



1. Intake Summary

Project Name _____ Client ID (Computer Generated) _____

Project Start Date ____/____/____ Intake Staff Name _____

2. Client Demographics

First _____ Middle _____ Last _____ Suffix _____

Name Data Quality:
 Full name reported
 Partial, street name, or code name reported
 Client Doesn't Know
 Client Refused
 Data Not Collected

Table with 4 columns: SSN/Code, Date of Birth/Code, Ethnicity, Race. Includes checkboxes for data quality and specific demographic options like gender, disabling condition, and relation to head of household.

3. Program Specific Information

Table with 2 columns: Covered by Health Insurance, If Yes, Which Source(s). Lists various insurance sources like Medicaid, Medicare, COBRA, etc.



Physical Disability		<i>If yes, expected to be of long-continued an indefinite duration and substantially impairs ability to live independently</i>		
<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	
<input type="checkbox"/> Yes	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes	<input type="checkbox"/> Data Not Collected	
<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Doesn't Know		
Chronic Health Condition		<i>If yes, expected to be of long-continued an indefinite duration and substantially impairs ability to live independently</i>		
<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	
<input type="checkbox"/> Yes	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes	<input type="checkbox"/> Data Not Collected	
<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Doesn't Know		
Mental Health Problem		<i>If yes, expected to be of long-continued an indefinite duration and substantially impairs ability to live independently</i>		
<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	
<input type="checkbox"/> Yes	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes	<input type="checkbox"/> Data Not Collected	
<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Doesn't Know		
Substance Use Disorder		<i>If yes, expected to be of long-continued an indefinite duration and substantially impairs ability to live independently</i>		
<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	
<input type="checkbox"/> Alcohol Use Disorder	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes	<input type="checkbox"/> Data Not Collected	
<input type="checkbox"/> Drug Use Disorder	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Client Doesn't Know		
<input type="checkbox"/> Alcohol & Drug Use Disorders				
Developmental Disabilities				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
HIV/AIDS				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected