

# 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.*