Client Intake Form

FOR OFFICE USE ONLY – CLIENT DO NOT COMPLETE

File accepted by _____ Prior Client? _____ If yes, old file(s) attached? _____
Staff Initials

Data Entered into HMIS _____ Adult 1 Client HMIS ID _____
Staff Initials

Adult 2 Partner HMIS ID _____

Your visit to our agency is for? **Date:** _____

_____

Have you been to Housing Help before? □ Yes □ No If yes, when _____

Adult 1 – Head of Household

First _____ MI ____ Last _____

Date of Birth _____/_____/_____ SS# _____-_____-_____ Gender □ Female □ Male □ Transgender
mm/dd/yyyy

Other Last Names Used (maiden, married, etc…) _____

Primary Race
- □ American Indian/Alaskan Native
- □ Native Hawaiian/Pacific Islander
- □ Asian
- □ Black/African American
- □ White

Secondary Race (if needed)
- □ American Indian/Alaskan Native
- □ Native Hawaiian/Pacific Islander
- □ Asian
- □ Black/African American
- □ White

Ethnicity
- □ Hispanic/Latino
- □ Non-Hispanic/Latino

Household Type
- □ Couple With No Children
- □ Grandparent and Child
- □ Single Parent
- □ Single Adult
- □ Two Parent Family
- □ Other _____

Email: _____

Address _____ City _____

Zip Code _____ Phone # _____ Alternate Phone # _____

Adult 2

First _____ MI ____ Last _____

Date of Birth _____/_____/_____ SS# _____-_____-_____ Gender □ Female □ Male □ Transgender
mm/dd/yyyy

Other Last Names Used (maiden, married, etc…) _____

Relationship to Head of Household:
□ Child □ Spouse or Partner □ Other Relation □ Other Non-relation

Primary Race
- □ American Indian/Alaskan Native
- □ Native Hawaiian/Pacific Islander
- □ Asian
- □ Black/African American
- □ White

Secondary Race (if needed)
- □ American Indian/Alaskan Native
- □ Native Hawaiian/Pacific Islander
- □ Asian
- □ Black/African American
- □ White

Ethnicity
□ Hispanic/Latino □ Non-Hispanic/Latino

DISABILITY

ADULT 1 – Do you have a diagnosed disability? □ Yes □ No When did it start? _____/_____/_____
mm/dd/yyyy

Disability type

□ Alcohol Abuse
□ Drug Abuse
□ Both Drug and Alcohol Abuse
□ HIV/AIDS
□ Other _____
□ Developmental
□ Chronic Health Condition
□ Mental Health Problem
□ Physical
□ Refuse to answer

Disability of long duration? □ Yes □ No □ Don't Know Are you receiving treatment? □ Yes □ No

Have you filed for SSI/SSDI? □ Yes □ No When? _____/_____/_____
mm/dd/yyyy

Are you pregnant? □ Yes □ No If yes, when are you due? _____/_____/_____
mm/dd/yyyy

ADULT 2 – Diagnosed disability? □ Yes □ No When did it start? _____/_____/_____
mm/dd/yyyy

Disability type

□ Alcohol Abuse
□ Drug Abuse
□ Both Drug and Alcohol Abuse
□ HIV/AIDS
□ Other _____
□ Developmental
□ Chronic Health Condition
□ Mental Health Problem
□ Physical
□ Refuse to answer

Disability of long duration? □ Yes □ No □ Don't Know Are you receiving treatment? □ Yes □ No

Have you filed for SSI/SSDI? □ Yes □ No When? _____/_____/_____
mm/dd/yyyy

Is your spouse/partner/roommate pregnant? □ Yes □ No If yes, due date _____/_____/_____
mm/dd/yyyy

HOUSING/HOMELESS INFORMATION

Zip Code of Last Permanent Address _____

Date Homelessness Started: _____/_____/_____
mm/dd/yyyy

Please explain your housing situation and what services you need.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

DOMESTIC VIOLENCE

ADULT 1 – Domestic Violence Victim/Survivor? □ Yes □ No

If yes, When did the experience occur?

□ Within the past 3 months
□ 3 – 6 months ago (excluding 6 months exactly)
□ 6 months to 1 year ago (excluding 1 year exactly)
□ One year or longer
□ Client doesn't know

Are you currently fleeing a domestic violence situation? □ Yes □ No

Overview of domestic violence

_____

_____

_____

_____

ADULT 2 – Domestic Violence Victim/Survivor? □ Yes □ No

If yes, When did the experience occur?

