

# CAS & CONSENT INTAKE FORM

COALITION TO END HOMELESSNESS IN WICHITA/SEDGWICK COUNTY  
(KS-502 – WICHITA/SEDGWICK COUNTY CONTINUUM OF CARE)

## AGENCY INFORMATION

Agency: \_\_\_\_\_  
Staff Name: \_\_\_\_\_

Project: \_\_\_\_\_  
Date of Engagement: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Which IDs do you have currently (check all that apply):

☐ Birth Cert. ☐ State ID ☐ SSN Card ☐ Municipal ID ☐ DL ☐ Other: \_\_\_\_\_

## HEAD OF HOUSEHOLD INFORMATION

Number in Household: \_\_\_\_\_

Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Preferred: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_ ☐ Doesn't know/have one

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Sex: ☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Prefers not to answer

Race & Ethnicity (check all): ☐ American Indian/Alaska Native/ Indigenous ☐ Asian/Asian American ☐ Black/African American/African ☐ Hispanic/Latina/o ☐ Middle Eastern/North African ☐ Native Hawaiian/Pacific Islander ☐ White

Additional Race & Ethnicity Details: \_\_\_\_\_

Veteran: ☐ Yes ☐ No If Yes, service era/dates: \_\_\_\_\_

Translation Needed: ☐ Yes ☐ No If Yes, language: \_\_\_\_\_

## PRIOR LIVING SITUATION

Zip Code of Last Address: \_\_\_\_\_

### Type of Residence (check one):

- ☐ Place not meant for habitation ☐ Foster Care Home ☐ Jail/Prison/Juvenile detention  
☐ Emergency Shelter (incl. hotel/motel w/ voucher) ☐ Hospital/non-psychiatric facility ☐ Long-term care/nursing home  
☐ Psychiatric hospital/facility ☐ Substance abuse/detox ☐ Halfway house/Residential project  
☐ Hotel/motel (no voucher) ☐ Rental w/o subsidy ☐ Transitional Housing  
☐ Rental with VASH ☐ Rental with RRH ☐ Rental with HCV  
☐ Rental with Public Housing ☐ Rental with other subsidy ☐ Staying with friends/family  
☐ Own home w/ subsidy ☐ Own home w/o subsidy

### Length of Stay in Prior Living Situation (check one):

☐ 1 night or less ☐ 2–6 nights ☐ 1 week–<1 mo. ☐ 1–<3 mos. ☐ 3–<12 mos. ☐ 1 year+

Approximate Date This Episode of Homelessness Started: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Times Homeless in Past 3 Years: ☐ 1 ☐ 2 ☐ 3 ☐ 4+

Total Months Homeless in Past 3 Years: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ +12mos.

## DISABLING CONDITIONS AND BARRIERS

**DV** = Domestic Violence, **LT** = Long-term, a condition expected to be of long continued and indefinite duration

**Mark Y or N for each condition. If any condition = "Y", you must also mark LT? = Y or N for that condition.**

Disabling Condition ☐ Y ☐ N (Select all that apply):

Physical Disability ☐ Y ☐ N LT? ☐ Y ☐ N

Developmental Disability ☐ Y ☐ N LT? ☐ Y ☐ N

Chronic Health Condition ☐ Y ☐ N LT? ☐ Y ☐ N

HIV/AIDS ☐ Y ☐ N

Mental Health Disorder ☐ Y ☐ N LT? ☐ Y ☐ N

Substance Use Disorder (SUD) ☐ Y ☐ N LT? ☐ Y ☐ N

SUD type (if "Yes"): ☐ Alcohol use disorder ☐ Drug use disorder

☐ Both alcohol and drug use disorders

Survivor of Domestic Violence ☐ Y ☐ N

When (if "Yes"): ☐ Within past 3 months ☐ 3–6 months (excl. 6) ☐ 6–12 months (excl. 12) ☐ 1+ year ago

Currently fleeing? ☐ Y ☐ N

Pregnant ☐ Y ☐ N Due: \_\_\_\_\_

Foster Care/Ward ☐ Y ☐ N

Aged Out? ☐ Y ☐ N

**MONTHLY INCOME AND SOURCES****Income from any source:** ☐ Yes ☐ No **Income Type (please list employer name if applicable and any \$ amounts):****Employment & Public Benefits**

- ☐ Earned Income \$ \_\_\_\_\_ **Employer:** \_\_\_\_\_
- ☐ Unemployment Insurance \$ \_\_\_\_\_
- ☐ Supplemental Security Income (SSI) \$ \_\_\_\_\_
- ☐ Social Security Disability Insurance (SSDI) \$ \_\_\_\_\_
- ☐ Other Income Source \_\_\_\_\_ \$ \_\_\_\_\_

