



ServicePoint INTAKE Form for Amarillo HMIS

First Name: _____ M.I. _____ Last Name: _____ Suffix: _____

Social Security: _____ - _____ - _____ DOB _____ Date: _____

Living Situation (prior to Entry):

- | | | |
|--|--|--|
| <input type="checkbox"/> Don't Know | <input type="checkbox"/> Jail, Prison or Juvenile Facility | <input type="checkbox"/> Place Not Meant for Habitation |
| <input type="checkbox"/> Foster Care/Group Home | <input type="checkbox"/> Domestic Violence Situation | <input type="checkbox"/> Psychiatric Hospital or Facility |
| <input type="checkbox"/> Perm. housing for Formerly Homeless | <input type="checkbox"/> Hospital | <input type="checkbox"/> Substance Abuse Treatment Center |
| <input type="checkbox"/> Refused | <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Transitional Housing for Homeless |
| <input type="checkbox"/> Own House/Apartment | <input type="checkbox"/> Living with Family | <input type="checkbox"/> Hotel/Motel without Emergency Shelter |
| <input type="checkbox"/> Rental House/Apartment. | <input type="checkbox"/> Living with Friends | |
| <input type="checkbox"/> Other _____ | | |

Length of Stay (prior to Entry):

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 week or less | <input type="checkbox"/> More than 1 week, but less than 1 month | <input type="checkbox"/> 1 to 3 months |
| <input type="checkbox"/> More than 3 months, but less than 1 year | <input type="checkbox"/> 1 year or longer | |

If Homeless, Extent of Homelessness: First Time Homeless Chronic: 4 times in past 3 years
 1 – 2 times in the past Long Term: 2 years or more

Date of Present Homelessness: _____

Homeless Verification of File: Formal Eviction Document Signed Client Statement w/confirmation on file
 Verification from Institution Verification from Outreach Worker (for on the street)
 Formal Eviction Document Signed Client Statement w/confirmation on file
 Verification from Referring Agency/Shelter

Homeless **PRIMARY** Reason: (choose one)

- | | |
|--|---|
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Criminal Activity |
| <input type="checkbox"/> Utility Shutoff | <input type="checkbox"/> Substandard Housing |
| <input type="checkbox"/> Mortgage Foreclosure | <input type="checkbox"/> Loss of Transportation |
| <input type="checkbox"/> Loss of Childcare | <input type="checkbox"/> Health/Safety |
| <input type="checkbox"/> Domestic Violence Victim | <input type="checkbox"/> Underemployment/Low Income |
| <input type="checkbox"/> Release form Institution | <input type="checkbox"/> No Affordable Housing |
| <input type="checkbox"/> Loss of Public Assistance | <input type="checkbox"/> Loss of Job |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Substance Abuse | |

Homeless **SECONDARY** Reason: (choose one)

- | | |
|--|---|
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Criminal Activity |
| <input type="checkbox"/> Utility Shutoff | <input type="checkbox"/> Substandard Housing |
| <input type="checkbox"/> Mortgage Foreclosure | <input type="checkbox"/> Loss of Transportation |
| <input type="checkbox"/> Loss of Childcare | <input type="checkbox"/> Health/Safety |
| <input type="checkbox"/> Domestic Violence Victim | <input type="checkbox"/> Underemployment/Low Income |
| <input type="checkbox"/> Release form Institution | <input type="checkbox"/> No Affordable Housing |
| <input type="checkbox"/> Loss of Public Assistance | <input type="checkbox"/> Loss of Job |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Substance Abuse | |

Check Any That Apply:

- Eviction – Actual or Pending If yes, Date of Eviction _____
- Currently in Shelter If yes, Shelter Name _____
- Institutional Living prior to 18 Years
- Zip Code of Last Permanent Address: _____
- Domestic Violence Victim If Yes: Within past 3 months 6 – 12 months ago Don't know
 3 – 6 months ago More than a year ago

Disability Information: Do you have a disability of long duration? Yes No Don't Know Refused

Disability type: Alcohol Abuse Physical/Medical HIV/AIDS Dual Diagnosis
 Developmental Mental Illness Hearing Impaired Other _____
 Drug Abuse Physical/Mobility Limits Vision Impaired

Transportation Information: Handicapped Transportation Owns Car Bicycle Walks
 Taxi Family/Friends Bus

Do you Have a Valid Drivers License? Yes No

INCOME INFORMATION:

Total Monthly Income \$ _____

Income Sources: (Check all that apply and enter monthly amount.)

