HOMEWARD BOUND INTAKE FORM

Referral date: _____
Approval date: _____

HMIS #	AWHWA Unique ID

VOA welcomes all people of any race, creed, color, national origin, disability, religion, sex, sexual orientation, and gender identity or gender expression.

Client Information

Name: _____

Birthdate: _____ Veteran: Y / N

Social Security #: _____

☐ Doesn't Know ☐ Refused

Referring Agency:

Staff Member Working w/Participant:

Phone: _____ **Email:** _____

UNIVERSAL DATA

Ethnicity: ☐ Hispanic/Latinx ☐ Non-Hispanic/Latinx ☐ Doesn't Know ☐ Refused

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Doesn't Know ☐ Refused

*American Indian or Alaskan Native: Tribe*_____

Gender Identity: ☐ Male ☐ Female ☐ Trans Female (MtoF) ☐ Trans Male (FtoM) ☐ Gender Non-Conforming ☐ Non-Binary Genderqueer ☐ Other:_____ ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected ☐

Sexual Orientation: ☐ Bisexual ☐ Gay ☐ Lesbian ☐ Questioning/Unsure ☐ Heterosexual ☐ Asexual ☐ Demi-Sexual ☐ Pansexual ☐ Queer ☐ Other:_____ ☐ Client Refused ☐ Client Doesn't Know ☐ Data Not Collected

Living Situation:

Where did you stay last night? _____How many days did you stay there? _____
How many times have you been homeless in the last 3 years? _____ How many months? _____
Last known address: _____

_____ _____ _____ _____
Enrollee Signature **Date** **Requester Signature** **Date**