

Participant ID (STAFF ONLY)



Nebraska HMIS Intake Form

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SOCIAL SECURITY NUMBER

NAME	
First Name	
Middle Name	
Last Name	
Suffix (Jr., III)	
Maiden/Alias	

DATE OF BIRTH

GENDER	
<input type="checkbox"/> Female	<input type="checkbox"/> Male
<input type="checkbox"/> Transgender Female	<input type="checkbox"/> Transgender Male
<input type="checkbox"/> Questioning	<input type="checkbox"/> Other: _____

RACE	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Other: _____
ETHNICITY	
<input type="checkbox"/> Non-Hispanic / Non-Latin(a)(o)(x)	<input type="checkbox"/> Hispanic/Latin(a)(o)(x)

CONTACT INFORMATION	
Street Address:	
City:	
State:	Zip:
County of Current Residence:	
County of Legal Residence:	
Phone Number:	
Email Address:	

Is this request COVID-19 related?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

U.S. MILITARY VETERAN	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you struggle with any of the following?			
Substance Abuse	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drug	HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Long Term?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Long Term?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	Long Term?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSING STATUS	
<input type="checkbox"/> Category 1 – Homeless	<input type="checkbox"/> Category 2 – At imminent Risk of losing housing
<input type="checkbox"/> Category 3 – Homeless under other federal statutes	<input type="checkbox"/> Category 4 – Fleeing violence
<input type="checkbox"/> At-risk of homelessness	<input type="checkbox"/> Stably housed

RELATIONSHIP TO HEAD OF HOUSEHOLD	
<input type="checkbox"/> Self (head of household)	<input type="checkbox"/> Head of household's spouse/partner
<input type="checkbox"/> Head of household's child	<input type="checkbox"/> Head of household's other relation
<input type="checkbox"/> Other: _____	

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PRIOR LIVING SITUATION – SELECT ONE		
HOMELESS		
<input type="checkbox"/> Place not meant for habitation (car, etc.)	<input type="checkbox"/> Emergency shelter, hotel/motel voucher	<input type="checkbox"/> Safe Haven
INSTITUTIONAL		
<input type="checkbox"/> Foster care home	<input type="checkbox"/> Hospital or medical facility	<input type="checkbox"/> Jail, prison, or juvenile detention
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Psychiatric hospital/facility	<input type="checkbox"/> Substance abuse trmt. center
HOUSING		
<input type="checkbox"/> Residential Project/halfway house	<input type="checkbox"/> Self-paid hotel/motel	<input type="checkbox"/> Housing for homeless (transitional)
<input type="checkbox"/> Host Home	<input type="checkbox"/> Friend's room/house	<input type="checkbox"/> Family member's room/house
<input type="checkbox"/> Rental, GPD TIP subsidy	<input type="checkbox"/> Rental, VASH subsidy	<input type="checkbox"/> Permanent Housing
<input type="checkbox"/> Rental, RRH subsidy	<input type="checkbox"/> Rental, HVC voucher	<input type="checkbox"/> Rental, public housing
<input type="checkbox"/> Rental, no ongoing subsidy	<input type="checkbox"/> Rental, other subsidy	<input type="checkbox"/> Owned, with subsidy
<input type="checkbox"/> Owned, no subsidy	<input type="checkbox"/> Interim Housing (retired)	
LENGTH OF STAY IN PRIOR LIVING SITUATION		
<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 2 to 6 nights	
<input type="checkbox"/> 1 week or more, but less than 1 month	<input type="checkbox"/> 1 month or more, but less than 90 days	
<input type="checkbox"/> 90 days or more, but less than 1 year	<input type="checkbox"/> 1 year or more	
On the night before entering living situation, did you stay on the streets, or in an emergency shelter?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Answer the following if homeless, or been homeless:

Date homelessness started:	
How many TIMES been homeless, on the streets, or in an emergency shelter in the past 3 years?	
<input type="checkbox"/> One time	<input type="checkbox"/> Two Times
<input type="checkbox"/> Three Times	<input type="checkbox"/> Four or more times
How many MONTHS been homeless, on the streets, or in an emergency shelter in the past 3 years?	
<input type="checkbox"/> One or less	<input type="checkbox"/> 2 to 12 months (# of months: _____)
<input type="checkbox"/> More than 12 months	

HEALTH INSURANCE – Are you covered by Health Insurance?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Insurance Type	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare
<input type="checkbox"/> State Children's Health Insurance Program	<input type="checkbox"/> Veteran's Administration (VA) Medical Services
<input type="checkbox"/> Employer-Provided	<input type="checkbox"/> COBRA
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> State Health Insurance
<input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> Other: _____

FOSTER CARE – As a child, were you ever in Foster Care or are you now?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

