

HMIS CLIENT CAS AND CONSENT INTAKE FORM

AGENCY INFORMATION

Contact Date ____/____/____

AGENCY _____ PROJECT _____

STAFF NAME _____

STAFF EMAIL/ PHONE _____

HEAD OF HOUSEHOLD INFORMATION

**Fill out Form in its entirety. If refusing certain information, write "refuse" on line. If refusing to provide name HMIS will assign an unidentifiable ID number as name.*

Legal Name Preferred Name HMIS # _____ (IF CURRENTLY IN HMIS SYSTEM)

FIRST NAME _____ LAST NAME _____

MI _____ DATE OF BIRTH ____/____/____ SS# ____-____-____

ETHNICITY AND RACE (SELECT AS MANY AS NEEDED) Hispanic/Latina(e)(o) American Indian, Alaska Native, or Indigenous Asian or Asian American Black, African American, or African Middle Eastern or North African Native Hawaiian or Pacific Islander White Client Doesn't Know Client Prefers Not to Answer
Additional Details: _____

GENDER Woman (Girl if Child) Man (Boy if Child) non-binary, genderfluid, agender, culturally specific gender Transgender Questioning Culturally specific Identity (e.g. Two-Spirit) Client Does not Know Client Prefers Not to Answer Different Identity: _____

VETERAN YES NO

HEALTH INSURANCE YES NO If yes, what kind _____

DISABLING CONDITION YES NO If yes, details _____

FLEEING FROM DOMESTIC VIOLENCE YES NO

NEEDED TRANSLATION SERVICE TODAY? YES NO If yes, language needed: _____

HAVE YOU EVER BEEN A WARD OF THE CHILD WELFARE/FOSTER CARE SYSTEM? Yes No

IF YES, DID YOU AGE OUT OF THE CHILD WELFARE/FOSTER CARE SYSTEM? Yes No

HOUSEHOLD DETAILS

Monthly Income Amount \$ _____ Source _____

NUMBER IN HOUSEHOLD _____

FAMILY TYPE HoH only Family without kids Family with kids

PREVIOUS LOCATION

Where did you stay last night? (select only one answer please)

HOMELESS Place not meant for habitation Emergency Shelter, including hotel or motel paid with shelter voucher

INSTITUTIONAL SITUATION Foster Care Home Hospital or residential non-psychiatric medical facility Jail, prison or juvenile detention facility Long term care facility or nursing home Psychiatric hospital or facility Substance abuse treatment or detox center

TRANSITIONAL AND PERMANENT HOUSING Residential project or halfway house Hotel or motel paid without shelter voucher Rental without 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 with subsidy Own home without subsidy Client Doesn't Know Client Prefers not to Answer

HOMELESS TIMELINE

If you are in transitional or permanent housing that is in your name is in please skip to the CURRENT LOCATION section below

Thinking about where you stayed last night:

LENGTH OF STAY IN PREVIOUS LOCATION _____

DATE THIS EPISODE OF HOMELESSNESS STARTED _____

In the last 3 years how many times have you been homeless (enter 1 if this is first time) _____

In the last 3 years how many months have you been homeless (enter 1 if this is the first time) _____

CURRENT LOCATION

CURRENT STREET ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE/EMAIL _____

CONSENT TO RELEASE INFORMATION

I give permission for this agency to enter the personal information I have given them, and that of the accompanying members of my household, into the Impact ICT Continuum of Care HMIS. The HMIS computer system is administered by the Impact ICT CoC 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 in order 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 (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 indicates that an agency representative has answered any questions I had about my privacy concerns. This consent is valid for five years from 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 Impact ICT CoC a written and signed statement that includes the date my permission was revoked.

Client Signature

Date

If verbal consent or "Applicant's Signature" isn't possible, please fill out 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.*