□ Within the past 3 months
□ 3 – 6 months ago (excluding 6 months exactly)
□ 6 months to 1 year ago (excluding 1 year exactly)
□ One year or longer
□ Client doesn't know

Are you currently fleeing a domestic violence situation? □ Yes □ No

Overview of domestic violence

_____

_____

_____

_____

EMPLOYMENT INFORMATION

Adult 1 – Are you employed? □ Yes □ No

If yes, Employer's Name _____

Employer's Address _____

Employer's Phone _____ Employer's Fax _____

Employment Status □ Full time □ Part time □ Seasonal work

Hours of work per week (usual) _____ Hourly Wage _____

Does Housing Help have permission to contact employer if information is needed? □ Yes □ No

ADULT 2 – Employed? □ Yes □ No

If yes, Employer's Name _____

Employer's Address _____

Employer's Phone _____ Employer's Fax _____

Employment Status □ Full time □ Part time □ Seasonal work

Hours of work per week (usual) _____ Hourly Wage _____

Does Housing Help have permission to contact employer if information is needed? □ Yes □ No

INCOME/ASSISTANCE INFORMATION

Total Monthly Income $_____ ***Please list ALL sources and monthly amount***

Source #1 _____ Source #2 _____

Amount _____ Amount _____

Source #3_____ Source #4 _____

Amount _____ Amount _____

Please check all sources of income

□ Alimony or other Spousal Support
□ Earned Income
□ Medicaid
□ No Income Sources
□ Private Disability Insurance
□ Private Pay Health Insurance
□ State Children's Health Insurance
□ Section 8/HARP/Public Housing
□ Retirement from Social Security
□ Social Security Income (SSI)
□ TANF – FIP (cash assistance)
□ Veteran's Administration Medical Services
□ Veteran's Pension
□ Worker's Compensation
□ Child Support
□ Food Stamps
□ Medicare
□ Pension/Retirement from Former Job
□ SCHIP
□ Employer Provider Health Insurance
□ State Health Insurance for Adults
□ Self Employment Wages
□ Social Security Disability Income (SSDI)
□ TANF – Child care assistance
□ Unemployment Compensation
□ Veteran's Disability Payment
□ WIC
□ Other _____

Have your FIP benefits been exhausted? □ Yes □ No

Are you receiving assistance from Department of Human Services? □ Yes □ No

If yes, case worker's name/phone _____

MILITARY INFORMATION

ADULT 1 – Have you ever served in the US Military? □ Yes □ No Military Branch _____

If yes, discharge type: □ Honorable □ General □ Medical □ Bad Conduct □ Dishonorable

Military Service Related Disability? □ Yes □ No Receiving Veteran's Services? □ Yes □ No

If Yes, List Veteran's Services _____

Dates of Service: start date _____/_____/_____ (mm/dd/yyyy) end date _____/_____/_____ (mm/dd/yyyy)

Did you serve in a war zone? □ Yes □ No If Yes, List War Zone(s) _____

ADULT 2 – Have you ever served in the US Military? □ Yes □ No Military Branch _____

If yes, discharge type: □ Honorable □ General □ Medical □ Bad Conduct □ Dishonorable

Military Service Related Disability? □ Yes □ No Receiving Veteran's Services? □ Yes □ No

If Yes, List Veteran's Services _____

Dates of Service: start date _____/_____/_____ (mm/dd/yyyy) end date _____/_____/_____ (mm/dd/yyyy)

Did you serve in a war zone? □ Yes □ No If Yes, List War Zone(s) _____

INFORMATION FOR *CHILDREN UNDER 18* RESIDING IN THE HOUSEHOLD

Please complete the following for EACH Child under the age of 18 residing in the household:

	Child #1	Child #2	Child #3	Child #4	Child #5
First Name Last Name					
Relationship to head of household	□ Child □ Sibling □ Grandchild □ Other Relative □ Other	□ Child □ Sibling □ Grandchild □ Other Relative □ Other	□ Child □ Sibling □ Grandchild □ Other Relative □ Other	□ Child □ Sibling □ Grandchild □ Other Relative □ Other	□ Child □ Sibling □ Grandchild □ Other Relative □ Other
DOB (mm/dd/yyyy)					
Gender	□ Female □ Male □ Transgender	□ Female □ Male □ Transgender	□ Female □ Male □ Transgender	□ Female □ Male □ Transgender	□ Female □ Male □ Transgender
SSN					
Diagnosed Disability, please list					
Date Disability Started (mm/dd/yyyy)					
If Attending School, please list school					
Race *					
Ethnicity *					

* ***For race information***, please use the following: American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Asian, Black/African American, White.