DOMESTIC VIOLENCE – Are you a domestic violence victim/survivor?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when did the experience occur?	
<input type="checkbox"/> Within past three months	<input type="checkbox"/> Three to six months ago
<input type="checkbox"/> 6 to twelve months ago	<input type="checkbox"/> More than a year ago
If yes, are you currently fleeing?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION – Highest level of school completed	
<input type="checkbox"/> No schooling	<input type="checkbox"/> Nursery to 4 th grade
<input type="checkbox"/> 5 th or 6 th grade	<input type="checkbox"/> 7 th or 8 th grade
<input type="checkbox"/> 9 th grade	<input type="checkbox"/> 10 th grade
<input type="checkbox"/> 11 th grade	<input type="checkbox"/> 12 th
<input type="checkbox"/> High school diploma	<input type="checkbox"/> GED
<input type="checkbox"/> Post-secondary school	

SEXUAL ORIENTATION	
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Questioning/Unsure	<input type="checkbox"/> Other: _____

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INCOME AND SOURCES - Does the client currently have any income from any source?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Source of Income	Yes	No	If yes, monthly amount from source (round to nearest dollar)
Earned Income (from job)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Unemployment Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$
SSI	<input type="checkbox"/>	<input type="checkbox"/>	\$
SSDI	<input type="checkbox"/>	<input type="checkbox"/>	\$
VA Service Connected Disability Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
VA Non-service Connected Disability Pension	<input type="checkbox"/>	<input type="checkbox"/>	\$
Private Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
TANF	<input type="checkbox"/>	<input type="checkbox"/>	\$
General Assistance	<input type="checkbox"/>	<input type="checkbox"/>	\$
Retirement Income from Social Security	<input type="checkbox"/>	<input type="checkbox"/>	\$
Pension or Retirement Income from a Former Job	<input type="checkbox"/>	<input type="checkbox"/>	\$
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	\$
Total monthly income from all sources			\$

NON-CASH BENEFITS - Does the client have any non-cash benefits from any source?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Source of Non-Cash Benefit	Yes	No
LIHEAP	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	<input type="checkbox"/>
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>
TANF Child Care Services	<input type="checkbox"/>	<input type="checkbox"/>
TANF Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>
Other TANF-funded Services	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

Community Response and Homeless Management Information System (HMIS) Services Consumers Informed Consent & Release of Information Authorization

The Nebraska Management Information System (NMIS) manages a database of homeless services information in order to improve coordination of services that support people who are homeless or at risk of homelessness and to better understand homelessness, improve service delivery, and evaluate the effectiveness of services provided. Participation in data collection is a critical component of our community's ability to provide the most effective services and housing possible. The information that is collected is protected by limiting access to the database and limiting what information may be shared.

The information to be collected and shared may include:

- name, date of birth, gender, race, ethnicity, social security number, contact information, location, prior residence
- disabling condition, veteran status, domestic violence, photo (if applicable)
- family composition, income, non-cash benefits, homeless history, housing information, health insurance
- program entry and exit, assessments, services provided

As part of the evaluation of Community Response and the Connected Youth Initiative, your data will be shared with Nebraska Children and their evaluators from Munroe-Meyer Institute. Your name will not be included in any of the information that is provided to the evaluation team. All data is summarized as a group. You can choose not to participate in the evaluation. If you have questions, please call Dr. Amanda Prokasky at 402-552-6865.

The Buffalo County Community Response Team (BCCRT) is a collaborative approach to connecting households needing assistance with basic needs and/or experiencing housing stressors (e.g., unable to meet rental or utility obligations, facing eviction, fleeing domestic violence, or other unstable housing situations) with support and financial assistance. By signing this form, I authorize the following:

- consent to share information with agencies and partners of the BCCRT who are reviewing my application and providing financial assistance and other services.
- consent for the agencies that comprise the BCCRT to discuss the information for the purpose of assessing my/our needs for housing, utility assistance, food, counseling, legal services, coaching, and/or other services.

I agree to have my information shared for the evaluation. _____ YES _____ NO

By signing this form, I authorize the Participating Agencies and their representatives to share basic information regarding me and my family members listed below.

- My information will be shared for the purpose of assessing my needs for housing, utility assistance, food, counseling, and/or other services.
- Every person and every agency that is authorized to read or enter information into the system has signed an agreement to maintain the security and confidentiality of the information. I have the right to view the client confidentiality policies used by the NMIS Participating Agencies and to see a list of Participating Agencies before signing this form.
- NMIS data access and sharing comply with federal, state, and local regulations protecting the confidentiality of client records. My information cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development and the Nebraska Department of Health and Human Services Homeless Assistance Program may see my complete file if services received are funded by their organization.
- Signing this Release of Information does not guarantee that I will receive assistance.
- Refusal to authorize sharing of my information does not disqualify me from receiving assistance.
- This release is valid for one year from the date of my signature below, unless noted otherwise*.
- I may withdraw my consent at any time. This authorization will remain in effect until I revoke it in writing. If I revoke my authorization, all information about me already in the database will remain.

