COHMIS
OneHome Intake Form

SOCIAL SECURITY NUMBER (SSN)											

QUALITY OF SSN	☐ Full SSN reported ☐ Approximate/partial SSN reported	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

CLIENT NAME

If household has another name, please add to alias and include in parentheses type of name (e.g. legal name, nickname, street name, deadname)

For last and first name, please enter the name that the household uses, even if not legal name.

Last:	
First:	
Middle:	Suffix:
Alias:	

QUALITY OF NAME	☐ Full name reported ☐ Partial, street name, or code name	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

DATE OF BIRTH (DOB) (MM/DD/YYYY)										

QUALITY OF DOB	☐ Full DOB reported ☐ Approximate/partial DOB reported	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

GENDER *(select all that apply)*

- Woman (Girl if child)
- Man (Boy if child)
- Culturally Specific Identity (e.g., Two Spirit)
- Transgender
- Non-binary
- Questioning
- Different Identity
- Client doesn't know
- Client prefers not to answer
- Data not collected

If different identity, please specify: _____

CLIENT PRONOUNS

- She/Her/Hers
- He/Him/His
- They/Them/Theirs
- Client doesn't know
- Client prefers not to answer
- Data not collected
- Other pronouns: _____

RACE/ETHNICTY *(select all that apply)*

- American Indian, Alaska Native, or Indigenous
- Asian or Asian American
- Black, African American, or African
- Hispanic/Latina/e/o
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Client doesn't know
- Client prefers not to answer
- Data not collected

Additional Race and Ethnicity Detail (optional): _____

VETERAN STATUS	
• Yes* • No *If YES, complete the **Veteran Supplemental Questions**	• Client doesn't know • Client prefers not to answer • Data not collected
RELATIONSHIP TO HEAD OF HOUSEHOLD	
• Self (Head of Household) • Head of Household's Child • Head of Household's spouse or partner	• Head of household's other relation member • Other: nonrelation member

Does the household have the following VITAL DOCUMENTS? SELECT ALL THAT APPLY.	
☐ U.S. Government Issued Photo ID ☐ U.S. birth certificate, green card, or naturalization paperwork ☐ Social Security Card	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
Provider: *Scan and upload vital documents in the client profile's File tab in HMIS (if client consents).*	

PROJECT NAME	

PROJECT START DATE (mm/dd/yyyy)			—		—				

Translation Assistance Needed?	• No • Yes*	• Client doesn't know • Client prefers not to answer • Data not collected
If * YES, to the question above, Preferred Language:	Specify Language(s): _____ _____	• Client doesn't know • Client prefers not to answer • Data not collected
Are you unsafe in your current living situation, or fleeing domestic violence?	• No • Yes	• Client doesn't know • Client prefers not to answer • Data not collected

STOP! IF THE INDIVIDUAL ANSWERS YES, ASK IF THEY ARE OPEN TO EXPLORING REFERRALS TO A DOMESTIC VIOLENCE SERVICE PROVIDER. DV PROGRAMS BY COUNTY HTTP://CCADV.ORG/FIND-HELP/PROGRAMS-BY-COUNTY/ OR NATIONAL DOMESTIC VIOLENCE HOTLINE 1-800-799-7233 HTTP://WWW.THEHOTLINE.ORG/ IF THEY REFUSE DV SERVICES CONTINUE WITH ONEHOME INTAKE.

Has the client ever experienced homelessness before?	• No • Yes	• Client doesn't know • Client prefers not to answer • Data not collected

*If this is the first time client has experienced homelessness: Do not complete OneHome CE Standard Assessment until client has experienced 2 or more weeks of homelessness.