**Disability & VA Benefits**

- ☐ VA Service-Connected Disability Compensation \$ \_\_\_\_\_
- ☐ VA Non-Service-Connected Disability Pension \$ \_\_\_\_\_
- ☐ Worker's Compensation \$ \_\_\_\_\_
- ☐ Private Disability Insurance \$ \_\_\_\_\_

**Non-Cash Benefits & Public Assistance**

- ☐ TANF \$ \_\_\_\_\_
- ☐ SNAP \$ \_\_\_\_\_ ☐ WIC \$ \_\_\_\_\_
- ☐ Child Support \$ \_\_\_\_\_
- ☐ Alimony/Other Spousal Support \$ \_\_\_\_\_
- ☐ Other non-cash benefit \_\_\_\_\_ \$ \_\_\_\_\_

**Retirement & Other**

- ☐ Social Security Income \$ \_\_\_\_\_
- ☐ Pension/Retirement \$ \_\_\_\_\_
- ☐ Other Income: \_\_\_\_\_ \$ \_\_\_\_\_

**Covered by Health Insurance:** ☐ Yes ☐ No

- ☐ Medicaid **Type:** ☐ KanCare Healthy Blue ☐ United ☐ Sunflower
- ☐ Medicare ☐ COBRA
- ☐ State Children's Health Insurance
- ☐ State Health Insurance for Adults

- ☐ Veteran's Health Admin (VHA)
- ☐ Employer-Provided Insurance
- ☐ Private Pay Insurance
- ☐ Indian Health Services
- ☐ Other: \_\_\_\_\_

**LOCAL DATA****Length resided in Sedgwick County:** ☐ 1 night or less ☐ 2–6 nights ☐ 1 week–<1 mo. ☐ 1–<3 mos. ☐ 3–<12 mos. ☐ 1y  
**If less than a year, where were you prior?**☐ In Kansas different county (list County: \_\_\_\_\_) ☐ In USA (list State: \_\_\_\_\_) ☐ Outside USA**Unsheltered/homeless night prior to Sedgwick County?** ☐ Yes ☐ No**Released from jail or prison within the last 7 days?** ☐ Yes ☐ No**If yes, location of incarceration (check one):**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Sedgwick County Jail     | <input type="checkbox"/> Other County Jail in KS | <input type="checkbox"/> El Dorado                 | <input type="checkbox"/> Ellsworth                  |
| <input type="checkbox"/> Hutchinson               | <input type="checkbox"/> KS Juvenile Complex     | <input type="checkbox"/> Lansing                   | <input type="checkbox"/> Larnard Mental Health Fac. |
| <input type="checkbox"/> Topeka                   | <input type="checkbox"/> Norton                  | <input type="checkbox"/> Winfield                  | <input type="checkbox"/> Wichita Work Release       |
| <input type="checkbox"/> Other state prison in KS | <input type="checkbox"/> Federal prison in KS    | <input type="checkbox"/> Federal prison outside KS |   |

**CONSENT TO RELEASE INFORMATION**

I give permission for this agency to enter the personal information I have given them, and that of the accompanying minor members of my household, into the Coalition to End Homelessness Wichita/Sedgwick County HMIS. The HMIS computer system is administered by the Coalition to End Homelessness Wichita/Sedgwick County through an agreement with the United Way of the Plains and operates inside a secure and confidential network of trained agency representatives. The information that I have provided is true and correct. I understand that my information is electronically tracked to assess my household needs and coordinate services such as housing, utility assistance, food, and other services and resources within the Wichita-Sedgwick County service area. My information (photo, demographic information, eligibility for services/referral information, and/or presence in program), and that of the accompanying members of my household, may be shared among the HMIS-participating agencies for case coordination and/or to expedite my access to needed services and resources. If I am applying for rent and/or utility assistance or other specific types of services and/or resources, my identifying information may be shared, on an as-needed basis, with the vendor by phone, email, and/or written form in order to process a referral and/or secure payment to the correct account. My signature and/or my verbal consent to the HMIS-participating agency staff indicate that an agency representative has answered any questions I had about my privacy concerns. This consent is valid for five years from the date of signature, or until/if I decide to revoke my permission to share my identifying information. To revoke my permission, I understand I am required to provide this agency or Coalition to End Homelessness Wichita/Sedgwick County a written and signed statement that includes the date my permission was revoked.

\_\_\_\_\_  
**Client signature**\_\_\_\_\_  
**Date**

If verbal consent or "Applicant's Signature" is not possible, please fill out the line below.

**Staff signature documenting the verbal consent:** \_\_\_\_\_

*\* The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity and admissibility.*