

# AKHMIS Basic Intake Form

Program Name: \_\_\_\_\_

\* Universal & Program Specific 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)

\*Are **you** the Head of Household?     Yes     No

\*Do you have other members in your household?     Yes     No

***If yes, please complete additional intake forms for each member of the household.***

\*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     Other (Non-Hispanic/Latino)

## \*Gender

- Female     Male     Transgender Female to Male     Transgender Male to Female

**\*U.S. Military Veteran – Adults –**

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

**\*Does Client have a disabling condition? (by HUD definition)**

- 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 –**

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

Other (HUD) \_\_\_\_\_

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

- |   |   |
|---|---|
| <input type="checkbox"/> One week or less (HUD)                       | <input type="checkbox"/> One to three months (HUD)                            |
| <input type="checkbox"/> More than one wk, but less than one mo (HUD) | <input type="checkbox"/> More than three months, but less than one year (HUD) |
|   | <input type="checkbox"/> 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)

**\*Housing Status**

- Literally Homeless     imminently losing housing     unstably housed and at risk of losing their housing  
 Stably housed     don't know     Refused

**Household Data (include attached forms if more than one individual in Household)**

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Single Female           | <input type="checkbox"/> Female Single Parent | <input type="checkbox"/> Grandparent(s) and Child   |
| <input type="checkbox"/> Single Male             | <input type="checkbox"/> Male Single Parent   | <input type="checkbox"/> Foster Parent(s)           |
| <input type="checkbox"/> Couple with No Children | <input type="checkbox"/> Two Parent Family    | <input type="checkbox"/> Non-custodial Caregiver(s) |
|  |   | <input type="checkbox"/> Other                      |

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

- Yes     No

**\*Relationship to Head of Household**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Daughter      | <input type="checkbox"/> Guardianship       | <input type="checkbox"/> Significant other |
| <input type="checkbox"/> Father        | <input type="checkbox"/> Husband            | <input type="checkbox"/> Son               |
| <input type="checkbox"/> Granddaughter | <input type="checkbox"/> Mother             | <input type="checkbox"/> Step-daughter     |
| <input type="checkbox"/> Grandfather   | <input type="checkbox"/> Other non-relative | <input type="checkbox"/> Step-son          |
| <input type="checkbox"/> Grandmother   | <input type="checkbox"/> Other relative     | <input type="checkbox"/> Unknown           |
| <input type="checkbox"/> Grandson      | <input type="checkbox"/> Self               | <input type="checkbox"/> Wife              |

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

**\*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)

**\*Income received from any source in past 30 days?**  
 Yes  No

**\*Monthly income (check all that apply):**

- AK Disability \$ \_\_\_\_\_
- AK Native Corp. Dividend \$ \_\_\_\_\_
- AK Permanent Fund Dividend \$ \_\_\_\_\_
- Alimony or Spousal Support (HUD) \$ \_\_\_\_\_
- Annuities \$ \_\_\_\_\_
- ATAP (TANF) or Temporary Assistance for Needy Families (HUD) \$ \_\_\_\_\_
- Child Support (HUD) \$ \_\_\_\_\_
- Contributions from other people \$ \_\_\_\_\_
- Dividends (Investments) \$ \_\_\_\_\_
- Earned Income (HUD) \$ \_\_\_\_\_
- General Assistance (HUD) \$ \_\_\_\_\_
- Guardianship \$ \_\_\_\_\_
- Income Tax Refund \$ \_\_\_\_\_
- Interest (Bank) \$ \_\_\_\_\_
- No Financial Resources (HUD) \$ \_\_\_\_\_
- Other (HUD) \$ \_\_\_\_\_
- Pension From Former Job (HUD) \$ \_\_\_\_\_
- Railroad Retirement \$ \_\_\_\_\_
- Rental Income \$ \_\_\_\_\_
- Retirement Disability \$ \_\_\_\_\_
- Self Employment Wages \$ \_\_\_\_\_
- Social Security Disability Income or SSDI (HUD) \$ \_\_\_\_\_
- Social Security Income or SSI (HUD) \$ \_\_\_\_\_
- Social Security Retirement Income (HUD) \$ \_\_\_\_\_
- Unemployment Insurance (HUD) \$ \_\_\_\_\_
- Veteran's Disability Payment (HUD) \$ \_\_\_\_\_
- Veteran's Pension (HUD) \$ \_\_\_\_\_
- Worker's Compensation (HUD) \$ \_\_\_\_\_

**Total Monthly Income: \$** \_\_\_\_\_

**\*Non-Cash benefit received in past 30 days?**  
 Yes  No

**\*Non-Cash Benefit (check all that apply):**

- Food Stamps (HUD) \$ \_\_\_\_\_
- Medicaid (HUD) \$ \_\_\_\_\_
- Medicare (HUD) \$ \_\_\_\_\_
- Denali Kid Care (HUD) \$ \_\_\_\_\_
- WIC (HUD) \$ \_\_\_\_\_
- Veteran's Administration Benefits (HUD) \$ \_\_\_\_\_
- ATAP (TANF) Child Care Services (HUD) \$ \_\_\_\_\_
- ATAP (TANF) Transportation Services (HUD) \$ \_\_\_\_\_
- Other ATAP (TANF)- Funded Services (HUD) \$ \_\_\_\_\_

- Section 8, Public Housing or rental assistance (HUD) \$ \_\_\_\_\_
- Other Source (HUD) \$ \_\_\_\_\_
- Temporary rental assistance (HUD) \$ \_\_\_\_\_

**Total Monthly Income: \$** \_\_\_\_\_

**\*Disability Type (check all that apply):**

- Alcohol Abuse (HUD 40118)
- Chronic Health Condition
- Drug Abuse (HUD 40118)
- Dual Diagnosis
- Hearing Impaired
- Physical/Medical (HUD 40118)
- Vision Impaired
- Alcohol Dependency both alcohol and drug abuse (HUD 40118)
- Developmental (HUD 40118)
- Drug Dependency
- HIV/AIDS (HUD 40118)
- Mental Health Problem (HUD 40118)
- Physical (HUD 40118)
- Other

**\*Disability determination**

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

- \*If yes, currently receiving services or treatment?  Yes (HUD)  No (HUD)  Don't Know (HUD)
- Refused (HUD)

**\*Note on Disability:**

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**\*Above condition is going to be long term?**  Yes  No Start Date: \_\_\_/\_\_\_/\_\_\_  
End Date: \_\_\_/\_\_\_/\_\_\_

**\*Domestic Violence Survivor?**  Yes (HUD)  No (HUD)  Don't Know (HUD)  Refused (HUD)

**\*Extent of Domestic Violence (circle one):** Within the past 3 months (HUD) 3-6 months (HUD) 6-12 months (HUD) more than 1 year ago (HUD) Don't Know (HUD) Refused (HUD)

**\*Outreach (for Street Outreach Programs Only)** Date of contact (engagement) \_\_\_/\_\_\_/\_\_\_

Location:  Place not meant for habitation  Service setting, non-residential  Service setting, residential

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

**\*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