

Client Intake Form

FOR OFFICE USE ONLY – CLIENT DO NOT COMPLETE

File accepted by _____ Staff Initials _____ Prior Client? _____ If yes, old file(s) attached? _____

Data Entered into HMIS _____ Staff Initials _____ Adult 1 Client HMIS ID _____

Adult 2 Partner HMIS ID _____

Your visit to our agency is for? _____

Date: _____

Have you been to Housing Help before? Yes No If yes, when _____

Adult 1 – Head of Household

First _____ MI _____ Last _____

Date of Birth ____/____/____ SS# ____-____-____ Gender Female Male Transgender
mm/dd/yyyy

Other Last Names Used (maiden, married, etc...) _____

Primary Race

- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Asian
- Black/African American
- White

Secondary Race (if needed)

- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Asian
- Black/African American
- White

Ethnicity

- Hispanic/Latino
- Non-Hispanic/Latino

Household Type

- Couple With No Children
- Grandparent and Child
- Single Parent
- Single Adult
- Two Parent Family
- Other _____

Address _____ City _____

Zip Code _____ Phone # _____ Alternate Phone # _____

Adult 2

First _____ MI _____ Last _____

Date of Birth ____/____/____ SS# ____-____-____ Gender Female Male Transgender
mm/dd/yyyy

Other Last Names Used (maiden, married, etc...) _____

Relationship to Head of Household:

- Child
- Spouse or Partner
- Other Relation
- Other Non-relation

Primary Race

- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Asian
- Black/African American
- White

Secondary Race (if needed)

- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Asian
- Black/African American
- White

Ethnicity

- Hispanic/Latino
- Non-Hispanic/Latino

DISABILITY

ADULT 1 – Do you have a diagnosed disability? Yes No When did it start? ____/____/____
mm/dd/yyyy

Disability type

- | | |
|--|---|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Developmental |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Chronic Health Condition |
| <input type="checkbox"/> Both Drug and Alcohol Abuse | <input type="checkbox"/> Mental Health Problem |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Refuse to answer |

Disability of long duration? Yes No Don't Know Are you receiving treatment? Yes No

Have you filed for SSI/SSDI? Yes No When? ____/____/____
mm/dd/yyyy

Are you pregnant? Yes No If yes, when are you due? ____/____/____
mm/dd/yyyy

ADULT 2 – Diagnosed disability? Yes No When did it start? ____/____/____
mm/dd/yyyy

Disability type

- | | |
|--|---|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Developmental |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Chronic Health Condition |
| <input type="checkbox"/> Both Drug and Alcohol Abuse | <input type="checkbox"/> Mental Health Problem |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Refuse to answer |

Disability of long duration? Yes No Don't Know Are you receiving treatment? Yes No

Have you filed for SSI/SSDI? Yes No When? ____/____/____
mm/dd/yyyy

Is your spouse/partner/roommate pregnant? Yes No If yes, due date ____/____/____
mm/dd/yyyy

HOUSING/HOMELESS INFORMATION

Zip Code of Last Permanent Address _____

Date Homelessness Started: ____/____/____
mm/dd/yyyy

Please explain your housing situation and what services you need.

DOMESTIC VIOLENCE

ADULT 1 – Domestic Violence Victim/Survivor? Yes No

If yes, When did the experience occur?

- Within the past 3 months
- 3 – 6 months ago (excluding 6 months exactly)
- 6 months to 1 year ago (excluding 1 year exactly)
- One year or longer
- Client doesn't know

Are you currently fleeing a domestic violence situation? Yes No

Overview of domestic violence

ADULT 2 – Domestic Violence Victim/Survivor? Yes No

If yes, When did the experience occur?

