Date______________________ HMIS ID#_____________________

HMIS Program Enrollment Form – RRH

To be completed on all ***ADULTS*** over the age of 18 in the household.

Basic Information

Name:_____________________________________ SSN:______________________________Date of Birth:_____________

Relationship to Head of Household: ___________________

Which Gender do you identify as?

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Questioning
- ☐ Non Binary / genderfluid / agender
- ☐ Don't know
- ☐ Refused

Are you pregnant:

- ☐ Yes If yes, due Date: ________
- ☐ No
- ☐ Don't know

Marital Status:

- ☐ Never married
- ☐ Divorced
- ☐ Married living with spouse
- ☐ Married not living with spouse
- ☐ Common Law
- ☐ Living together
- ☐ Widowed
- ☐ Civil Union
- ☐ Other

Current contact information, if available

Address: ____ City/ST/Zip: ____________________________________

Phone Number: ____

Email: ____

What county were you in when this episode of homelessness began?

- ☐ Orange
- ☐ Seminole
- ☐ Osceola
- ☐ Other

Emergency Contacts

Contact 1: ______________________________ _______________ _______________________________
Name Relationship How to contact

Contact 2: ______________________________ _______________ _______________________________
Name Relationship How to contact

Which Ethnicity do you most identify with?

- ☐ Non-Hispanic/Non-Latino
- ☐ Hispanic/Latino
- ☐ Don't know
- ☐ Refused

What Race(s) *do you identify as? Select all that apply*

- ☐ American Indian/Alaska Native
- ☐ Asian / Asian American
- ☐ Black/African American/African
- ☐ Native Hawaiian / Pacific Islander
- ☐ White
- ☐ Doesn't know
- ☐ Refused

Do you have a Religious Preference

- ☐ Protestant
- ☐ Catholic
- ☐ Jewish
- ☐ Islamic
- ☐ None
- ☐ Other

Are you a Veteran?

☐ Yes ☐ No ☐ Don't know

*Primary Language:*________________________

Do you have limited English:

☐ Yes ☐ No

What is your Citizenship status, if you are comfortable sharing

☐ US Citizen ☐ Eligible citizen ☐ Ineligible Non-citizen

If not born in US, Country of Origin: ______________________________ Date of entry into US: _______________

Living Situation

Where did you sleep last night? (Prior Living Situation): ____

How long have you been in the above living situation? (Length of stay in previous place)

☐ 1 night or less
☐ 2 – 6 nights
☐ 7+ night-less than a month
☐ 1 month – 89 days
☐ 90+ days-less than a year
☐ 1 year or longer

What's the approximate date your current homeless episode began: ___________/______/________

Regardless of where you stayed last night, how many times have you been homeless on streets or shelters in the last 3 years?

☐ 1 time (use for 1 long consecutive episode)
☐ 2 times
☐ 3 times
☐ 4 of more times

*What's the total number of months you've been homeless on the streets/shelters in the past 3 years:*___________

Health Insurance

Do you have health insurance?

☐ Yes ☐ No ☐ Don't know

If yes, what type(s) of Health Insurance (select all that apply):

☐ Medicaid **– What Medicaid plan**:
____
☐ Medicare
☐ State Children's Health Ins
☐ (VA) Medical Services
☐ Employer Provided Health Ins
☐ Health Ins Obtained via Cobra
☐ Private Pay Health Ins
☐ State Health Ins for Adults
☐ Indian Health Services Program
☐ Other

Disability Information

Do you have a disabling condition that significantly impairs your ability to perform daily activities?

☐ Yes ☐ No

If yes, what kind of Disability do you have? (Select All that apply)

☐ Alcohol Use Disorder
☐ Chronic Health Condition
☐ Developmental Disability
☐ Drug Use Disorder
☐ HIV\AIDS
☐ Mental Health Disorder
☐ Physical Disability

Is the disability indefinite? (Expected to last a very long time)

☐ Yes ☐ No ☐ Don't know

Domestic Violence

If you feel comfortable sharing, have you ever experienced domestic violence, dating violence, sexual assault or stalking?

☐ Yes ☐ No ☐ Client refused

If yes, when did the last experience occur?

☐ Within the past three months
☐ Three to six months ago
☐ Six to twelve months ago
☐ More than a year ago

Are you currently fleeing a dangerous situation?

☐ Yes
☐ No
☐ Don't know
☐ Refused

Income

Do you have income from any source?

☐ Yes ☐ No ☐ Don't know

If yes to any of the following income, specify *gross* amount:

☐ Alimony/Spousal Support _______
☐ Child Support _______
☐ Earned Income _______
☐ General Assistance _______
☐ Other _______
☐ Pension or retirement from job _______
☐ Private Disability _______
☐ Retirement from SSA _______
☐ SSDI _______
☐ SSI _______
☐ TANF _______
☐ Unemployment _______
☐ VA Non Service Connected Disb. _______
☐ VA Service Connected Disability _______
☐ Worker's Comp _______

Total Monthly Income: $______________

Non Cash Benefits

2. Do you have any Non-Cash benefit from any source?

☐ Yes ☐ No ☐ Don't know

If yes to Non-Cash benefits, specify amount:

☐ SNAP/Food Stamps ____________
☐ Medicaid ____________
☐ Medicare ____________
☐ State Children's Health Ins: __________
☐ WIC ____________
☐ VA Medical ____________
☐ TANF Child Care ____________
☐ TANF Transportation ____________
☐ Other TANF-funded Services: ____________
☐ Other Source ____________

Notes: ____

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