞏Not Employed – Seeking 🞏Retired | | | | | | | | | |
| **DV Survivor?** | | | | 🞏Yes 🞏No 🞏Client Refused 🞏Client Doesn’t Know  If response is **Yes**:  When did the experience occur? 🞏Within past 3 months 🞏3-6 months ago 🞏More than a year ago  🞏Client Refused 🞏Client Doesn’t Know  Are you currently fleeing? 🞏Yes 🞏No | | | | | | | | | |
|  | | | |  | | | | | | | | | |
| **HEAD OF HOUSEHOLD (HoH) Data** (Page 2.5 of 3)  **Residence Prior to Program Entry:** (Select only ONE) | | | | | | | | | | | | | |
| HOMELESS SITUATION  🞏 Place not meant for habitation  🞏 Emergency Shelter, including hotel or motel paid for with emergency shelter voucher  🞏 Safe Haven | | | | | INSTITUTIONAL SITUATION  🞏 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 | | | | TEMPORARY AND PERMANENT HOUSING SITUATION  🞏 Residential project or halfway house with no homeless criteria  🞏 Hotel or motel paid for without emergency shelter voucher  🞏 Transitional Housing for homeless persons (including homeless youth)  🞏 Host Home (non-crisis)  🞏 Staying or living in a friend’s room, apartment or house  🞏 Staying or living in a family member’s room, apartment or house  🞏 Rental by client, with GPD TIP housing subsidy  🞏 Rental by client, with VASH subsidy  🞏 Permanent housing (other than RRH) for formerly homeless persons  🞏 Rental by client, with RRH or equivalent subsidy  🞏 Rental by client, with HCV voucher (tenant or project based)  🞏 Rental by client in a public housing unit  🞏 Rental by client, no ongoing housing subsidy  🞏 Rental by client, with other ongoing housing subsidy  🞏 Rental by client in a public housing unit  🞏 Owned by client, with ongoing housing subsidy  🞏 Owned by client, no ongoing housing subsidy  🞏Client Doesn’t Know 🞏Client Refused 🞏Data not collected | | | | |

**HEAD OF HOUSEHOLD (HoH) Data** (Page 3 of 3)

|  |  |  |
| --- | --- | --- |
| **If response to Residence Prior to Program Entry is under HOMELESS, complete this section.** | **If response to Residence Prior to Program Entry is under INSTITUTIONAL, complete this section.** | **If response to Residence Prior to Program Entry is under TRANSITIONAL AND PERMANENT HOUSING, complete this section.** |
| Length of Stay in Previous Place (the location marked under Residence Prior):  🞏**One night or less**  🞏**Two to six nights**  🞏**One week or more, but less than one month**  🞏**One month or more, but less than 90 days**  🞏90 days or more, but less than one year  🞏One year or longer  🞏Client doesn’t know  🞏Client refused | Length of Stay in Previous Place (the location marked under Residence Prior):  🞏**One night or less**  🞏**Two to six nights**  🞏**One week or more, but less than one month**  🞏**One month or more, but less than 90 days**  🞏90 days or more, but less than one year  🞏One year or longer  🞏Client doesn’t know  🞏Client refused | Length of Stay in Previous Place (the location marked under Residence Prior):  🞏**One night or less**  🞏**Two to six nights**  🞏One week or more, but less than one month  🞏One month or more, but less than 90 days  🞏90 days or more, but less than one year  🞏One year or longer  🞏Client doesn’t know  🞏Client refused |
| Approximate date homeless: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🡪If the response above **is less than 90 days** (the options in bold), then continue: | 🡪If the response above is **less than 7 days** (the options in bold), then continue: |
| Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today: | On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven?  🞏Yes 🞏No | On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven?  🞏Yes 🞏No |
| 🞏One time 🞏Two times 🞏Three times 🞏Four or more times 🞏Client doesn’t know 🞏Client refused | 🡪If response to the question above is **Yes**, then continue: | 🡪If response to the question above is **Yes**, then continue: |
| Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month):  Months: \_\_\_\_\_\_\_\_\_\_  🞏Client doesn’t know  🞏Client refused | Approximate date homeless situation began: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:  🞏One time 🞏Two times 🞏Three times 🞏Four or more times 🞏Client doesn’t know 🞏Client refused  Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month):  Months: \_\_\_\_\_\_\_\_\_\_  🞏Client doesn’t know  🞏Client refused | Approximate date homeless situation began: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:  🞏One time 🞏Two times 🞏Three times 🞏Four or more times 🞏Client doesn’t know 🞏Client refused  Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month):  Months: \_\_\_\_\_\_\_\_\_\_  🞏Client doesn’t know  🞏Client refused |