- Within the past 3 months
- 3 – 6 months ago (excluding 6 months exactly)
- 6 months to 1 year ago (excluding 1 year exactly)
- One year or longer
- Client doesn't know

Are you currently fleeing a domestic violence situation? Yes No

Overview of domestic violence

EMPLOYMENT INFORMATION

Adult 1 – Are you employed? Yes No

If yes, Employer's Name _____

Employer's Address _____

Employer's Phone _____ Employer's Fax _____

Employment Status Full time Part time Seasonal work

Hours of work per week (usual) _____ Hourly Wage _____

Does Housing Help have permission to contact employer if information is needed? Yes No

ADULT 2 – Employed? Yes No

If yes, Employer's Name _____

Employer's Address _____

Employer's Phone _____ Employer's Fax _____

Employment Status Full time Part time Seasonal work

Hours of work per week (usual) _____ Hourly Wage _____

Does Housing Help have permission to contact employer if information is needed? Yes No

INCOME/ASSISTANCE INFORMATION

Total Monthly Income \$ _____

Please list ALL sources and monthly amount

Source #1 _____

Source #2 _____

Amount _____

Amount _____

Source #3 _____

Source #4 _____

Amount _____

Amount _____

Please check all sources of income

- Alimony or other Spousal Support
- Earned Income
- Medicaid
- No Income Sources
- Private Disability Insurance
- Private Pay Health Insurance
- State Children's Health Insurance
- Section 8/HARP/Public Housing
- Retirement from Social Security
- Social Security Income (SSI)
- TANF – FIP (cash assistance)
- Veteran's Administration Medical Services
- Veteran's Pension
- Worker's Compensation

- Child Support
- Food Stamps
- Medicare
- Pension/Retirement from Former Job
- SCHIP
- Employer Provider Health Insurance
- State Health Insurance for Adults
- Self Employment Wages
- Social Security Disability Income (SSDI)
- TANF – Child care assistance
- Unemployment Compensation
- Veteran's Disability Payment
- WIC
- Other _____

Have your FIP benefits been exhausted? Yes No

Are you receiving assistance from Department of Human Services? Yes No

If yes, case worker's name/phone _____

MILITARY INFORMATION

ADULT 1 – Have you ever served in the US Military? Yes No Military Branch _____

If yes, discharge type: Honorable General Medical Bad Conduct Dishonorable

Military Service Related Disability? Yes No Receiving Veteran's Services? Yes No

If Yes, List Veteran's Services _____

Dates of Service: start date ____/____/____ end date ____/____/____
mm/dd/yyyy mm/dd/yyyy

Did you serve in a war zone? Yes No If Yes, List War Zone(s) _____

ADULT 2 – Have you ever served in the US Military? Yes No Military Branch _____

If yes, discharge type: Honorable General Medical Bad Conduct Dishonorable

Military Service Related Disability? Yes No Receiving Veteran's Services? Yes No

If Yes, List Veteran's Services _____

Dates of Service: start date ____/____/____ end date ____/____/____
mm/dd/yyyy mm/dd/yyyy

Did you serve in a war zone? Yes No If Yes, List War Zone(s) _____

INFORMATION FOR CHILDREN UNDER 18 RESIDING IN THE HOUSEHOLD

Please complete the following for EACH Child under the age of 18 residing in the household:

	Child #1	Child #2	Child #3	Child #4	Child #5
First Name					
Last Name					
Relationship to head of household	<input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Other
DOB (mm/dd/yyyy)					
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender
SSN					
Diagnosed Disability, please list					
Date Disability Started (mm/dd/yyyy)					
If Attending School, please list school					
Race *					
Ethnicity *					

* **For race information**, please use the following: American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Asian, Black/African American, White.

* **For ethnicity information**, please use the following: Hispanic/Latino or Non-Hispanic/Latino.

RENT/MORTGAGE INFORMATION

Rent

Are you here for assistance with: First month's rent? Yes No Past due rent? Yes No

Monthly rent payment? _____ Total past due amount? _____

Landlord Company Name _____

Landlord Company Phone _____

Is there an actual or pending eviction? Yes No If yes, date of eviction ____/____/____
mm/dd/yyyy

Mortgage

Are you here for assistance with a mortgage payment? Yes No

Monthly mortgage payment? _____ Total past due amount? _____

Mortgage Company Name _____

Mortgage Company Phone _____

Is there an actual or pending foreclosure? Yes No If yes, date of foreclosure ____/____/____
mm/dd/yyyy

Do you owe any back property taxes? Yes No

By signing below, you agree that the information provided is truthful and accurate to the best of your abilities and will allow a Housing Help of Lenawee/LEAHC Case Manager to review your information and possibly collect additional data and documentation for eligibility purposes. As a HUD funded agency, we are required to input some of this data into a statewide system collecting data called the Michigan State Homeless Management Information System (MSHMIS). **Maintaining your privacy is very important to us.** We believe that the information gathered about you is personal and private, and it will not be shared with other people without a written agreement. However, if you feel uncomfortable with sharing your information within this system, you will not be denied services for which you are otherwise eligible. At the present time, Housing Help, will enter your "Profile Information" (name, age, SSN) on the MSHMIS as open, meaning other agencies can see this information if you are receiving services from them. (Only last 4 digits of SSN will show.) All other information outside of the profile information will not be accessed by other agencies without prior written consent.

Adult 1 Signature

Date

Adult 2 Signature

Date

Housing Help of Lenawee/LEAHC collects personal information directly from you for reasons that may be required by law or by organizations that give us money to operate our homeless prevention programs. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Privacy Notice describing our privacy practice is posted in our lobby area and is available to all consumers upon request.

We are funded by US Department of Housing and Urban Development, Michigan State Housing Development Authority, The Salvation Army,, local Foundations, and many caring churches, businesses and individuals of Lenawee County.

CLIENT DO NOT COMPLETE UNTIL REQUESTED

For Housing First Clients - You will be provided an "Intake Appointment Letter" at your intake appointment. This letter states what information is required for Housing Help of Lenawee to determine if you are eligible for rental or mortgage assistance.

By initialing here _____ you acknowledge having received this letter.



Housing Help
of Lenawee
Prevent and End Homelessness

RELEASE OF INFORMATION

PO Box 692, 307 E. Church Street, Adrian, MI 49221

CLIENT DATA

Name: _____

Name: _____

REQUEST

Please provide the following information on the above-named client(s):

Organization/Business	Initial for Release
Landlord: Address: Phone Number:	
Employer: Address: Phone Number:	
Catherine Cobb Domestic Safe House	
Community Action Agency	
Department of Health & Human Services	
Child Protective Services – Worker Name: Phone Number:	
Lenawee County District Court - Probation Officer: Phone Number:	
Lenawee County Circuit Court - Probation Officer: Phone Number:	
Lenawee County Mental Health Authority	
Neighbors of Hope - Lenawee County Mission, Women and Children's Center	
Michigan Rehabilitation Services	
Housing Choices, LLC	
Salvation Army	
Share the Warmth	
Social Security Administration	
South Central Michigan Works!	
TTI – Street Outreach Program	
Utility Company – Write in	
Veterans Administration	
Other - Write in	
Other - Write in	

Case Manager Signature

Date

Client Consent: The undersigned authorizes Housing Help of Lenawee (H²L) staff to contact any agencies, offices, groups, organizations, or employers on this release of information to obtain information that is pertinent to eligibility, level of benefits, or continued participation in H²L programs. Please furnish the above mentioned Case Manager with any information they request including but not limited to: current and prior housing, landlord's name(s), monthly income, substance abuse and/or mental health information. This authorization, and the information obtained with it, may be used to administer and enforce program rules and policies. Client agrees to release H²L and its staff from all personal, professional and legal liability for any perceived harm or consequences either during the process or following the outcome of the evaluation of the application for assistance.

Client Signature(s)

Date

This Release of Information is valid for one year from the date of signature, ending _____.

10/2019 ES

Updated 3/23/2020