* ***For ethnicity information***, please use the following: Hispanic/Latino or Non-Hispanic/Latino.

RENT/MORTGAGE INFORMATION

Rent

Are you here for assistance with: First month's rent? □ Yes □ No Past due rent? □ Yes □ No

Monthly rent payment? _____ Total past due amount? _____

Landlord Company Name _____

Landlord Company Phone _____

Is there an actual or pending eviction? □ Yes □ No If yes, date of eviction _____/_____/_____
mm/dd/yyyy

Mortgage

Are you here for assistance with a mortgage payment? □ Yes □ No

Monthly mortgage payment? _____ Total past due amount? _____

Mortgage Company Name _____

Mortgage Company Phone _____

Is there an actual or pending foreclosure? □ Yes □ No If yes, date of foreclosure _____/_____/_____
mm/dd/yyyy

Do you owe any back property taxes? □ Yes □ No

By signing below, you agree that the information provided is truthful and accurate to the best of your abilities and will allow a Housing Help of Lenawee/LEAHC Case Manager to review your information and possibly collect additional data and documentation for eligibility purposes. As a HUD funded agency, we are required to input some of this data into a statewide system collecting data called the Michigan State Homeless Management Information System (MSHMIS). ***Maintaining your privacy is very important to us***. We believe that the information gathered about you is personal and private, and it will not be shared with other people without a written agreement. However, if you feel uncomfortable with sharing your information within this system, you will not be denied services for which you are otherwise eligible. At the present time, Housing Help, will enter your "Profile Information" (name, age, SSN) on the MSHMIS as open, meaning other agencies can see this information if you are receiving services from them. (Only last 4 digits of SSN will show.) All other information outside of the profile information will not be accessed by other agencies without prior written consent.

_____ _____
Adult 1 Signature Date

_____ _____
Adult 2 Signature Date

Housing Help of Lenawee/LEAHC collects personal information directly from you for reasons that may be required by law or by organizations that give us money to operate our homeless prevention programs. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Privacy Notice describing our privacy practice is posted in our lobby area and is available to all consumers upon request.

We are funded by US Department of Housing and Urban Development, Michigan State Housing Development Authority, The Salvation Army, local Foundations, and many caring churches, businesses and individuals of Lenawee County.

CLIENT DO NOT COMPLETE UNTIL REQUESTED

For Housing First Clients - You will be provided an "Intake Appointment Letter" at your intake appointment. This letter states what information is required for Housing Help of Lenawee to determine if you are eligible for rental or mortgage assistance.

By initialing here _____ you acknowledge having received this letter.

Housing Help of Lenawee
Prevent and End Homelessness
PO Box 692, 307 E. Church Street, Adrian, MI 49221

RELEASE OF INFORMATION

CLIENT DATA

Name: _____

Name: _____

REQUEST

Please provide the following information on the above-named client(s):

Organization/Business	Initial for Release
Landlord: Address: Phone Number:	
Employer: Address: Phone Number:	
Catherine Cobb Domestic Safe House	
Community Action Agency	
Department of Health & Human Services	
Child Protective Services – Worker Name: Phone Number:	
Legal Service of South Central Michigan (Legal Aid)	
Lenawee County District/Circuit Court - Probation Officer: Phone Number:	
Lenawee County Mental Health Authority	
Neighbors of Hope - Lenawee County Mission, Women and Children's Center	
Michigan Rehabilitation Services	
Housing Choices, LLC	
Salvation Army	
Share the Warmth	
Social Security Administration	
South Central Michigan Works!	
Southeastern Dispute Resolution Services (SEDRS)	
TTI – Street Outreach Program	
Utility Company – Write in	
Veterans Administration	
Other - Write in	
Other - Write in	

_____ _____

Case Manager Signature Date

Client Consent: The undersigned authorizes Housing Help of Lenawee (H^2L) staff to contact any agencies, offices, groups, organizations, or employers on this release of information to obtain information that is pertinent to eligibility, level of benefits, or continued participation in H^2L programs. Please furnish the above mentioned Case Manager with any information they request including but not limited to: current and prior housing, landlord's name(s), monthly income, substance abuse and/or mental health information. This authorization, and the information obtained with it, may be used to administer and enforce program rules and policies. Client agrees to release H^2L and its staff from all personal, professional and legal liability for any perceived harm or consequences either during the process or following the outcome of the evaluation of the application for assistance.

_____ _____

Client Signature(s) Date

This Release of Information is valid for one year from the date of signature, ending_____.