PRIOR LIVING SITUATION *(Where did the client sleep the night before entering this project?)* **PICK ONLY 1 SITUATION CATEGORY (homeless, institutional, OR temp/permanent) AND COMPLETE THAT SECTION**

Homeless Situation Section

HOMELESS SITUATION

- Place not meant for human habitation (vehicle, anywhere outside)
- Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher or RHY-funded host home
- Safe Haven

LENGTH OF STAY IN PRIOR LIVING SITUATION *(How long did the client stay in that 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	• Client doesn't know • Client prefers not to answer • Data not collected

Approximate date THIS EPISODE of homelessness started:		—		—	
	MONTH		**DAY**		**YEAR**

Number of times the client has been on the streets, in ES, or SH in the past three years, including today *(Regardless of where they stayed last night)*

• One time • Two times	• Three times • Four or more times	• Client doesn't know • Client prefers not to answer	• Data not collected

Total number of months homeless on the street, in ES, or SH in the past three years

• One month (first month) • Two months • Three months • Four months	• Five months • Six months • Seven months • Eight months	• Nine months • Ten months • Eleven months • Twelve months	• More than 12 months • Client doesn't know • Client prefers not to answer • Data not collected

INSTITUTIONAL SITUATION

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical 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

LENGTH OF STAY IN PRIOR LIVING SITUATION *(How long did the client stay in that 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
- Client doesn't know
- Client prefers not to answer
- Data not collected

Length of Stay Less than 90 days? *(Indicate if the client's stay in the Institutional setting, where they stayed last night/prior to project entry, was less than 90 days)*	• No • Yes*
*If YES to the question above, continue. If NO, stop here. **On the night before the client entered the institutional living situation, were they staying in a homeless situation** *(emergency shelter, place not meant for habitation or safe haven)*?	• No • Yes*

*If YES to the question above, continue. If NO, stop here.

Approximate date THIS EPISODE of homelessness started:		—		—	
	MONTH		**DAY**		**YEAR**

Number of times the client has been on the streets, in ES, or SH in the past three years, including today
(Regardless of where they stayed last night)

- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client prefers not to answer
- Data not collected

Total number of months homeless on the street, in ES, or SH in the past three years

- One month (first month)
- Two months
- Three months
- Four months
- Five months
- Six months
- Seven months
- Eight months
- Nine months
- Ten months
- Eleven months
- Twelve months
- More than 12 months
- Client doesn't know
- Client prefers not to answer
- Data not collected

End of section

Institutional Situation Section

TEMPORARY & PERMANENT HOUSING SITUATIONS

- Transitional housing for homeless persons (including homeless youth)
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Host Home (non-crisis)
- Staying or living in a friend's room, apartment, or house
- Staying or living in a family member's room, apartment, or house
- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing housing subsidy*
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

If rental with subsidy, specify Subsidy Type:
- GPD TIP subsidy
- VASH housing subsidy
- RRH or equivalent subsidy
- HCV voucher (tenant or project based)
- Public housing unit
- Emergency Housing Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independent Initiative (FYI)
- Permanent Supportive Housing
- Other ongoing housing subsidy
- Other permanent housing dedicated for formerly homeless persons

- Client doesn't know
- Client prefers not to answer
- Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION *(How long did the client stay in that 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

- Client doesn't know
- Client prefers not to answer
- Data not collected

Length of Stay Less than 7 days? *(Indicate if the client's stay in the transitional/permanent housing setting, where they stayed last night/prior to project entry, was less than 7 days)*	• No • Yes*
*If **YES** to the question above, continue. If **NO**, stop here.** **On the night before the client entered the transitional or permanent housing situation, were they staying in a homeless situation** *(emergency shelter, place not meant for habitation or safe haven)?**	• No • Yes*

*If **YES** to the question above, continue. If **NO**, stop here.

