

MSHMIS Universal Data Elements (UDE) Intake Form (3.917A)

(For Emergency Shelter, Safe Haven and Street Outreach Projects ONLY – All other project types must use the MSHMIS UDE 3.917B Assessment)

Intake Date: _____

Intake Staff/Case Manager: _____

Answer this section for all persons in household (use additional sheets for larger families)

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Full Name	Relationship to Head of Household	SSN	Active Duty US Military Veteran	Date of Birth mm/dd/yyyy
<p>_____</p> <p><u>Name Data Quality</u></p> <input type="checkbox"/> Full name <input type="checkbox"/> Partial, street or code name <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Self (Head of household)	<p>_____</p> <p><u>SSN Data Quality</u></p> <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p style="color: red;"><i>(Answer for adults 18+ only)</i></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p style="text-align: center;">/ /</p> <p><u>DOB Data Quality</u></p> <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or partial DOB <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<p>_____</p> <p><u>Name Data Quality</u></p> <input type="checkbox"/> Full name <input type="checkbox"/> Partial, street or code name <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member	<p>_____</p> <p><u>SSN Data Quality</u></p> <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p style="color: red;"><i>(Answer for adults 18+ only)</i></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p style="text-align: center;">/ /</p> <p><u>DOB Data Quality</u></p> <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or partial DOB <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<p>_____</p> <p><u>Name Data Quality</u></p> <input type="checkbox"/> Full name <input type="checkbox"/> Partial, street or code name <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member	<p>_____</p> <p><u>SSN Data Quality</u></p> <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p style="color: red;"><i>(Answer for adults 18+ only)</i></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p style="text-align: center;">/ /</p> <p><u>DOB Data Quality</u></p> <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or partial DOB <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<p>_____</p> <p><u>Name Data Quality</u></p> <input type="checkbox"/> Full name <input type="checkbox"/> Partial, street or code name <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member	<p>_____</p> <p><u>SSN Data Quality</u></p> <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p style="color: red;"><i>(Answer for adults 18+ only)</i></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<p style="text-align: center;">/ /</p> <p><u>DOB Data Quality</u></p> <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or partial DOB <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Universal Data Elements Continued

Answer this section for all persons in household (use additional sheets for larger families)

Name	Gender	Race <i>(Select all that apply)</i>	Ethnicity	Does the client have a disabling condition?
	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Male (MTF of Male to Female) <input type="checkbox"/> Trans Female (FTM or Female to Male) <input type="checkbox"/> Gender Non Conforming <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Male (MTF or Male to Female) <input type="checkbox"/> Trans Female (FTM or Female to Male) <input type="checkbox"/> Gender Non Conforming <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Male (MTF or Male to Female) <input type="checkbox"/> Trans Female (FTM or Female to Male) <input type="checkbox"/> Gender Non Conforming <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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Homeless History Interview

Answer the following questions for ALL Household Members
(Use additional sheets if members of the same household have different homeless histories)

Chronic status is determined by a client's history of homelessness, disability status, and the length of time spent on the street, in an emergency shelter or safe haven. Requires a substantiated disability and, continuously homeless for past 12 months to qualify or 4 separate occasions in the past 3 years as long as the combined occasions total at least 12 months. Intake workers should not instruct the client on the length of time/# of episodes necessary to qualify as chronically homeless. Questions should be asked in the exact order they are presented below.

Describe the client's living situation (immediately) prior to project entry?

Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Don't Know/Refused
<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside). <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 (e.g. client applied for permanent housing and a unit/voucher has been reserved but client is not able to move in immediately).	<input type="checkbox"/> Foster care home or foster 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	<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 (other than RRH) for formerly homeless persons (such as CoC Project) <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with RRH or equivalent housing subsidy <input type="checkbox"/> Residential project of 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

Length of Stay in Prior Living Situation?

- | | | |
|---|--|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One month or more but less than 90 days | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> 90 days or more but less than one year | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> One week or more but less than one month | <input type="checkbox"/> One year or longer | |

*Have the client look back to the date of the last time s(he) "had a place to sleep **other than** the streets, ES, or SH".*

If the client knows the month and year but not the day, the worker may substitute the day of the month with the same day of the month as project entry.

What Counts as a Break in Homelessness?

As the client looks back, there may be breaks in their stay on the streets, ES, or SH. A break in homelessness is considered to be:

- **7 or more consecutive nights in a Housing Situation** (see Section III above).
- **90 or more consecutive days in an Institutional Situation** (see Section II above)

Follow-up questions:

1. "Did you stay anywhere other than on the streets, in emergency shelter, or safe haven for less than 7 nights" (if not an institution). or
2. "Were you in jail/hospital/other Institution less 90 days" (if break is an institution).

If 1 or 2 is yes, include all those days in the client's total number of days homeless and continue back to the next break in homelessness.

Approximate date homelessness started: _____(M/D/YYYY)

Regardless of where they stayed last night -- **Number of times the client has been on the streets, in ES, or SH in the past three years, including today**

- One Time Three Times Client doesn't know
- Two Times Four or more Times Client refused

Total number of months homeless (on the street, in emergency shelter or safe haven) in the past 3 years?

(e.g. # of cumulative, but not necessarily consecutive months spent homeless)

- One month (this time is the first month) More than 12 months Client doesn't know
- 2 – 12 months → Must specify # months _____ Client refused

Housing Status

- Category 1 - Homeless Category 3 – Homeless only under other federal statutes Client doesn't know
- Category 2 – At imminent risk of losing housing Category 4 – Fleeing domestic violence Client refused
- At-risk of homelessness
- Stably Housed

Client Location (CoC Code): _____

Zip Code of Last Permanent Address: _____

City of Residence: _____

County of Residence: _____

CONTACT INFORMATION

Contact Type: _____

Contact Type: _____

Contact Name: _____

Contact Name: _____

Contact Address: _____

Contact Address: _____

Contact Phone: _____

Contact Phone: _____

Contact Email: _____

Contact Email: _____