

# HUD: UNIVERSAL CLIENT INTAKE FORM *English*

**FOR STAFF USE ONLY – DO NOT COMPLETE THE GRAY SECTIONS**

Client ID #: \_\_\_\_\_ Agency ID #: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_ Outreach Contact Date (MM/DD/YYYY): \_\_\_\_\_ Outreach Engagement Date (MM/DD/YYYY): \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Entered in HMIS By: \_\_\_\_\_

Location of Outreach Contact:  Place not meant for habitation.  Service Setting, residential  Service Setting, non-residential

Agency:  AFHF  HHS  FRM  BHS  SHIP  RCEHN  SA  Other: \_\_\_\_\_

**Head of Household Information** (PLEASE READ AND COMPLETE THIS FORM. ALL NEW AND RETURNING PERSONS SEEKING SERVICES MUST COMPLETE THIS FORM)

First Name:	Middle Name:	Last Name:	Suffix:
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Other names used to receive services previously (for example, birth name or maiden name)?

Social Security Number (000-00-0000):	<input type="checkbox"/> Don't Know SS# <input type="checkbox"/> Don't have SS#	Date of Birth (MM/DD/YYYY):	<input type="checkbox"/> Don't Know DOB
	<input type="checkbox"/> Decline to Provide SS#		<input type="checkbox"/> Declined DOB

Residential Street Address:	City/Town:	State:	ZIP:
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Home #:	Cell #:	Email Address:
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**Gender** (Check one):

Female  Male  Transgender  Questioning  Non-Binary, Genderfluid, Agender  Don't Know  Decline to provide

**Pronouns.** Please share your pronouns: (check one):

She/Her/Hers  He/Him/His  They/Them/Theirs  Ze/Hir/Hirs  No Pronouns  Not Listed  No Preference

**Sexual Orientation** (Check one):

Lesbian, Gay, or Homosexual  Bisexual  Straight or Heterosexual  Other  Decline to provide  Don't Know

**Race** (Check all that apply):

American Indian, Alaska Native, or Indigenous  Black, African American, or African  Native Hawaiian or Pacific Islander  Bi-Racial  Asian or Asian American  Decline to provide  White or Caucasian  Don't Know

**Ethnicity** (Check one):

Non-Hispanic or Non-Latino  Hispanic or Latino  Don't Know  Decline to provide

**Military Status** (18 & older only (Check One)):

Minor  Veteran  Active Duty  Never Served  Don't Know  Decline to provide

**Disability Status** (Check one):



Family Type (Check one):

- Single Person (Adult) Two Adults NO Children Single Parent Female Single Parent Male
Two Parent Household Non-Related Adults with Children Multigenerational Household Other:

Family Size (Number in Family (Check one)):

- One (1) Person Two (2) Three (3) Four (4) Five (5) Six (6) or more Decline to provide

Health Insurance (Check all that apply):

- Medicare Medical Assistance (MA) Primary Adult Care VA Health Care Private Health Insurance
Maryland Children’s Health Program (MCHP) None Decline to provide Don’t Know

Head of Household - Source and Amount of Income (Please check all that apply and provide the monthly (30 day) total for each).

- Earned Income \$ Alimony \$ Child Support \$
Temporary Assistance for Needy Families (TANF) \$ Social Security Disability Insurance (SSDI) \$
Temporary Case Assistance (TCA) \$ Supplemental Security Income (SSI) \$
Veterans Affairs Disability \$ Veterans / Military Pension \$
Unemployment Insurance \$ Temporary Disability (TDAP) \$
Worker’s Compensation \$ Social Security (Retirement) \$
Other: \$

Total Monthly Income: \$ Zero Income
(Calculate the total sum of the above income amounts?)

Head of Household - Non-Cash Benefits (Please check all that apply and provide the amount for each benefit.).

- SNAP-Supplemental Nutrition Assistance Program/Food Stamps \$ WIC (Women, Infants & Children) \$
LIHEAP (Low-Income Home Energy Assistance Program) \$ Childcare Voucher \$
Affordable Care Act Subsidy \$ HUD-VASH (Veterans Supportive Housing) \$
Housing Subsidy \$ What type of housing subsidy? \$
Other: \$

Total Non-Cash Benefits: \$ Do not receive Non-Cash Benefits
(Calculate the total sum of the above benefits amounts?)

Domestic Violence -Have you been the victim of domestic violence? (Check one):

- No Yes Don’t Know Decline to provide

If ‘Yes’ - When did the experience(s) occur?

- Within the Past 3 (Three) months 3 (Three) to 6 (Six) months 6 (Six) months to 1 (One) year 1 (One) year or more Don’t Know

Are you currently fleeing domestic violence? No Yes Decline to provide

HIV/AIDS (Check one):

- No Yes Don’t Know Decline to provide

**Housing Status/Current Living Situation** *(Check one):*

- Homeless.
  Stably Housed *(Rent)* How Long? \_\_\_\_\_
  Stably Housed *(Own)* How Long? \_\_\_\_\_
  Decline to provide
  Other: \_\_\_\_\_

**Who could we contact in the event of an emergency:**

1. Name:	Relationship	Phone & Email:
2. Name:	Relationship	Phone & Email: