visalia rescue mission

Shelter Intake Form

1. Intake Summary

Project Name_____ **Client ID** (Computer Generated) _____

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

2. Client Demographics

First _____ **Last** _____ **Suffix**_____ **DoB** _____/_____/_____

Parent: ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

SSN/Code:	**Date of Birth/Code:**	**Ethnicity:**	**Race:**
_____- ____- _____ ☐ Full SSN ☐ Approx/Partial SSN ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	_____/_____/_____ ☐ Full DOB ☐ Approx/Partial DOB **At a minimum, approximate year of birth is required.*	☐ Non-Hispanic/Non-Latin(a)(o)(x) ☐ Hispanic/Latin(a)(o)(x) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Gender (select all that apply)	**Disabling Condition**	**Veteran Status**	**Relation to Head of Household**
☐ Female ☐ Male ☐ A gender that is not singularly 'Female' or 'Male' ☐ Transgender ☐ Questioning ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Self (head of household) ☐ Head of household's child ☐ Head of household's spouse/partner ☐ Head of household's other relation member (other relation to head of household) ☐ Other: non-relation member

3. Living Situation Prior to Entry

****SELECT ONLY ONE** from either Homeless, Institutional, or TH & PH Situation**

Homeless

☐ Place not meant for habitation (vehicle, streets, parks, abandoned buildings, or anywhere outside)
☐ Emergency shelter (including hotel/motel paid for with ES voucher)
☐ Safe Haven

Institutional

☐ 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/detox

TH & PH

- ☐ Host Home (non-crisis)
- ☐ Hotel or motel paid without emergency shelter voucher
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Rental by client, with HCV voucher (tenant or project based)
- ☐ Rental by client, with other ongoing subsidy
- ☐ Rental by client, with RRH or equivalent housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Staying in family member's apartment/house
- ☐ Staying in friend's room/apartment/house
- ☐ Transitional housing for homeless persons (including TAY)
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data not collected

4. Length of Stay

A. Length of Stay in Prior Living Situation:

☐ One night or less	☐ One month or more, but less than 90 days	☐ Client Doesn't Know
☐ Two to six nights	☐ 90 days or more, but less than one year	☐ Client Refused
☐ One week or more, but less than one month	☐ One year or longer	☐ Data Not Collected

B. [For Institutional Situations <90 days or TH/PH < 7 nights only] On the night before, did you stay on the streets, ES or SH?

☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

C. [For Homeless Situations, Institutional Situations <90 days or TH/PH < 7 nights only]

Approximate Date Homelessness Started	*Regardless of where they stayed last night,* **# of Times Client has Been Homeless on the Streets, in ES, or SH in the Past Three Years Including Today**		**# of Months Homeless on the Streets, ES, or SH in Past Three Years**	
_____/_____/_____	☐ One Time	☐ Client Doesn't Know	☐ One Month (this is the first month)	☐ Client Doesn't Know
	☐ Two Times	☐ Client Refused	☐ 2-12 Months (#_____)	☐ Client Refused
	☐ Three Times	☐ Data Not Collected	☐ More Than 12 Months	☐ Data Not Collected
	☐ Four or More Times			

5. Program Specific Information

Covered by Health Insurance	*If Yes, Which Source(s)*	
☐ No	☐ Medicaid (Medi-Cal)	☐ Health Insurance obtained through COBRA
☐ Yes	☐ Medicare	☐ Private Pay Health Insurance
☐ Client Doesn't Know	☐ State Children's Health Insurance Program	☐ State Health Insurance for Adults
☐ Client Refused	☐ VA Medical Services (Military Insurance)	☐ Indian Health Services Program
☐ Data Not Collected	☐ Employer Provided Health Insurance	☐ Other _____

Physical Disability		*If yes, expected to be of long-continued an indefinite duration and substantially impairs ability to live independently*	
☐ No	☐ Client Refused	☐ No	☐ Client Refused
☐ Yes	☐ Data Not Collected	☐ Yes	☐ Data Not Collected
☐ Client Doesn't Know		☐ Client Doesn't Know	
Chronic Health Condition		*If yes, expected to be of long-continued an indefinite duration and substantially impairs ability to live independently*	
☐ No	☐ Client Refused	☐ No	☐ Client Refused
☐ Yes	☐ Data Not Collected	☐ Yes	☐ Data Not Collected
☐ Client Doesn't Know		☐ Client Doesn't Know	
Mental Health Disorder		*If yes, expected to be of long-continued an indefinite duration and substantially impairs ability to live independently*	
☐ No	☐ Client Refused	☐ No	☐ Client Refused
☐ Yes	☐ Data Not Collected	☐ Yes	☐ Data Not Collected
☐ Client Doesn't Know		☐ Client Doesn't Know	
Substance Use Disorder		*If yes, expected to be of long-continued an indefinite duration and substantially impairs ability to live independently*	
☐ No	☐ Client Doesn't Know	☐ No	☐ Client Refused
☐ Alcohol Use Disorder	☐ Client Refused	☐ Yes	☐ Data Not Collected
☐ Drug Use Disorder	☐ Data Not Collected	☐ Client Doesn't Know	
☐ Alcohol & Drug Use Disorders			

Addiction Type	
☐ Alcohol	☐ Prescription
☐ Meth	☐ Other: _____
☐ Marijuana	

Developmental Disabilities				
☐ No	☐ Yes	☐ Client Doesn't Know	☐ Client Refused	☐ Data Not Collected

HIV/AIDS				
☐ No	☐ Yes	☐ Client Doesn't Know	☐ Client Refused	☐ Data Not Collected

Income From Any Source	*If Yes, Indicate All Sources and Dollar Amounts that Apply*
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	_____ Earned Income _____ Unemployment Insurance _____ SSI _____ SSDI _____ VA Service-Connected Disability Compensation _____ VA Non-Service-Connected Disability Compensation _____ Private Disability Insurance _____ Worker's Compensation _____ TANF _____ General Assistance _____ Retirement Income from Social Security _____ Pension or Retirement from a Former Job _____ Child Support _____ Alimony or Other Spousal Support _____ Other Source _____
Non-Cash Benefits from Any Source	*If Yes, Indicate All Sources and Dollar Amounts that Apply*
☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	_____ Supplemental Nutritional Assistance Program (Food Stamps) _____ Special Supplementation Nutritional Program for WIC _____ TANF Child Care Services _____ TANF Transportation Services _____ Other TANF-Funded Services _____ Other Source _____

Convicted of Felony	☐ No ☐ Yes	☐ Client Doesn't Know	☐ Client Refused	☐ Data Not Collected
☐ Against Persons:	☐ Against Property:	☐ Drugs:	☐ Morals/Decency:	☐ Public Order:
☐ Assault ☐ Domestic Violence ☐ Homicide ☐ Kidnapping ☐ Robbery ☐ Sexual Assault ☐ Other – against persons	☐ Arson ☐ Burglary ☐ Fraud/Forgery ☐ Larceny ☐ Trespassing ☐ Vehicle Theft ☐ Other – against property	☐ Possession ☐ Sale ☐ Other – drugs	☐ Gambling ☐ Obscenity ☐ Prostitution ☐ Sex Offense ☐ Other – morals/decency	☐ Criminal Nuisance ☐ Disorderly Conduct ☐ DUI/DWI ☐ Harassment ☐ Loitering ☐ Weapons/Firearms ☐ Other – public order
Probation	☐ No ☐ Yes	☐ Client Doesn't Know	☐ Client Refused	☐ Data Not Collected
Sex Offender	☐ No ☐ Yes			