



## Coordinated Entry Client Information

### Household Members 18 Years of Age and Older

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

Client Name: \_\_\_\_\_

HMIS ID (If Applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

- Client doesn't know
- Client prefers not to answer

Zip code of last permanent address: \_\_\_\_\_

- No prior permanent address
- Client doesn't know
- Client prefers not to answer

Relationship to Head of Household:

- Self (head of household)
- Head of household's spouse or partner
- Head of household's other relation member
- Other: non-relation member

Income from any source?

- Yes  
Source and Amount: \_\_\_\_\_
- No
- Client doesn't know
- Client prefers not to answer

Does the client have a disabling condition?

- Yes (Answer the following two questions)
- No (Skip the next two questions)
- Client doesn't know
- Client prefers not to answer

Non-cash benefit from any source?

- Yes  
Source and Amount: \_\_\_\_\_
- No
- Client doesn't know
- Client prefers not to answer

Disability Type (Check all that apply)

- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS
- Mental Health Disorder
- Substance Use Disorder
- Client doesn't know
- Client prefers not to answer

Survivor of Domestic Violence?

- Yes (Answer the following two questions)
- No (Skip the following two questions)
- Client doesn't know
- Client prefers not to answer

Is disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- Yes
- No
- Client doesn't know
- Client prefers not to answer

When did experience occur?

- Within the past three months
- Three to six months ago
- From six to twelve months ago
- More than a year ago
- Client doesn't know
- Client prefers not to answer

Is client covered by Health Insurance?

- Yes (List type): \_\_\_\_\_
- No
- Client doesn't know
- Client prefers not to answer

Is client currently fleeing?

- Yes
- No
- Client doesn't know
- Client prefers not to answer

List any additional information relevant to client case, if needed. Report Child Protective Services or Adult Protective Services Involvement.:

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