

HMIS form for Intake Volunteers to complete with guests

HMIS DATA ENTRY FORM

* Guest spoke with Case Manager Yes or No
 Name of Case Manager: _____ Agency: _____ Volunteer Name: _____ Date: _____

CODE BLUE Guest Intake Form

VOLUNTEER: Thank you for taking the time to sit down with me. I'm going to ask you a few questions about yourself and your current living situation, so that I can better understand what's going on with you and how our group can help you out.

First, I'm going to ask you some basic information about yourself:

*What is your full name?		
Have you been to a Code Blue this season? If so, do you remember when?		
<i>Volunteer: If yes, find the person's intake form and review with guest to note any changes.</i>		
*What is your date of birth?	<input type="checkbox"/> Full	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Partial	<input type="checkbox"/> Refused
*What is your social security number?	<input type="checkbox"/> Full	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Partial	<input type="checkbox"/> Refused
*What is your ethnicity?	<input type="checkbox"/> Non-Hispanic/ Non-Latino	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> Refused
*What is your race? You can select more than one race.	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Refused
	<input type="checkbox"/> Native Hawaiian or Pacific Islander	
*What is your gender?	<input type="checkbox"/> Female	<input type="checkbox"/> Doesn't identify as male, female, or transgender
	<input type="checkbox"/> Male	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Transgendered Male to Female	<input type="checkbox"/> Refused
	<input type="checkbox"/> Transgendered Female to Male	
*Do you have a disabling condition?	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused
*Have you served in the military?	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Refused

*What is the total number of months you have been homeless on the street, in emergency shelter
 One month (this is the first month) Client doesn't know
 Client refused

Where did you stay last night?	HOMELESS SITUATION	
	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing	
	INSTITUTIONAL SITUATION	
	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	
	TRANSITIONAL AND PERMANENT HOUSING SITUATION	
	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (SHP, S+C) <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GDP TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
*How long were you there for?	<input type="checkbox"/> One night or less	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Two to six nights	<input type="checkbox"/> Client refused
	<input type="checkbox"/> One week or more, but less than a month	
	<input type="checkbox"/> One month or more, but less than 90 days	
	<input type="checkbox"/> 90 days or more, but less than one year	
<input type="checkbox"/> One year or longer		
Approximate date homelessness started:		
*How many times have you been homeless on the streets, in emergency shelter or safe haven in the past 3 years including today?	<input type="checkbox"/> One time	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Two times	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Three times	
	<input type="checkbox"/> Four or more times	

PA HMIS Collaborative Client Consent Release of Information via PA HMIS



The Pennsylvania Homeless Management Information System ("PA HMIS") serves the Pennsylvania Continuum of Care Collaborative, a group of agencies ("PA HMIS Participating Agencies") working together to provide services to individuals and families in Pennsylvania who are homeless or at risk of becoming homeless. In an effort to end homelessness, PA HMIS allows the Commonwealth of Pennsylvania and PA HMIS Participating Agencies to use this system to efficiently collaborate, identify, coordinate, and evaluate individual services needed. The PA HMIS is also used to produce nonidentifying, aggregate reports that can be used to track program performance which is necessary to receive program funding from the federal government, identify unfiled service needs, and plan for new service provision.

This process is beneficial to improving your case management and received services, as well as assisting PA HMIS Participating Agencies to locate multiple housing or service options. Additionally, sharing information between PA HMIS Participating Agencies can reduce the number of times you are asked for repeated information. By consenting to share this information with participating agencies, you will allow PA HMIS to provide better coordination between PA HMIS Participating Agencies in an effort for you to obtain and maintain permanent housing.

Information collected in the PA HMIS database is protected in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of your information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties including legal action.

I UNDERSTAND THAT:

- In an effort to end homelessness and to better serve me and/or my family, the PA HMIS Participating Agency identified at the bottom of this form will collect and may share my identifying information with other PA HMIS Participating Agencies via PA HMIS.
- The intention and purpose of collecting and sharing my information is to help PA HMIS Participating Agencies better understand and assist my/our needs, and to produce non-identifying, aggregate reports to the federal government that can be used to track the program performance of these agencies.
- The PA HMIS participating agencies have signed agreements and are bound to implement policies to maintain my information in a secure and confidential manner, as mandated by Federal and State laws.
- The release of my information does not guarantee that I will receive assistance. Alternatively, refusing to release my information will not affect my opportunity to receive assistance.
- This authorization will remain in effect for a period of up to 7 years or until I revoke it in writing. I may revoke authorization at any time by returning to any previously visited PA HMIS Participating Agency and signing a new consent form using the "I do not agree" option. If I revoke my authorization or this authorization expires, all information about me already in the database will remain to retain usage history; however, it will be inactive and not updated. I further understand that any revocation of this consent will not affect the waiver of confidentiality as to information already disclosed.

