HMIS PROGRAM ENTRY SCRIPT: Use with form A1

This script is only a guide to facilitate the interview process with clients and should not replace existing program intake procedures, methods of trauma informed and sensitive interview practices.

*Not all questions need to be completed through client interview. These can be completed via case notes. These questions are marked with an asterisk**

1. What is your full name? Do you go by any nicknames or alias?

2. Are you the head of household? If not who is?

3. May I have your SS#, this information is not shared.

4. What is your date of birth?

5. Gender?

6. How would you describe your race?

7. Are you Hispanic or Latino?

8. Do you have a physical, mental, emotional or developmental disability, HIV/AIDS or a diagnosable substance abuse problem that is expected to be of long duration and limits your ability to live on your own?

9. Have you ever served on active duty in the U.S. Armed Forces?

10. Where did you stay last night?

11. How long did you stay there?

12. Was there a time in the last 3 years that you were without shelter? If yes, how many times were you without shelter including this time (if applicable)?

13 What was the zip code of the last place you stayed for more than 3 months? If you're unsure can you tell me the city?

14. Homeless status: this can be determined by case notes, make a determination based on overall intake and last place stayed.

The following questions will help to let us know if you have any special needs.

*15. Do you feel you have a problem with alcohol or drugs?
If yes do you feel that this substance abuse problem will last a long time?
Are you receiving any help for your problem at this time?

*16. Have you been diagnosed with AIDS or tested positive for HIV? If, yes are receiving any treatment or services?

*17. Do you have a developmental disability? If, yes are receiving any treatment or services?

*18. Do you have a chronic health condition…for example heart disease, severe asthma, diabetes, arthritis, brain injury, cancer, emphysema? If yes, If, yes are receiving any treatment or services?

*19. Do you consider yourself to have a physical disability? By physical I mean that you have a physical problem that is not temporary and limits your ability to get around or work. If, yes are receiving any treatment or services?

*20. Do you feel you have a mental problem? If yes, do you feel this problem will last a long time and affect your ability to live on your own? Are you currently receiving any help or treatment?

21. Have you experienced domestic or intimate partner violence? If yes, how long ago did you have this experience?

*22. In the last 30 days have received income from any source? If yes can you tell me from where and how much you received?

*23. Do you receive any benefits or did you receive any benefits in the last month?…such as (go through list)