

Nebraska HMIS Intake Form

Complete **ONLY** if Age 24 and under

How can we get a hold of you?		
Hobbies/Special Interests		
Strongest needs currently		
Beneficial wrap around services		
Where can we find you? Where do you spend time?		
CURRENT LIVING SITUATION		
Homeless	<input type="checkbox"/>	Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train station, airport or anywhere outside)
	<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY-funded Host Home shelter
	<input type="checkbox"/>	Safe Haven
Institutional	<input type="checkbox"/>	Foster care home or foster care group home
	<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility
	<input type="checkbox"/>	Jail, prison or juvenile detention facility
	<input type="checkbox"/>	Long-term care facility or nursing home
	<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility
	<input type="checkbox"/>	Substance abuse treatment facility or detox center
Temporary and Permanent Housing	<input type="checkbox"/>	Residential project or halfway house with no homeless criteria
	<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher
	<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)
	<input type="checkbox"/>	Host Home (non-crisis)
	<input type="checkbox"/>	Staying or living in a friend's room, apartment or house
	<input type="checkbox"/>	Staying or living in a family member's room, apartment or house
	<input type="checkbox"/>	Rental by client, with GPD TIP housing subsidy
	<input type="checkbox"/>	Rental by client, with VASH housing subsidy
	<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons
	<input type="checkbox"/>	Rental by client, with RRH or equivalent subsidy
	<input type="checkbox"/>	Rental by client with HVC voucher (tenant or project based)
	<input type="checkbox"/>	Rental by client in a public housing unit
	<input type="checkbox"/>	Rental by client, no ongoing housing subsidy
	<input type="checkbox"/>	Rental by client with other ongoing housing subsidy
	<input type="checkbox"/>	Owned by client with ongoing housing subsidy
<input type="checkbox"/>	Owned by client, no ongoing housing subsidy	
Other	<input type="checkbox"/>	Other (specify):
	<input type="checkbox"/>	Worker unable to determine
	<input type="checkbox"/>	Client doesn't know
	<input type="checkbox"/>	Client refused
	<input type="checkbox"/>	Data not collected
Living Situation Verified By:		
<input type="checkbox"/> NE-500 Balance of State	<input type="checkbox"/> NE-501 Omaha/MACCH	<input type="checkbox"/> NE-502 Lincoln
Is client going to have to leave their current living situation within 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a subsequent residence been identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does individual or family have resources or support networks to obtain other permanent housing?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the client moved 2 or more times in the last 60 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Updated 7/30/2021

REFERRAL SOURCE	
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Law Enforcement/Police
<input type="checkbox"/> Individual (Parent, Guardian, Relative, Friend, Foster Parent, Other Individual)	<input type="checkbox"/> Mental Hospital
<input type="checkbox"/> Outreach Project	<input type="checkbox"/> School
<input type="checkbox"/> Temporary Shelter	<input type="checkbox"/> Other Organization
<input type="checkbox"/> Residential Project	<input type="checkbox"/> Hotline
<input type="checkbox"/> Hotline	<input type="checkbox"/> Child Welfare CPS

SEXUAL ORIENTATION	
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Other:
<input type="checkbox"/> Gay	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Client refused
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Unsure

SCHOOL STATUS	
<input type="checkbox"/> Attending School Regularly	<input type="checkbox"/> Suspended
<input type="checkbox"/> Attending School Irregularly	<input type="checkbox"/> Expelled
<input type="checkbox"/> Graduated High School	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Obtained GED	<input type="checkbox"/> Client refused
<input type="checkbox"/> Dropped Out	<input type="checkbox"/> Data not collected

EMPLOYED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
IF YES, what type of employment?	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal/Sporadic (including day labor)
IF NO, why not employed?	<input type="checkbox"/> Looking for work	<input type="checkbox"/> Unable to work	<input type="checkbox"/> Not looking for work

HEALTH STATUS				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Dental Health Status				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Mental Health Status				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Are you pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
IF YES, projected birth date?		/		/				

FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
IF YES, number of years	<input type="checkbox"/> Less than 1 year, ___ months	<input type="checkbox"/> 1 to 2 years	<input type="checkbox"/> 3 to 5 years		
If YES, how long ago did you exit it?	<input type="checkbox"/> 90 Days	<input type="checkbox"/> 6 months	<input type="checkbox"/> 9 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> More than 12 months
FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
IF YES, number of years	<input type="checkbox"/> Less than 1 year, ___ months	<input type="checkbox"/> 1 to 2 years	<input type="checkbox"/> 3 to 5 years		
If YES, how long ago did you exit it?	<input type="checkbox"/> 90 Days	<input type="checkbox"/> 6 months	<input type="checkbox"/> 9 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> More than 12 months

FAMILY CRITICAL ISSUES	
Unemployment – Family Member	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health Issues – Family Member	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability – Family Member	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol or Substance Abuse – Family Member	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insufficient Income to Support Youth – Family Member	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incarcerated Parent of Youth	<input type="checkbox"/> Yes <input type="checkbox"/> No