PA HMIS Collaborative Client Consent Release of Information via PA HMIS

- If I decline to release my information, it will be hidden from all other PA HMIS participating agencies, except in the case of a referral. If I need to be referred to another agency for services, my information will be forwarded to only that agency regardless of my recorded data sharing preference.

Please choose an option:

- I agree to allow sharing of my information via the PA HMIS system with PA HMIS participating agencies.
- I do not agree to allow sharing of my information via the PA HMIS system with PA HMIS Participating Agencies. I understand that if I need to be referred to another agency, only the data necessary to complete the referral will be forwarded.

CHECK ONE

Client Name (Please print) _____ Client Signature _____ Date _____

Guardian Name, if applicable (Please print) _____ Guardian Signature, if applicable _____ Date _____

List Dependent(s) Name(s), if applicable

(Note: If dependents are not presenting for services at the same time as the guardian, or the guardian wishes to record different individual consent responses, use a separate consent form for each dependent.)

AHTN
PA HMIS Participating Agency Name (Please print) _____
Intake Vol Name _____ Vol Signature _____ Date of Intake _____
Agency Personnel (Please print) _____ Agency Personnel Signature _____ Date _____



GUEST NAME: _____

Could you tell us the best way to reach you by providing us with a phone number and/or email address?

Phone Number	<input type="checkbox"/> Refused
Email Address	<input type="checkbox"/> Refused

VOLUNTEER: Thank you. We are almost finished. I'm going to ask you some information that will help us in case there is an emergency or a health issue while you are staying with us.

Do you have an emergency contact or is there someone who you are with regularly who we could reach out to? All of your information will remain confidential.

Emergency Contact	Name: <input type="checkbox"/> Refused
	Phone Number: IMPORTANT
	Relationship: IMPORTANT

VOLUNTEER: Did you come to the shelter in your own vehicle tonight? Yes No Refused
If yes, what is the year/make/model of your car?

Vehicle Registration	at shelter					
	(Year)	(Make)	(Model)	(Vehicle ID #)	(State)	(Plate)
Do you have a driver's license or Photo ID?	<input type="checkbox"/> Yes: Number and State: _____ <input type="checkbox"/> Refused					
	<input type="checkbox"/> No: Why not? <input type="checkbox"/> No address → Would you like a temporary address? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs transportation to DV/ ID center <input type="checkbox"/> New to the area <input type="checkbox"/> Other: _____					

Who have you contacted to help with your homeless situation?	
Did they help?	
What is your immediate need?	
Are you allergic to any foods so we can make our kitchen staff here aware?	<input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> YES, I am allergic too: _____

VOLUNTEER: Thank you. I would like to ask you a few questions about your current health status and possibly help you with any medications you may need.

What type of medical problems may you have?	<input type="checkbox"/> Heart disease <input type="checkbox"/> Swollen or painful feet or ankles	<input type="checkbox"/> Drug and alcohol <input type="checkbox"/> Other: <input type="checkbox"/> Refused
Do you take medication on a regular basis?	<input type="checkbox"/> No <input type="checkbox"/> Yes Medications taking: _____	<input type="checkbox"/> Diabetes <input type="checkbox"/> High blood pressure <input type="checkbox"/> Refused
Do you need help getting prescription?	<input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes:
Do you have a prescription plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
Do you have Medical Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused to provide information
	Company Name: Address:	

VOLUNTEER: Thank you. Just to wrap up quickly, are you receiving any income, such as from a job or from SSD? Are you getting any benefits like food stamps or health insurance through the county assistance office?

Source of income	Amount received last 30 days

ROI Form – Release of Information

Should a guest want AHTN to speak on their behalf to an outside agency such as Bucks County Opportunity Council, PMH, etc. this form allows AHTN to use the information given in this Intake packet so to help the guest with additional resources.

Should a guest NOT want to speak to an outside resource, Intake Staff should ask if they would like to speak with an AHTN Mentor. If they do, then list the request here.

When a HOT Mentor is requested, Intake Staff should notify the Shelter Coordinator so they can pass the information to the Mentor that evening.



**AUTHORIZATION TO RELEASE
INFORMATION**

Client Name _____

Client Contact Information _____

Agency and Contact to release information _____

Agency and Contact to release information _____

Agency and Contact to release information _____

Agency and Contact to release information _____

Agency and Contact to release information _____

I, (Client Name) _____ hereby give consent that Advocates for Homeless & Those in Need be provided information from above agency or agencies and/or staff, regarding my treatment, health, mental health, substance abuse, social service needs and any other information pertinent to my continued care.

EFFECTIVE FOR ONE YEAR FROM DATE SIGNED

CLIENT SIGNATURE _____ DATE _____

Advocates for Homeless & Those in Need
An interfaith ministry to help the homeless and those in need.
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www.ahtn.org