

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.*