- | | | | | | |
|--|----------|--|----------|--|----------|
| <input type="checkbox"/> Child Support | \$ _____ | <input type="checkbox"/> VA Benefits | \$ _____ | <input type="checkbox"/> Retirement Disability | \$ _____ |
| <input type="checkbox"/> Employer Wages | \$ _____ | <input type="checkbox"/> TANF | \$ _____ | <input type="checkbox"/> Self Employment | \$ _____ |
| <input type="checkbox"/> Food Stamps | \$ _____ | <input type="checkbox"/> Unemployment Benefits | \$ _____ | <input type="checkbox"/> State Disability | \$ _____ |
| <input type="checkbox"/> Public Assistance | \$ _____ | <input type="checkbox"/> Workers Compensation | \$ _____ | <input type="checkbox"/> Contributions from others | \$ _____ |
| <input type="checkbox"/> SSI | \$ _____ | <input type="checkbox"/> Pension/Retirement | \$ _____ | <input type="checkbox"/> Dividends (Investments) | \$ _____ |
| <input type="checkbox"/> Social Security | \$ _____ | <input type="checkbox"/> Alimony | \$ _____ | <input type="checkbox"/> SSDI | \$ _____ |
| <input type="checkbox"/> Interest (Banks) | \$ _____ | <input type="checkbox"/> Medicaid | \$ _____ | <input type="checkbox"/> Other | \$ _____ |
| <input type="checkbox"/> Annuities | \$ _____ | <input type="checkbox"/> Railroad Retirement | \$ _____ | <input type="checkbox"/> Section 8/Public Housing | \$ _____ |
| <input type="checkbox"/> Medicare | \$ _____ | <input type="checkbox"/> Rental Income | \$ _____ | | |

Military Information: US Military Veteran: Yes No

Discharge Type: Honorable General Medical Bad Conduct Dishonorable Other

Military Service Related Disability Yes No
 Receiving Veterans Services Yes No If Yes, List: _____

Months Served on Active Duty: _____ Branch: _____

Did You Serve in a War Zone: Yes No War Zone Information: _____

Employment Information:

Employed: Yes Employed - No

Hours Worked Last Week _____ If No – Looking for Work? Yes No

Work Status Permanent
 Temporary
 Seasonal

Current Employer _____

Address _____

EDUCATION:

- | | | |
|--|---|---|
| <input type="checkbox"/> College Degree | <input type="checkbox"/> Technical School Certificate | <input type="checkbox"/> 10 th Grade |
| <input type="checkbox"/> Graduate Degree | <input type="checkbox"/> No Schooling completed | <input type="checkbox"/> 11 th Grade |
| <input type="checkbox"/> Less Than High School | <input type="checkbox"/> Nursery school to 4 th Grade | <input type="checkbox"/> 12 th Grade, No Diploma |
| <input type="checkbox"/> Some College | <input type="checkbox"/> 5 th Grade or 6 th Grade | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> Some High School | <input type="checkbox"/> 7 th Grade or 8 th Grade | <input type="checkbox"/> GED |
| <input type="checkbox"/> Some Technical School | <input type="checkbox"/> 9 th Grade | <input type="checkbox"/> Post-secondary school |

Currently in School or Working on Any Degree? Yes No If Yes, School Name: _____

Received Vocational Training Yes No

Health Condition Compared to People of Your Age: Excellent Good Poor
 Very Good Fair Don't Know

Currently Pregnant? Yes No

Child/Children Enrolled in School? Yes No If Yes, Type of School:
 Public Parochial/Other Private Home School

If No, Date Last Enrolled in School _____