

Project Homeless Connect Intake Form

Hi, My name is _____. Thanks for taking a few minutes to help us gather information for this event. This also gives me a chance to tell you about the services available today. We hope that your answers will help us to better understand what services are needed in the community and also to help us direct you to the services that you want today. This should take about 10 minutes. Also, please take a few minutes before you leave to fill out an exit survey.

Now, I am going to ask a few questions about you (and your family). We hope that by answering these questions we will be able to better serve you today and in the future. You do not have to answer any of these questions if you do not want to.

What is your full Name?: _____ <small style="display: flex; justify-content: space-between; width: 90%; margin-left: 10px;"> FIRST MI LAST SUFFIX </small>	ServicePt ID#		
BIRTH DATE: ____/____/____ <small style="display: flex; justify-content: space-around; width: 90%; margin-left: 10px;"> MO DAY YEAR </small>			
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Do you consider yourself ... (PRIMARY RACE) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Other <input type="checkbox"/> Unknown </td> <td style="width: 50%; border: none;"> (SECONDARY RACE (OPTIONAL/ IF OFFERED)) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Other <input type="checkbox"/> Unknown </td> </tr> </table>		Do you consider yourself ... (PRIMARY RACE) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Other <input type="checkbox"/> Unknown	(SECONDARY RACE (OPTIONAL/ IF OFFERED)) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Other <input type="checkbox"/> Unknown
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Are you ... <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown			
Household Type: <input type="checkbox"/> Single with NO dependent children <input type="checkbox"/> Couple with dependent children <input type="checkbox"/> Couple with NO dependent children <input type="checkbox"/> Single head of household with dependent children <input type="checkbox"/> Other: _____			
How many children are you here with <u>today</u>? Teens (13 -17): ____ Children, 5-12yrs: ____ Children, 0-4yrs: ____			
EVER SERVED ON ACTIVE DUTY IN THE U.S. ARMED FORCES <i>*NOTE If yes, please direct to veterans services area</i> <input type="checkbox"/> Yes * <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused			
Do you have any type of mental or physical disability that keeps you from working, shopping or other daily activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused			
During the last month did you receive any income from....			
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused		
General Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused		
Social Security Retirement, Survivors, Disability Insurance (RSDI/SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused		
SSI (Supplemental Security Income)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused		
MFIP (MN Family Investment Program)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused		
Contributions from other people	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused		
No income	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused		
Any other source?			

Do you currently receive....					
Food stamps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused	
A Section 8 Housing Voucher (for rent)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused	
Public housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused	
Any other type of rental assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused	
Medical Assistance (or Medicaid or MA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused	
Medicare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused	
Veterans Medical assistance or services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused	
WHERE DID YOU STAY LAST NIGHT?					
<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Jail, prison, or juvenile facility	<input type="checkbox"/> Hotel/motel			
<input type="checkbox"/> Transitional housing for homeless	<input type="checkbox"/> Living with family	<input type="checkbox"/> Foster care/group home			
<input type="checkbox"/> Permanent housing for formerly homeless	<input type="checkbox"/> Living with friends	<input type="checkbox"/> Living on the street/outside/squatting			
<input type="checkbox"/> Psychiatric hospital or facility	<input type="checkbox"/> Rental house/apartment	<input type="checkbox"/> Don't know			
<input type="checkbox"/> Substance abuse treatment center, incl detox	<input type="checkbox"/> house/condo/apartment that you own	<input type="checkbox"/> Refused			
<input type="checkbox"/> Hospital		<input type="checkbox"/> Other _____			
HOW LONG HAVE YOU STAYED THERE?					
<input type="checkbox"/> 1 week or less	<input type="checkbox"/> More than 3 months but less than 1 year				
<input type="checkbox"/> More than 1 week but less than 1 month	<input type="checkbox"/> 1 year or longer				
<input type="checkbox"/> 1 to 3 months					
WHAT CITY WAS THAT IN? _____ CHECK BOX IF Outside of Minnesota <input type="checkbox"/>					
How likely is it that you will be able to stay at your current residence for at least <u>60</u> more days?					
<input type="checkbox"/> Very Likely	<input type="checkbox"/> Somewhat likely	<input type="checkbox"/> Not very likely	<input type="checkbox"/> Not at all likely	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
Are you currently Homeless?					
<input type="checkbox"/> NO Not currently homeless					
<input type="checkbox"/> YES → First time homeless AND less than 1 year without home					
<input type="checkbox"/> YES → Severall times homeless, but for less than 1 year and NOT more than 4 times in 3 years					
<input type="checkbox"/> YES → Long term: at least 1 year OR at least 4 times in the past 3 years					
Have you ever been to a Project Homeless Connect event like this one before today?					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused		
Now I have a few questions about how we can help you. What would you like help with today?					
Employment	<input type="checkbox"/> Yes	Social Security Benefits	<input type="checkbox"/> Yes	Dental Care	<input type="checkbox"/> Yes
Education	<input type="checkbox"/> Yes	Veteran's Benefits	<input type="checkbox"/> Yes	Eye Care	<input type="checkbox"/> Yes
Legal assistance	<input type="checkbox"/> Yes	Public Assistance	<input type="checkbox"/> Yes	Medical Care (other)	<input type="checkbox"/> Yes
Housing	<input type="checkbox"/> Yes	Mental Health	<input type="checkbox"/> Yes	Haircut	<input type="checkbox"/> Yes
Emergency Shelter	<input type="checkbox"/> Yes	Chemical Health	<input type="checkbox"/> Yes	Voice Mail	<input type="checkbox"/> Yes
Other services (write in):					
Would you like help getting a Minnesota picture ID? <input type="checkbox"/> Yes <input type="checkbox"/> No					

We would like you to feel free to visit as many resources and providers as you choose today. I am happy to walk around with you, show you where things are, and help you find the service and resources you want. Would that be okay? [IF NOT, LET CLIENT/FAMILY WALK AROUND ON THEIR OWN. IF THEY WANT TO WALK AROUND ON THEIR OWN, REMIND THEM TO PLEASE FILL OUT AN EXIT SURVEY AND PICK UP A BAGGED LUNCH BEFORE THEY LEAVE]