Approximate date THIS EPISODE of homelessness started:			—			—			
	MONTH			**DAY**			**YEAR**		

Number of times the client has been on the streets, in ES, or SH in the past three years, including today
(Regardless of where they stayed last night)

- One time
- Two times

- Three times
- Four or more times

- Client doesn't know
- Client prefers not to answer

- Data not collected

Total number of months homeless on the street, in ES, or SH in the past three years

- One month (first month)
- Two months
- Three months
- Four months

- Five months
- Six months
- Seven months
- Eight months

- Nine months
- Ten months
- Eleven months
- Twelve months

- More than 12 months
- Client doesn't know
- Client prefers not to answer
- Data not collected

End of section

In your lifetime, how many total months have you spent living on the streets, in shelters, transitional housing or a place not meant for human habitation?	

Disabling Condition

• No • Yes	• Client doesn't know • Client prefers not to answer • Data not collected

Physical Disability

• No • Yes*		• Client doesn't know • Client prefers not to answer • Data not collected
*If **YES** for Physical Disability *Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*	• No • Yes	• Client doesn't know • Client prefers not to answer • Data not collected

Developmental Disability

• No • Yes	• Client doesn't know • Client prefers not to answer • Data not collected

Chronic Health Condition

• No • Yes*		• Client doesn't know • Client prefers not to answer • Data not collected
*If **YES** for Chronic Health Condition *Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*	• No • Yes	• Client doesn't know • Client prefers not to answer • Data not collected

HIV/AIDS

• No • Yes	• Client doesn't know • Client prefers not to answer • Data not collected

Mental Health Disorder

• No • Yes*		• Client doesn't know • Client prefers not to answer • Data not collected
*If **YES** for Mental Health Disorder *Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*	• No • Yes	• Client doesn't know • Client prefers not to answer • Data not collected

Substance Use Disorder

• No • Alcohol Use Disorder* • Drug Use Disorder* • Both Alcohol and Drug Use Disorder*		• Client doesn't know • Client prefers not to answer • Data not collected
*If **YES** for Substance Use Disorder *Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*	• No • Yes	• Client doesn't know • Client prefers not to answer • Data not collected

SURVIVOR OF DOMESTIC VIOLENCE		
• No • Yes*		• Client doesn't know • Client prefers not to answer • Data not collected
*If YES to Survivor Domestic Violence		
When did this experience occur?	• Within the past three months • Three to six months ago (excluding six months exactly) • From six to twelve months ago (excluding one year exactly) • More than a year ago	• Client doesn't know • Client prefers not to answer • Data not collected
Are you currently fleeing?	• No • Yes	• Client doesn't know • Client prefers not to answer • Data not collected

CASH INCOME FOR INDIVIDUAL		
Income from Any Source?	• No • Yes*	• Client doesn't know • Client prefers not to answer • Data not collected
*If YES to Income from Any Source – Indicate all sources that apply		

Income Source (Check all that apply)	Monthly Amount
• Earned Income (i.e. employment income)	
• Unemployment Insurance	
• Supplemental Security Income (SSI)	
• Social Security Disability Insurance (SSDI)	
• VA Service-Connected Disability Compensation	
• VA Non-Service Connected Disability Pension	
• Private disability insurance	
• Worker's Compensation	
• Temporary Assistance for Needy Families (TANF)	
• General Assistance (GA)	
• Retirement Income from Social Security	
• Pension or retirement income from a former job	
• Child support	
• Alimony and other spousal support	
• Other Cash Income (Specify: _____)	
Total Monthly Amount	

NON-CASH BENEFITS		
Receiving Non-Cash Benefits?	• No • Yes*	• Client doesn't know • Client prefers not to answer • Data not collected

*If YES to Receiving Non-Cash Benefits – Indicate all sources that apply	
• Supplemental Nutrition Assistance Program • Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) • TANF Childcare Services	• TANF Transportation Services • Other TANF-Funded Services • Other Non-Cash Benefit (Specify source: _____)

HEALTH INSURANCE		
Covered by health insurance?	• No • Yes*	• Client doesn't know • Client prefers not to answer • Data not collected

