Date_____ HMIS ID#_____

HMIS Program Enrollment Form – PSH

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

W*hat 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 3years:*_____

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 _____

Health & Well Being

How is your general health?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ I don't know ☐ Refused

How is your dental health?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ I don't know ☐ Refused

How is your mental health?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ I don't know ☐ Refused

How strongly do you agree or disagree with the following statements?

I feel my life has value and worth.

- ☐ Strongly Disagree
- ☐ Somewhat disagree
- ☐ Neither agree or disagree
- ☐ Somewhat agree
- ☐ Strongly agree
- ☐ I don't know
- ☐ Refused

I have support from others who will listen to my problems.

- ☐ Strongly Disagree
- ☐ Somewhat disagree
- ☐ Neither agree or disagree
- ☐ Somewhat agree
- ☐ Strongly agree
- ☐ I don't know
- ☐ Refused

I can bounce back after hard times.

- ☐ Strongly Disagree
- ☐ Somewhat disagree
- ☐ Neither agree or disagree
- ☐ Somewhat agree
- ☐ Strongly agree
- ☐ I don't know
- ☐ Refused

I feel nervous, tense, worried, frustrated or afraid.

- ☐ Not at all
- ☐ Once a month
- ☐ Several times a month
- ☐ Several times a week
- ☐ At least every day
- ☐ I don't know
- ☐ Refused

Notes: _____

_____

_____

_____

_____

_____

_____