



**HUNGER &
HOMELESS
COALITION**
OF COLLIER COUNTY

CoC Coordinated Entry Intake

Case Manager: _____

******The items numbered 1 through 14 are MANDATED HUD Universal Data Elements******

1. Client CRN/HMIS ID: _____ Application Date: _____ New Client Yes No

2. Applicant's Full Name: _____
(First, Middle, Last and suffix: as it appears on Driver's License, Photo ID or Birth Certificate)

Phone No. and Type: _____ Best contact option: Phone Call Text Email

Alternate Contact Info: _____

Address: _____ Zip Code: _____

4. Social Security No. _____ - _____ - _____ Client doesn't know Client refused Data not collected

5. Date of Birth: _____ / _____ / _____ Client doesn't know Client refused Data not collected

6. Relationship: (You will be listed as HEAD of Household)

7. Race (circle): Client doesn't know Client refused Data not collected
 Asian Alaskan Native American Black
 Hawaiian Pacific Islander White Other

8. Ethnicity: Hispanic Non-Hispanic/Non-Latino Client doesn't know Client refused Data not collected

9. Gender: Male Transgender Male Client doesn't know Client refused Data not collected
 Female Transgender Female
 Gender Non-Conforming (i.e. not exclusively male or female)

10. Veteran: Yes No Client doesn't know Client refused Data not collected

11. Disabling Condition: Yes No Client doesn't know Client refused Data not collected
If answer is Yes, is this Disability Self-Reported Verified

12. Prior Night's Residence (check): Client doesn't know Client refused Data not collected
 Rental without subsidy Rental with subsidy (Section 8 or other)
 Staying with friends Staying with family
 Place not meant for human habitation Shelter
 Jail/Prison Hotel/Motel
 Owned by client, home Hospital (type) _____
Other: _____

13. Length of Stay (in prior Residence) Client doesn't know Client refused Data not collected
 One day or less 2 to 6 nights
 1 week or more, but less than 1 month 1 month or more but less than 90 days
 90 days or more, but less than one year 1 year or longer



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14. What is your current Housing Status?

- Homeless
- At risk of homelessness
- Fleeing domestic violence

- Client doesn't know
- Client Refused
- Data not collected
- Homeless, under Federal Statutes
- At imminent risk of homelessness
- Stably Housed

15. General Health:

- Excellent
- Good
- Fair
- Poor

- Client doesn't know
- Client refused
- Data not collected

16. Marital Status:

- Single
- Married
- Widowed
- Divorced
- Separated

- Client doesn't know
- Client refused
- Data not collected

17. Chronically Homeless:

- Yes
 - No
 - Client doesn't know
 - Client refused
 - Data not collected
- (Chronically homeless means that you are disabled and have been homeless for more than one year or at least 4 times in the past 3 years)

18. Homeless Status Documented

Yes No If yes - approximate homelessness started: _____
Regardless of where you stayed last night how many times has the client been living on the streets, in Emergency Shelter or Safe Haven in the past three years including today:

- Never – (Note – if Never Homeless skip this question in HMIS)
- One Time
- Two Times
- Three Times
- Four or more times
- Client doesn't know
- Client refused
- Data not collected

Number of Months Homeless – (Note – if Never Homeless skip this question in HMIS)

- Number of Months Homeless Past 3-years
- Continuously homeless for more than 1-year
- Client doesn't know
- Client refused
- Data not collected

Monthly Household Income: Income sources for last 30 days

19. Cash Income Sources & Amounts

- Earned Income (job): \$ _____
- Unemployment: \$ _____
- SSI: \$ _____
- SSDI: \$ _____
- Veteran's Pension: \$ _____
- Child Support: \$ _____
- Other (explain): _____ \$ _____

20. Non-Cash Sources & Amounts

Benefits received in the last 30 days

- Food Stamps (SNAP): \$ _____
- Start/Pick-up date: _____

21. TOTAL MONTHLY INCOME:

\$ _____

(Cross check with poverty level)

22. Other Non-Cash Benefits:

- Health Insurance Yes No
- Medicaid: Yes No
- Medicare: Yes No
- WIC: Yes No



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23. Were you employed in last 30-days? Yes No

24. Number of Hours Worked? _____ (in the last 30 days)

25. Are you currently looking for work? Yes No

26. CRN/HMIS Release of Information (ROI)

Client acknowledges use of and gives permission to this agency to use their personal information in the CRN (Community Resource Network)/ data base. No unaccompanied youth shall have an ROI unless they are 18 years of age or have consent of a parent/guardian. This Release of Information will be used for purposes of accessing services throughout Collier County. Client further testifies that all information given on this Intake Form is true and complete to the best of their knowledge.

I authorize as a CRN Member Agency, to share my basic identifying information and non-confidential service information with other CRN Member agencies. I authorize that a copy of this original will serve as an original for the purposes stated above. Unless I make a formal request to a CRN Member Agency that I no longer want to participate in the CRN, this release will remain enforce for 2 years from today signed date.

Client Signature: _____ Date: _____

Intake Coordinator Signature: _____ Date: _____

27. Additional Household Members

Name: _____ DOB: ____ / ____ / ____ Relationship: _____

Social Security No.: ____ - ____ - ____ Gender: Male Female Transgender Ethnicity: Hispanic Yes / No

Race: _____ U.S. Citizen: Yes No Income: _____ / month Income Type: _____

Veteran: Yes No Disability Status: Yes No If yes, for how long: _____ type: _____

Name: _____ DOB: ____ / ____ / ____ Relationship: _____

Social Security No.: ____ - ____ - ____ Gender: Male Female Transgender Ethnicity: Hispanic Yes / No

Race: _____ U.S. Citizen: Yes No Income: _____ / month Income Type: _____

Veteran: Yes No Disability Status: Yes No If yes, for how long: _____ type: _____



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Name: _____ DOB: ____ / ____ / ____ Relationship: _____

Social Security No.: ____ - ____ - ____ Gender: Male Female Transgender Ethnicity: Hispanic Yes / No

Race: _____ U.S. Citizen: Yes No Income: _____ / month Income Type: _____

Veteran: Yes No Disability Status: Yes No If yes, for how long: _____ type: _____

Name: _____ DOB: ____ / ____ / ____ Relationship: _____

Social Security No.: ____ - ____ - ____ Gender: Male Female Transgender Ethnicity: Hispanic Yes / No

Race: _____ U.S. Citizen: Yes No Income: _____ / month Income Type: _____

Veteran: Yes No Disability Status: Yes No If yes, for how long: _____ type: _____

Name: _____ DOB: ____ / ____ / ____ Relationship: _____

Social Security No.: ____ - ____ - ____ Gender: Male Female Transgender Ethnicity: Hispanic Yes / No

Race: _____ U.S. Citizen: Yes No Income: _____ / month Income Type: _____

Veteran: Yes No Disability Status: Yes No If yes, for how long: _____ type: _____

Name: _____ DOB: ____ / ____ / ____ Relationship: _____

Social Security No.: ____ - ____ - ____ Gender: Male Female Transgender Ethnicity: Hispanic Yes / No

Race: _____ U.S. Citizen: Yes No Income: _____ / month Income Type: _____

Veteran: Yes No Disability Status: Yes No If yes, for how long: _____ type: _____

Name: _____ DOB: ____ / ____ / ____ Relationship: _____

Social Security No.: ____ - ____ - ____ Gender: Male Female Transgender Ethnicity: Hispanic Yes / No

Race: _____ U.S. Citizen: Yes No Income: _____ / month Income Type: _____

Veteran: Yes No Disability Status: Yes No If yes, for how long: _____ type: _____

AGENCY USE ONLY

26. Housing Project Information – when appropriate: Application Approval/Project Start Date _____

Housing Move-in Date _____ Bed Night date _____