For each additional adult in the household, please make copies of these pages.

**OTHER ADULT (18+ yrs of age) Data** (Page 1 of 3)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Relationship to Head of Household (HoH):** | | | | | 🞏 Head of household’s spouse or partner  🞏 Head of household’s child  🞏 Head of household’s other relation member (other relation to HoH)  🞏 Other: Non-relation member | | | | | |
| **Gender**: 🞏Female 🞏Male 🞏Gender other than singularly Male or Female 🞏 Transgender  🞏Questioning 🞏Client Doesn’t Know 🞏Client Refused | | | | | | | | | | |
| **Veteran?** 🞏Yes 🞏No   🞏Client Refused 🞏Client Doesn’t Know | | | | | | **Primary Language:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  | |
| **Inclusive Identity\***  **(check all that apply)**: | 🞏African  🞏Asian  🞏Black/African American  🞏Latino/Hispanic  🞏Middle Eastern | | | 🞏Native Am/Alaska Native  🞏Native Hawaiian/Pacific Islander  🞏 Slavic  🞏White  🞏Declined to Answer | | | **Ethnicity:** | | | 🞏Non-Hispanic/Non-Latino  🞏Hispanic/Latino  🞏Client Doesn’t Know  🞏Client Refused |
| \* When entering data in ServicePoint, you will need to enter these responses under **BOTH** the Inclusive Identity as well as Federal race/ethnicity categories sections. | | | | | | | |  | | |
| **Disability Type:** | | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Mental Health 🞏Physical 🞏Chronic Health Condition 🞏Drug Abuse 🞏Alcohol Abuse 🞏HIV/AIDS 🞏Hearing Impaired 🞏Vision Impaired 🞏Developmental 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Health Insurance:** | | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Medicaid (OHP) 🞏Medicare 🞏VA Medical Services 🞏Employer Provided 🞏COBRA  🞏Indian Health Services Program 🞏Private Pay 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Continuous and Ongoing Non-Cash Benefits:**  (Select all that apply) | | | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Supplemental Nutrition Assistance (SNAP) 🞏WIC 🞏TANF Child Care Services  🞏TANF Transportation Services 🞏Other TANF-Funded Services  🞏Other (Describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

