PARTNERS ENDING HOMELESSNESS
CONNECT | SUPPORT | ADVOCATE

Coordinated Entry Client Information
Household Members Under 18 Years Old

Complete document for every household member under 18. Comparable HMIS Intake document used by agency can be submitted in place of information sheet.

Client Name:_____

HMIS ID (If Applicable):_____

Social Security Number: _____
- o Client doesn't know
- o Client prefers not to answer

Relationship to Head of Household:
- o Head of household's child
- o Head of household's other relation member
- o Other: non-relation member

Does the client have a disabling condition?
- o Yes (Answer the following two questions)
- o No (Skip the next two questions)
- o Client doesn't know
- o Client prefers not to answer

Disability Type (Check all that apply)
- o Physical Disability
- o Developmental Disability
- o Chronic Health Condition
- o HIV/AIDS
- o Mental Health Disorder
- o Substance Use Disorder
- o Client doesn't know
- o Client prefers not to answer

Is disability expected to be of long-continued and indefinte duration and substantially impairs ability to live indepndently?
- o Yes
- o No
- o Client doesn't know
- o Client prefers not to answer

Is client covered by Health Insurance?
- o Yes (List type): _____
- o No
- o Client doesn't know
- o Client prefers not to answer

Zip code of last permanent address: _____
- o No prior permanent address
- o Client doesn't know
- o Client prefers not to answer

Client location
- o With head of household
- o With family/friends
- o Foster Care
- o Other
- o Client doesn't know
- o Client prefers not to answer

List any additional information relevant to client case, if needed:

_____
_____
_____
_____