MFIN Intake Form - INDIVIDUAL

Intake Date _____ **Client #:** _____ **Page 1**

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?		**How long have you been sleeping in this type of situation?**	
Place not meant for habitation	☐	One night or less	☐
Emergency shelter incl. hotel/motel paid by voucher	☐	Two to six nights	☐
Safe Haven (this is not a DV shelter)	☐	One week or more, but less than one month	☐
Interim Housing (this is housing provided prior to moving in to PH)	☐	One month or more but less than 90 days	☐
Foster Care home or foster care group home	☐	90 days or more but less than one year	☐
Hosp. or other res. non-psychiatric med. facility	☐	One year or longer	☐
Jail, prison, or juvenile detention facility	☐	**Approx. Date this Episode of Homelessness Started:**	
Long-term care facility or nursing home	☐	_____	
Psychiatric hospital or other psychiatric facility	☐	**Number of times on the streets, in ES or Safe Haven in the past 3 years**	
Substance abuse treatment facility or detox center	☐		
Hotel or motel paid w/o emergency shelter voucher	☐	☐ One Time ☐ Two Times ☐ Three Times	
Owned by client, with no subsidy	☐	☐ Four+ Times DK ☐ Ref ☐ DNC ☐	
Owned by client, with ongoing subsidy	☐	**Total number of months homeless on the streets, in ES or Safe Haven in the past three years**	
Permanent housing (other than RRH) for formerly homeless persons	☐		
Rental by client, with no subsidy	☐	☐ 1 mth (this time is 1st month ☐ 2 mth ☐ 3 mth ☐ 4 mth ☐ 5 mth	
Rental by client, with VASH subsidy	☐	☐ 6 mth ☐ 7 mth ☐ 8 mth ☐ 9 mth ☐ 10 mth ☐ 11 mth	
Rental by client, with GPD TIP subsidy	☐	☐ 12 mth ☐ 12+ mth DK ☐ Ref ☐ DNC ☐	
Rental by client, with other ongoing subsidy incl. RRH	☐		
Res project/halfway house with no homeless criteria	☐	Have you been homeless the entire time in this county?	☐ Y ☐ N
Staying/living in family member's room, apt, or house	☐		
Staying/living in friend's room, apartment, or house	☐	If NO, where were you homeless before? ☐ Citrus ☐ Hernando ☐ Lake ☐ Sumter ☐ Levy ☐ Marion ☐ Pasco ☐ Polk ☐ Orange ☐ Other	
Transitional housing for homeless persons	☐		
Client Doesn't Know (DK), Refused (Ref), Data Not Collected (DNC)	DK ☐ Ref ☐ DNC ☐		

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 ☐ N 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	☐										