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| **OTHER ADULT (18+ yrs of age) Data** (Page 2 of 3) | | | |
| **Continuous and Ongoing Income** (Fill in all that apply. Do not count if income is one time, has ended, or is ending soon):  🞏None 🞏Client Refused 🞏Client Doesn’t Know  Monthly Amount Monthly Amount  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Alimony or Other Spousal Suport $\_\_\_\_\_\_\_\_\_\_\_\_\_ Supplemental Security Income (SSI)  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support $\_\_\_\_\_\_\_\_\_\_\_\_\_ TANF  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Earned Income (wages, salary, etc) $\_\_\_\_\_\_\_\_\_\_\_\_\_ Unemployment Insurance  $\_\_\_\_\_\_\_\_\_\_\_\_\_ General Assistance $\_\_\_\_\_\_\_\_\_\_\_\_\_ VA Non-Service Connected Disability Pension  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Pension or retirement income $\_\_\_\_\_\_\_\_\_\_\_\_\_ VA Service Connected Disability Compensation  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Private Disability Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_ Worker’s Compensation  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Retirement Income from Social Security $\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:  $\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Disability Insurance (SSDI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Employment Status:** | 🞏Full-Time 🞏Part-Time 🞏Job Training 🞏Irregular  🞏Not Employed – Not Seeking 🞏Not Employed – Seeking 🞏Retired | | |
| **DV Survivor?** | 🞏Yes 🞏No 🞏Client Refused 🞏Client Doesn’t Know  If response is **Yes**:  When did the experience occur? 🞏Within past 3 months 🞏3-6 months ago 🞏More than a year ago  🞏Client Refused 🞏Client Doesn’t Know  Are you currently fleeing? 🞏Yes 🞏No | | |
| **OTHER ADULT (18+ yrs of age) Data** (Page 2.5 of 3)  **Residence Prior to Program Entry:** (Select only ONE) | | | |
| HOMELESS SITUATION  🞏 Place not meant for habitation  🞏 Emergency Shelter, including hotel or motel paid for with emergency shelter voucher  🞏 Safe Haven | | INSTITUTIONAL SITUATION  🞏 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 | TEMPORARY AND PERMANENT HOUSING SITUATION  🞏 Residential project or halfway house with no homeless criteria  🞏 Hotel or motel paid for without emergency shelter voucher  🞏 Transitional Housing for homeless persons (including homeless youth)  🞏 Host Home (non-crisis)  🞏 Staying or living in a friend’s room, apartment or house  🞏 Staying or living in a family member’s room, apartment or house  🞏 Rental by client, with GPD TIP housing subsidy  🞏 Rental by client, with VASH subsidy  🞏 Permanent housing (other than RRH) for formerly homeless persons  🞏 Rental by client, with RRH or equivalent subsidy  🞏 Rental by client, with HCV voucher (tenant or project based)  🞏 Rental by client in a public housing unit  🞏 Rental by client, no ongoing housing subsidy  🞏 Rental by client, with other ongoing housing subsidy  🞏 Rental by client in a public housing unit  🞏 Owned by client, with ongoing housing subsidy  🞏 Owned by client, no ongoing housing subsidy  🞏Client Doesn’t Know 🞏Client Refused 🞏Data not collected |

**OTHER ADULT (18+ yrs of age) Data** (Page 3 of 3)

|  |  |  |
| --- | --- | --- |
| **If response to Residence Prior to Program Entry is under HOMELESS, complete this section.** | **If response to Residence Prior to Program Entry is under INSTITUTIONAL, complete this section.** | **If response to Residence Prior to Program Entry is under TRANSITIONAL AND PERMANENT HOUSING, complete this section.** |
| Length of Stay in Previous Place (the location marked under Residence Prior):  🞏**One night or less**  🞏**Two to six nights**  🞏**One week or more, but less than one month**  🞏**One month or more, but less than 90 days**  🞏90 days or more, but less than one year  🞏One year or longer  🞏Client doesn’t know  🞏Client refused | Length of Stay in Previous Place (the location marked under Residence Prior):  🞏**One night or less**  🞏**Two to six nights**  🞏**One week or more, but less than one month**  🞏**One month or more, but less than 90 days**  🞏90 days or more, but less than one year  🞏One year or longer  🞏Client doesn’t know  🞏Client refused | Length of Stay in Previous Place (the location marked under Residence Prior):  🞏**One night or less**  🞏**Two to six nights**  🞏One week or more, but less than one month  🞏One month or more, but less than 90 days  🞏90 days or more, but less than one year  🞏One year or longer  🞏Client doesn’t know  🞏Client refused |
| Approximate date homeless: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🡪If the response above **is less than 90 days** (the options in bold), then continue: | 🡪If the response above is **less than 7 days** (the options in bold), then continue: |
| Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today: | On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven?  🞏Yes 🞏No | On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven?  🞏Yes 🞏No |
| 🞏One time 🞏Two times 🞏Three times 🞏Four or more times 🞏Client doesn’t know 🞏Client refused | 🡪If response to the question above is **Yes**, then continue: | 🡪If response to the question above is **Yes**, then continue: |
| Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month):  Months: \_\_\_\_\_\_\_\_\_\_  🞏Client doesn’t know  🞏Client refused | Approximate date homeless situation began: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:  🞏One time 🞏Two times 🞏Three times 🞏Four or more times 🞏Client doesn’t know 🞏Client refused  Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month):  Months: \_\_\_\_\_\_\_\_\_\_  🞏Client doesn’t know  🞏Client refused | Approximate date homeless situation began: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:  🞏One time 🞏Two times 🞏Three times 🞏Four or more times 🞏Client doesn’t know 🞏Client refused  Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month):  Months: \_\_\_\_\_\_\_\_\_\_  🞏Client doesn’t know  🞏Client refused |

