MFIN Intake Form - FAMILY

Intake Date ____________________ **Client #:** ________________

Last Name		**Gender**	
First Name		Male	☐
Middle Name *(optional)*		Female	☐
Suffix *(optional)*		Transgendered-M to F	☐
Social Security Number		Transgendered-F to M	☐
Date of Birth		Gender Non-Conforming	☐
Where do you sleep at night:		**Phone:**	

Race *(choose all that apply)*		**Ethnicity**	
White	☐	Hispanic / Latino	☐
Black or African-American	☐	Non-Hispanic / Non-Latino	☐
Asian	☐		
American Indian or Alaskan Native	☐		
Native Hawaiian or Pacific Islander	☐		
	DK ☐ Ref ☐ DNC ☐		

Military History					
Have you served on active duty in the military *(adults only)*	☐ Y ☐ N	Year entered Military Service	____________	Year separated Military Service	____________
Did you serve in:	☐ World War II ☐ Korean War ☐ Vietnam War ☐ Persian Gulf War ☐ Afghanistan ☐ Iraq-Iraqi Freedom ☐ Iraq-New Dawn ☐ Other	**Branch of Military**	☐Army ☐Air Force ☐Navy ☐Marines ☐Coast Guard	**Discharge Status**	☐Honorably ☐General under honorable conditions ☐Under other than honorable conditions ☐Bad Conduct ☐Dishonorably ☐Uncharacterized

Where did you sleeping last night?	
Place not meant for habitation	☐
Emergency shelter incl. hotel/motel paid by voucher	☐
Safe Haven (this is not a DV shelter)	☐
Interim Housing (this is housing provided prior to moving in to PH)	☐
Foster Care home or foster care group home	☐
Hosp. or other res. non-psychiatric med. facility	☐
Jail, prison, or juvenile detention facility	☐
Long-term care facility or nursing home	☐
Psychiatric hospital or other psychiatric facility	☐
Substance abuse treatment facility or detox center	☐
Hotel or motel paid w/o emergency shelter voucher	☐
Owned by client, with no subsidy	☐
Owned by client, with ongoing subsidy	☐
Permanent housing (other than RRH) for formerly homeless persons	☐
Rental by client, with no subsidy	☐
Rental by client, with VASH subsidy	☐
Rental by client, with GPD TIP subsidy	☐
Rental by client, with other ongoing subsidy incl. RRH	☐
Res project/halfway house with no homeless criteria	☐
Staying/living in family member's room, apt, or house	☐
Staying/living in friend's room, apartment, or house	☐
Transitional housing for homeless persons	☐
Client Doesn't Know (DK), Refused (Ref), Data Not Collected (DNC)	DK ☐ Ref ☐ DNC ☐

How long have you been sleeping in this type of situation?	
One night or less	☐
Two to six nights	☐
One week or more, but less than one month	☐
One month or more but less than 90 days	☐
90 days or more but less than one year	☐
One year or longer	☐

Approx. Date this Episode of Homelessness Started: ______________________________

Number of times on the streets, in ES or Safe Haven in the past 3 years		
☐ One Time	☐ Two Times	☐ Three Times
☐ Four+ Times	DK ☐ Ref ☐ DNC ☐	

Total number of months homeless on the streets, in ES or Safe Haven in the past three years		
☐1 mth (this time is 1st month	☐2 mth ☐3 mth	☐4 mth ☐5 mth
☐6 mth ☐7 mth	☐8 mth ☐9 mth	☐10 mth ☐11 mth
☐12 mth	☐12+ mth	DK ☐ Ref ☐ DNC ☐

Have you been homeless the entire time in this county?		☐ Y ☐ N
If NO, where were you homeless before?	☐ Citrus ☐ Hernando ☐ Lake ☐ Sumter	☐ Levy ☐ Marion ☐ Pasco ☐ Polk ☐ Orange ☐ Other

