Housing Problem Solving Services Minimal Intake Form

Use this form to document Housing Problem Solving Conversations in HMIS.

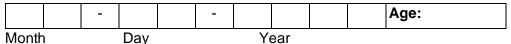
CLARITY HMIS: HOUSING PROBLEM SOLVING CoC MINIMAL PROJECT INTAKE FORM

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

CURRENT NAME [All Clients]											N/A				
Last															-
First															0
Middle															0
Suffix															0

SOCIAL SECURITY NUMBER [All Clients]

DATE OF BIRTH [All Clients]



HOUSING PROBLEM SOLVING PROJECT START DATE

[All Clients]

	-			-			
Month		Day			Y		

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PRIOR LIVING SITUATION

TYPE OF RESIDENCE (DATA ENTRY ONLY)

Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter

LENGTH OF STAY IN PRIOR LIVING SITUATION (LENGTH OF STAY IN MOTEL)									
One night or less	0	One month or more, but less than 90 days	0	Client doesn't know					
Two to six nights	0	90 days or more, but less than one year	0	Client refused					
One week or more, but less than one month	0	One year or longer	0	Data not collected					

	pproximate Date Homelessness Started (if no prior history of homelessness, then record date nrolled in FEMA Motel)		//					
Ν	Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years							
0	One Time	0	Client doesn't know					
0	Two Times	0	Client refused					
0	Three Times	0	Data not collected					
0	Four or More Times							
Т	Total Number of <i>Months</i> homeless on the streets, ES, or Safe Haven in the last 3 years							
0	One month (this time is the first month)	0	Client doesn't know					
0	212 months (specify number of months):	0	Client refused					
0	More than 12 months	0	Data not collected					