**CHILD (under 18 years of age) Data** (Page 1 of 1)

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| --- | --- | --- | --- | --- | --- | --- |
| **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Relationship to Head of Household (HoH):** | | | | 🞏 Head of household’s spouse or partner  🞏 Head of household’s child  🞏 Head of household’s other relation member (other relation to HoH)  🞏 Other: Non-relation member | | |
| **Gender**: 🞏Female 🞏Male 🞏Gender other than singularly Male or Female 🞏 Transgender  🞏Questioning 🞏Client Doesn’t Know 🞏Client Refused | | | | | | |
| **Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Inclusive Identity\***  **(check all that apply)**: | 🞏African  🞏Asian  🞏Black/African American  🞏Latino/Hispanic  🞏Middle Eastern | | 🞏Native Am/Alaska Native  🞏Native Hawaiian/Pacific Islander  🞏Slavic  🞏White  🞏Declined to Answer | | **Ethnicity:** | 🞏Non-Hispanic/Non-Latino  🞏Hispanic/Latino  🞏Client Doesn’t Know  🞏Client Refused |
| \* When entering data in ServicePoint, you will need to enter these responses under **BOTH** the Inclusive Identity as well as Federal race/ethnicity categories sections. | | | | |  | |
| **Disability Type:** | | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Mental Health 🞏Physical 🞏Chronic Health Condition 🞏Drug Abuse 🞏Alcohol Abuse 🞏HIV/AIDS 🞏Hearing Impaired 🞏Vision Impaired 🞏Developmental 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Health Insurance:** | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Medicaid (OHP) 🞏Medicare 🞏VA Medical Services 🞏Employer Provided 🞏COBRA  🞏Indian Health Services Program 🞏Private Pay 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

I certify that the information on this intake packet for this entire household is true and accurate to the best of my knowledge.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Worker/Agency Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For each additional child in the household, please make copies of this page.

**CHILD (under 18 years of age) Data** (Page 1 of 1)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Relationship to Head of Household (HoH):** | | | | 🞏 Head of household’s spouse or partner  🞏 Head of household’s child  🞏 Head of household’s other relation member (other relation to HoH)  🞏 Other: Non-relation member | | |
| **Gender**: 🞏Female 🞏Male 🞏Gender other than singularly Male or Female 🞏 Transgender  🞏Questioning 🞏Client Doesn’t Know 🞏Client Refused | | | | | | |
| **Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Inclusive Identity\***  **(check all that apply)**: | 🞏African  🞏Asian  🞏Black/African American  🞏Latino/Hispanic  🞏Middle Eastern | | 🞏Native Am/Alaska Native  🞏Native Hawaiian/Pacific Islander  🞏Slavic  🞏White  🞏Declined to Answer | | **Ethnicity:** | 🞏Non-Hispanic/Non-Latino  🞏Hispanic/Latino  🞏Client Doesn’t Know  🞏Client Refused |
| \* When entering data in ServicePoint, you will need to enter these responses under **BOTH** the Inclusive Identity as well as Federal race/ethnicity categories sections. | | | | |  | |
| **Disability Type:** | | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Mental Health 🞏Physical 🞏Chronic Health Condition 🞏Drug Abuse 🞏Alcohol Abuse 🞏HIV/AIDS 🞏Hearing Impaired 🞏Vision Impaired 🞏Developmental 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Health Insurance:** | 🞏None 🞏Client Refused 🞏Client Doesn’t Know  🞏Medicaid (OHP) 🞏Medicare 🞏VA Medical Services 🞏Employer Provided 🞏COBRA  🞏Indian Health Services Program 🞏Private Pay 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |