

# 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: <input type="checkbox"/> Place not meant for habitation. <input type="checkbox"/> Service Setting, residential <input type="checkbox"/> Service Setting, non-residential		
Agency: <input type="checkbox"/> AFHF <input type="checkbox"/> HHS <input type="checkbox"/> FRM <input type="checkbox"/> BHS <input type="checkbox"/> SHIP <input type="checkbox"/> RCEHN <input type="checkbox"/> SA <input type="checkbox"/> 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   
  Straight or Heterosexual   
  Decline to provide  
 Bisexual   
  Other   
  Don't Know

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

American Indian, Alaska Native, or Indigenous   
  Native Hawaiian or Pacific Islander   
  Asian or Asian American   
  White or Caucasian  
 Black, African American, or African   
  Bi-Racial   
  Decline to provide   
  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):

No. I do not have a disability. I am not disabled.   
  Yes, I have a disability. I am disabled.   
  Don't Know   
  Decline to provide

If Yes, Explain:

**Education Status** (Highest Level of Education (check one)):

No Schooling Completed   
  Less than 5th Grade   
  5th – 6th Grade   
  7th – 8th Grade   
  9th– 11th Grade  
 12th Grade/ No Diploma   
  High School Diploma   
  GED   
  Some College   
  Associate's degree  
 Bachelor's Degree   
  Master's Degree   
  Graduate's Degree   
  Don't know   
  Decline to provide

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

Minor (Not Working)   
  Employed Full-Time   
  Employed Part-Time   
  Migrant/ Seasonal Farm Worker   
  Unemployed (non-Labor)  
 Unemployed (Short-Term, 6 months or less)   
  Unemployed (Long-Term, more than 6 months)   
  Retired   
  Don't know   
  Declined to provide

