



Coordinated Intake & Assessment

Homeless Coalition of Polk County, Inc.
(863) 687 - 8386
www.polkhomeless.org

Before completing any information on this form, please ask the client:

- **Are you in physical danger where you are currently staying?**
If yes, DO NOT complete this form! Call the Domestic Violence agency at (863) 413 – 2700 to speak with this client confidentially.
If no, continue with intake.
- **Are you homeless now or will you be homeless without assistance?**
If yes, continue with intake.
If no, please refer client to 2-1-1 or other agency for assistance.

RELEASE OF INFORMATION

This agency is a partner in Polk County’s Continuum of Care system. Continuum of Care agencies work together to provide services to persons and families in need. When you request or receive services, we may collect data about you and your household that may be shared with other Continuum of Care agencies.

Your data is entered into a computer program (HMIS) that is protected by passwords and encryption technology. In addition, each agency must sign an agreement to maintain the security and confidentiality of the information. Any person or agency that violates the agreement may have their access right terminated and may be subject to further penalties.

By sharing your information with other agencies, you may avoid being screened again, receive services faster, and minimize how many times you have to tell your “story.” You also help agencies document the need for services and funding.

The following data will be shared:

- Personal identifying information such as: name, Social Security Number, and date of birth;
- Demographic information such as: race, ethnicity, and gender;
- Information about you that may help in locating housing resources such as veteran status or whether you or a member of your family has a disabling condition;
- Information about your history of housing and homelessness such as where you have been living and where we can reach you;
- Information about services you have received through other homeless providers.

By initialing below, I understand and acknowledge that based on the Continuum of Care policy I have a right to:

- Request a copy of The Privacy Notice, which describes the ways in which the primary identifying information, and other client data information may be used or disclosed;
- Not answer any questions unless entry into the Agency’s program requires it;
- Opt-out of having information shared with other participating agencies and still receive services;
- Inspect, copy, and request amendment of records maintained by the Agency related to the provision of services to me and to receive a paper copy of this form;
- Sign a written request to remove my consent at any time; and
- File a grievance with the Agency or the Homeless Coalition of Polk County by providing a written notice of the alleged violation, if I believe my privacy rights have been violated and that I will not be retaliated against for filing such a compliant.

_____ **Please initial that you understand your rights**

By signing this form, I agree to share the information in this described in this form with other Polk County Continuum of Care agencies.

Client Signature	Date
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INTAKE CENTER INFORMATION		
Agency		
Person Collecting Information		Phone
CLIENT DEMOGRAPHICS – COMPLETE INFO FOR HEAD OF HOUSEHOLD		
Last Name	First Name	Middle Initial
Social Security #		Date of Birth
Head of household? <input type="checkbox"/> Yes <input type="checkbox"/> No		HMIS Client #
Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Female <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Trans Female <input type="checkbox"/> Client Refused <input type="checkbox"/> Trans Male		Race (you may select more than one) <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	Disability Information <input type="checkbox"/> No disability of long duration <input type="checkbox"/> Physical <input type="checkbox"/> Mental health <input type="checkbox"/> Developmental <input type="checkbox"/> Substance abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Client Doesn't Know/Refused <input type="checkbox"/> Chronic Health	Veteran Status <input type="checkbox"/> I am a Veteran <input type="checkbox"/> I am Not a Veteran <input type="checkbox"/> Household member is a Veteran <input type="checkbox"/> Client Doesn't Know / Refused
CURRENT LIVING SITUATION – HEAD OF HOUSEHOLD ONLY		
Where did you stay last night? <input type="checkbox"/> Place not meant for human habitation (street, vehicle, etc.) <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Hotel/motel (no ES voucher) <input type="checkbox"/> Family member's room, apt, or house <input type="checkbox"/> Friend's room, apt, or house <input type="checkbox"/> Substance abuse/detox center <input type="checkbox"/> Jail/prison/juvenile detention <input type="checkbox"/> Rental by client, no subsidy <input type="checkbox"/> Rental by client, VASH subsidy <input type="checkbox"/> Rental by client, GPD TIP subsidy <input type="checkbox"/> Rental by client, other housing subsidy <input type="checkbox"/> Other (specify):		How long did you stay there? <input type="checkbox"/> One day or less <input type="checkbox"/> Two days to one week <input type="checkbox"/> More than one week, but less than one month <input type="checkbox"/> One month to 90 days <input type="checkbox"/> More than 90 days, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<input type="checkbox"/> Residential project/halfway house, no homeless criteria <input type="checkbox"/> Transitional housing <input type="checkbox"/> Hospital/non-psychiatric medical facility <input type="checkbox"/> Psychiatric hospital/facility <input type="checkbox"/> Permanent Housing program <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Owned by client, with housing subsidy <input type="checkbox"/> Owned by client, with no housing subsidy <input type="checkbox"/> Foster care home <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
CHRONIC HOMELESSNESS – COMPLETE INFO FOR HEAD OF HOUSEHOLD		
If you stayed in jail, prison, detox center, medical center, or other institutional facility last night, were you on the streets or in shelter the night before you entered the institution? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What date did your current period of staying on the streets and in shelters begin?		
Regardless of where you were staying last night, how many separate times have you been staying on the street or in an emergency shelter in the last three years?		
How many total months were you staying on the street or in an emergency shelter in the last three years?		
ADDITIONAL INFORMATION		
How many adults and children are in this household? # Adults # Children		
What are the ages and genders of each other person in the household?		
What is the best way for us to get in touch with you to let you know about available services?		
In what city or town did you stay last night?		

Was your housing affected by a hurricane? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which hurricane(s)?
Has COVID-19 affected your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or anyone in your household receive income from any source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, approximately what is your household's monthly income and from what sources? (ex: Employment, SSI, etc.)	
Do you have a housing voucher, such as a Public Housing voucher or a HUD-VASH voucher?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AT-RISK QUESTIONNAIRE	
Is the client going to have to leave their current living situation within 14 days? <i>(If "Yes", answer the following questions in this section)</i>	<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 two or more times in the last 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No