

AKHMIS Basic Intake Form
Program Name: _____

* Universal Data Elements

Program Client ID Number _____

ServicePoint Client ID Number _____

***Intake Date** ____/____/____ (mm/dd/yyyy)

***First Name** _____ **MI** _____ ***Last Name** _____ **Suffix** _____

***SS#** _____

***SSN Data Quality**

- Full SSN Reported (HUD)
- Partial SSN Reported (HUD)
- Don't Know or Don't Have SSN (HUD)
- Refused (HUD)

***Is Client Homeless?** (by HUD definition)

- Yes
- No

***Date of Birth** ____/____/____ (mm/dd/yyyy)

***Gender**

- Female
- Male
- Transgender Female to Male
- Transgender Male to Female

***Primary Race**

- American Indian or Alaskan Native (HUD)
- Asian (HUD)
- Black or African American (HUD)
- Native Hawaiian or other Pacific Islander (HUD)
- White (HUD)
- Other **(NA for APR)**
- Other Multi-racial **(NA for APR)**

***Secondary Race (if needed)**

- American Indian or Alaskan Native (HUD)
- Asian (HUD)
- Black or African American (HUD)
- Native Hawaiian or other Pacific Islander (HUD)
- White (HUD)
- Other **(NA for APR)**
- Other Multi-racial **(NA for APR)**

***Primary Alaska Native Corporation**

- Ahtan Corp.
- Aleut Corp.
- Arctic Slope Regional Corp.
- Bering Straits Native Corp.
- Bristol Bay Native Corp.
- Calista Corp.
- Chugach Alaska Corp.
- Cook Inlet Regional Corp.
- Doyon Limited Corp.
- Koniag Inc.
- NANA Regional Corp.
- Sealaska
- 13th Regional Corp.

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***Ethnicity**

- Hispanic/Latino
- Hmong
- Other (Non-Hispanic/Latino)

***U.S. Military Veteran – Adults –**

- Yes (HUD)
- No (HUD)
- Don't Know (HUD)
- Refused (HUD)

***Does Client have a Disability of Long Duration? (by HUD definition) – Adults –**

- Yes (HUD)
- No (HUD)
- Don't Know (HUD)
- Refused (HUD)

***Alaska Mental Health Trust Beneficiary**

- Alzheimer's Type Dementia
- Developmental Disability
- Traumatic Brain Injury
- Chronic Alcoholism
- Mental Illness

***Prior Living Situation – Adults & Unaccompanied Youth –**

- Domestic Violence Situation (NA for APR)
- Owns House/Apartment (HUD)
- Don't Know (HUD)
- Permanent Housing for Formerly Homeless (HUD)
- Emergency Shelter (HUD)
- Place not meant for habitation (HUD)
- Foster care/group home (HUD)
- Psychiatric Hospital or Facility (HUD)
- Hospital (HUD)
- Refused (HUD)
- Hotel/Motel without emergency shelter (HUD)
- Rental House/Apartment (HUD)
- Jail, Prison or Juvenile Facility (HUD)
- Subsidized Housing (NA for APR)
- Living with Family (HUD)
- Substance Abuse Treatment Center (HUD)
- Living with Friends (HUD)
- Transitional Housing for Homeless (HUD)

Other (HUD) _____

***Length of Stay – Adults & Unaccompanied Youth –**

- One week or less (HUD)
- One to three months (HUD)
- More than one wk, but less than one mo (HUD)
- More than three months, but less than one year (HUD)
- One year or longer (HUD)

***Zip Code of Last Permanent Address _____ – Adults & Unaccompanied Youth –**

***Zip data quality – Adults & Unaccompanied Youth –**

- Full Zip Code Recorded (HUD)
- Don't Know (HUD)
- Refused (HUD)

Household Data

***Household Type** (It is not necessary to create a household in ServicePoint for singles.)

- Single Female
- Female Single Parent
- Grandparent(s) and Child
- Single Male
- Male Single Parent
- Foster Parent(s)
- Couple with No Children
- Two Parent Family
- Non-custodial Caregiver(s)
- Other

***Is Client the Head of the Household?**

- Yes
- No

Please attach the forms of all Household Members behind the Head of Household's form.

***Relationship to Head of Household**

- Daughter
- Guardianship
- Significant other
- Father
- Husband
- Son
- Granddaughter
- Mother
- Step-daughter
- Grandfather
- Other non-relative
- Step-son
- Grandmother
- Other relative
- Unknown
- Grandson
- Self
- Wife

***If not the Head of Household, Name of Head of Household** _____ **ServicePoint Client ID** _____

First Name _____ **MI** _____ **Last Name** _____ **Suffix** _____

Program Entry / Exit

***Date Entered Program or Shelter:** ____/____/____ (mm/dd/yyyy)

***Date Exited Program or Shelter:** ____/____/____ (mm/dd/yyyy)

At Exit: Reason for Leaving Program

- Completed Program
- Criminal activity/ violence
- Death
- Disagreement with rules/ persons
- Left for housing opp. before completing program

- Needs could not be met
- Non-payment of rent
- Reached maximum time allowed
- Unknown/Disappeared
- Other (*explain:*_____)

Destination at Program Exit

- Emergency Shelter, including hotel or motel paid for
with an emergency shelter voucher
- Foster care home or foster care group home
- Hospital (non-psychiatric)
- Hotel or motel paid for without emergency shelter voucher
- Jail, prison or juvenile detention facility
- Owned by client, no housing subsidy
- Owned by client, with housing subsidy
- Permanent housing for formerly homeless
- Place not meant for habitation (street, car, camp, etc)
- Psychiatric hospital or other psychiatric facility

- Rental by client, with VASH housing subsidy
- Rental by client, no housing subsidy
- Rental by client, with other (non-VASH) housing subsidy (ie Section 8)
- Safe Staying or living with family- permanent or temporary
- Staying or living with friends- permanent or temporary
- Substance abuse treatment facility or detox center
- Transitional housing for homeless
- Other:
explain:_____
- Deceased Don't Know (disappeared) Refused