*If YES to Covered by Health Insurance – Indicate all sources that apply	
• Medicaid • Medicare • State Children's Health Insurance Program • Veteran's Administration (VA) Medical Services • Employer-Provided Health Insurance	• Health Insurance Obtained Through COBRA • Private Pay Health Insurance • State Health Insurance for Adults • Indian Health Services Program • Other Health Insurance (Specify source: _____)

Would you like to share the reasons or factors you feel contributed to your homelessness?	• No • Yes*

*If YES please indicate all reasons that apply	
• Abuse or violence in my home • Alcohol or substance use problems • Asked to leave or evicted • Bad credit • Client Choice • COVID-19 • Disabling conditions • Discharged from foster care • Discharged from prison • Family member or personal illness • Language barrier • Legal problems	• Lost a job, could not find work • Medical Expenses • Mental health condition • Moved to find work • Problems with public benefits • PTSD • Reasons related to my race or ethnicity • Reasons related to my sexual orientation or gender • Relationship problems or family breakup • Traumatic brain injury • Unable to pay rent or mortgage • Unable to pay utilities • Other

SEXUAL ORIENTATION		
• Heterosexual • Gay • Lesbian	• Bisexual • Questioning/Unsure • Other	• Client doesn't know • Client prefers not to answer • Data not collected

If other, please specify: _____

ONEHOME HOUSING PREFERENCES AND ELIGIBLITY

Which county would you be willing to live in? (SELECT ALL THAT APPLY)

☐ Any
☐ Adams County
☐ Arapahoe County
☐ Broomfield County

☐ Boulder County
☐ City of Boulder
☐ Longmont
☐ Rural/Mountains
☐ No preference
☐ Other (specify): _____

☐ Denver County
☐ Douglas County
☐ Jefferson County
  ☐ Rural/Mountains
  ☐ No preference
  ☐ Other (specify): ___

☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Are there any neighborhoods or cities that you absolutely will not live in even if it is the only housing option available?

Do you have other housing needs that will support your success? (SELECT ALL THAT APPLY)

☐ Smoking
☐ Wheelchair accessible (roll-in shower, no steps, grab bars, etc.)
☐ Elevator

☐ Can do maximum 1-3 steps (i.e. ledge or step to get into unit)
☐ Extra bedroom for live-in care
☐ Documented Service animal
☐ Documented Emotional Support Animal
☐ Other Pet

☐ Other(specify): _____
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Please mark the types of housing below that you would be interesting in. Explain types of housing available to ensure understanding, do not assume. Select all that apply.

☐ Project-based (support is generally available on-site, subsidy is tied to particular units and does not travel with individual tenants)
☐ Scattered site/tenant-based (the housing resource is connected to the person and unit will be found in market housing; there can be flexibility with criminal and credit backgrounds)
☐ Sober living (sobriety requirements in place)
☐ Work program (employment supports built in and often required
☐ Single Room Occupancy (SRO) (like a hotel/dorm room, no individual kitchen)
☐ Other (specify): _____
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Are there are any housing barriers, like criminal backgrounds, meth manufacturing, arson, sex offenses, violent felony in last year, misdemeanors in the last 3 years, felonies in last 5 years?

Do you owe any money to the following (check all that apply):

☐ Past Landlord Debt
☐ Past Utility Debt
☐ Collection Agency for Rent

☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Providers: If yes, please support household in obtaining payment plan as it may be needed for housing

Does the household have any evictions?

☐ Yes, less than 1 year
☐ Yes, between 1 – 7 years
☐ Yes, more than 7 years

☐ No
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Do you receive services in Aurora?	
☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

CONTACT INFORMATION (Optional — entered on the Contacts tab) Personal Work Message	
Phone Number	
Email	

ADDRESS (Optional — entered on the **Locations** tab)	• Current Address • Last Permanent Address • Mailing Address	
Street		
City		
State		**Zip Code**

_____

Signature of applicant stating all information is true and correct

_____

Date