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Disabling Conditions and Barriers *(all clients)*					
Do you have a Disabling Condition?	☐ Y ☐ N				
For the next 6 items, the phrase "Long Term" means is the condition expected to be of long-continued and indefinite duration and does it substantially impair ability to live independently.					
Physical Disability	☐ Y ☐ N Long Term ☐ Y ☐ N	Development Disability	☐ Y ☐ N ☐ Long Term ☐ Y ☐ N	Chronic Health Condition	☐ Y ☐ N ☐ Long Term ☐ Y ☐ N
HIV/AIDS	☐ Y ☐ N Long Term ☐ Y ☐ N	Mental Illness	☐ Y ☐ N Long Term ☐ Y ☐ N	Substance Abuse Problem	☐ Drug ☐ Alcohol ☐ Both ☐ No Long Term ☐ Y ☐ N
Victim of Domestic Violence	☐ Y ☐ N	Are you currently fleeing?	☐ Y ☐ N		
Last Occurrence	☐In past 3 months ☐ 3-6 months ago ☐ 6-12 months ago ☐1 year ago or more				

Receiving Income from Any Source? ☐ Y ☐ N
(applies to adults only; enter amount rec'd on a regular monthly basis; if children have income, add to Head of Household)

Earned Income	$____________	Veteran's Pension	$____________	
Unemployment Income	$____________	Employment Pension	$____________	
Worker's Compensation	$____________	TANF (Temp Asst for Needy Fam)	$____________	
Private Disability Insurance	$____________	General Assistance (GA)	$____________	
Veteran's Disability Payment	$____________	Spousal Support	$____________	
Social Security Disability Insurance (SSDI)	$____________	Child Support	$____________	
Supplemental Security Income (SSI)	$____________	Other Cash Income	$____________	
Social Security Retirement	$____________			

Receiving non-cash benefits? *(adults only)* ☐ Y ☐ N

SNAP	☐	TANF Transportation	☐		
WIC	☐	Other TANF Benefit	☐		
TANF Childcare	☐	Other Non-Cash Benefit	☐		

Covered by Health Insurance *(all clients)* ☐ Y ☐ N

Medicaid	☐	Medicaid Plan:	☐	Medicaid Plan #	________________
Medicare	☐	Wellcare	☐		
SCHIP	☐	Staywell	☐		
VA Medical	☐	Staywell for Kids	☐		
Employer Provided	☐	Humana Medical Plan	☐		
Obtained through COBRA	☐	United Healthcare	☐		
Private Pay Health Insurance	☐	Sunshine Health	☐		
State Health Insurance for Adults	☐				
Indian Health Services Program	☐				
Other Health Insurance	☐				

Additional Family Members:

	Household Member #2	Household Member #3	Household Member #4	Household Member #5
Last Name				
First Name				
Middle Name *(optional)*				
Suffix *(optional)*				
Social Security Number				
Date of Birth				
Gender	☐M ☐F ☐Trans M-F ☐ Trans F-M ☐ Gender Non-Conforming	☐M ☐F ☐Trans M-F ☐ Trans F-M ☐ Gender Non-Conforming	☐M ☐F ☐Trans M-F ☐ Trans F-M ☐ Gender Non-Conforming	☐M ☐F ☐Trans M-F ☐ Trans F-M ☐ Gender Non-Conforming
Race	☐ W ☐ B/AA ☐Asian ☐ AI/NA ☐ NH/PI	☐ W ☐ B/AA ☐Asian ☐ AI/NA ☐ NH/PI	☐ W ☐ B/AA ☐Asian ☐ AI/NA ☐ NH/PI	☐ W ☐ B/AA ☐Asian ☐ AI/NA ☐ NH/PI
Ethnicity	☐Hispanic/Latino ☐Non-Hispanic/Latino	☐Hispanic/Latino ☐Non-Hispanic/Latino	☐Hispanic/Latino ☐Non-Hispanic/Latino	☐Hispanic/Latino ☐Non-Hispanic/Latino
Income	☐ Y ☐ N $ __________	☐ Y ☐ N $ __________	☐ Y ☐ N $ __________	☐ Y ☐ N $ __________
Non-Cash Benefits	☐ Y ☐ N ____________	☐ Y ☐ N ____________	☐ Y ☐ N ____________	☐ Y ☐ N ____________
Health Insurance	☐ Y ☐ N ____________	☐ Y ☐ N ____________	☐ Y ☐ N ____________	☐ Y ☐ N ____________