MARYLAND
BALANCE OF STATE
CONTINUUM OF CARE

Maryland Balance of State CoC
Harford Community Action Agency
Coordinated Entry System
Client Intake Form

HARFORD community Action AGENCY
Helping People Changing Lives

This form is used to enter all clients into the Coordinated Entry System. The questions asked on this form are intended to assist clients in the navigation process and determine project eligibility. Any information omitted on this form will not prevent a client from obtaining housing through the Coordinated Entry System. This form will fulfill all HUD required data elements for all project types. Data from this form will be used to populate the LHC By Name List.

HMIS#		**Date**		**SSM Score**	
Family Type	☐ Adults & Children ☐ Adults Only				
Total # Adults		**Total # Children**		**Household Total Size**	

Notes	

First Name		**Last Name**	
Social Security Number		**Date of Birth**	
Has this individual ever served in the U.S. Armed Forces	☐ Yes ☐ No ☐ Don't Know/Refused	**Highest Level of Education**	
Client Phone			
Client Email			
Race (check multiple if applicable)	☐ American Indian/ Alaskan Native/ Indigenous ☐ Asian / Asian American ☐ Black/African American/African ☐ Native Hawaiian/ Pacific Islander ☐ White ☐ Don't Know/Refused		
Ethnicity	☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Don't Know/Refused		
Translation assistance needed?	☐ Yes ☐ No ☐ Don't Know/Refused	**Clients Primary Language**	
Gender	☐ Female ☐ Male ☐ Non-Binary ☐ Gender Fluid ☐ Transgender (M to F) ☐ Transgender (F to M) ☐ Questioning ☐ Don't Know/Refused		
Relationship to Head of Household (HoH)	☐ Self (Head of household) ☐ HoH Child ☐ HoH Spouse/Partner ☐ HoH other/non-relation ☐ Other ☐ Don't Know/Refused		
Have you experienced Domestic Violence?	☐ Yes ☐ No ☐ Don't Know/Refused		
If yes, was it committed by an intimate partner?	☐ Yes ☐ No ☐ Don't Know/Refused		
If yes, when did it occur?	☐ Within the last 3 months ☐ 3 to 6 months ago ☐ 6 months to 1 year ago ☐ One year ago or more ☐ Don't Know/Refused		
If yes, are you currently fleeing?	☐ Yes ☐ No ☐ Don't Know/Refused		

Homeless History

Prior living situation: Where did the client sleep last night?	☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter ☐ Safe Haven ☐ 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 ☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Transitional housing for homeless persons (including homeless youth) ☐ Host Home (non-crisis) ☐ Staying or living in a friend's room, apartment, or house, temporary tenure ☐ Staying or living in a family member's room, apartment, or house, temporary tenure ☐ Staying or living in a friend's room, apartment, or house, permanent tenure ☐ Staying or living with family, permanent tenure ☐ Moved from one HOPWA funded project to HOPWA PH ☐ Rental by client, with GPD TIP housing subsidy ☐ Rental by client, with VASH housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons ☐ Rental by client, with RRH or equivalent subsidy ☐ Rental by client, with HCV voucher (tenant or project based) ☐ Rental by client in a public housing unit ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with other ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy
Approximately how long was the client staying in that location?	☐ 1 night or less ☐ 2 to 6 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 / Refused

Approximate date homelessness started	_____ *MM/DD/YYYY*
Regardless of where they stayed last night, what is the number of times the client has been homeless in the past three years, including today?	☐ One time ☐ Two times ☐ Three times ☐ Four or more times ☐ Don't know / Refused
Over the last 3 years, approximately how many months did this client spend staying on the streets, in an emergency shelter/safe haven, or in a place not meant for human habitation?	☐ One month *(this time is the 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 ☐ Don't Know/Refused

Client's Residence / Last Permanent Address

Street Address	
City	
Zip	
State	
County	
Reason for Leaving this Residence	☐ Building Condemned ☐ Current Residence ☐ Domestic Violence ☐ Evicted ☐ Family/Friend Conflict ☐ Fire ☐ Moved to New Residence ☐ Other ☐ Overcrowding ☐ Unable to Pay Rent

Income

Does the individual receive any earned income (i.e. employment income)?	☐ Yes ☐ No ☐ Don't Know/Refused
If yes, indicate what source(s) & amount	
☐ Employment Income $_____ ☐ Unemployment $_____ ☐ Supplemental Security Insurance $_____ ☐ Social Security Disability Insurance $_____ ☐ VA Service Connected $_____ ☐ VA Non-Service Connected $_____	☐ General Assistance $_____ ☐ Retirement Income from Social Security $_____ ☐ Private Disability Insurance $_____ ☐ Worker's Compensation$_____ ☐ TANF $_____
☐ Pension or retirement from previous job $_____ ☐ Child Support $_____ ☐ Alimony or Spousal Support $_____ ☐ Other $_____	
Does the individual receive any income from benefits (e.g. SNAP, WIC, etc.)?	☐ Yes ☐ No ☐ Don't Know/Refused
If yes, indicate what source(s)	
☐ SNAP $_____ ☐ WIC $_____ ☐ TANF Child Care $_____ ☐ TANF Transportation $_____ ☐ Other $_____	

Health Insurance

Is the client currently covered by Health Insurance?	☐ Yes ☐ No ☐ Don't Know/Refused		
If yes, what kind?	☐ Medicaid ☐ Medicare ☐ State Children's Program (CHIP)	☐ VA Medical Services ☐ Employer Provided COBRA ☐ Private Pay	☐ State Adult Program ☐ Indian Health Services Program ☐ Other

Disability

Does the individual or anyone in the individual's household have a disabling condition?		☐ Yes ☐ No ☐ Don't Know/Refused
If yes, indicate what type(s)	☐ Physical Disability ☐ Developmental Disability ☐ Chronic Health Condition	☐ HIV/AIDS ☐ Mental Health Problem ☐ Substance Abuse
If yes, is it expected to be of long, continued & indefinite duration & substantially impair ability to live independently?		☐ Yes ☐ No ☐ Don't Know/Refused

List ALL Additional Household Members:

Please use the following choices for "RACE":

1. American Indian/Alaskan Native
2. Asian
3. Black/African American
4. Multi-Race
5. Native Hawaiian/Pacific Islander
6. Other
7. White

First and Last Name	Social Security Number	Date of Birth	Relationship to Applicant	Gender Identification	Race Code	Hispanic/ Latino Yes/No	Disabled Yes/No	Veteran Yes/No	Highest Level of Education	Type of Health Insurance	Type of Income

Client Agreement:

I declare that the information I have provided Harford Community Action Agency (HCAA) is true, correct and complete. I understand that when this application is signed, permission is given to the HCAA to check all household income, bank accounts, housing expenses, insurance, and other benefits.
If I currently receive or have ever received benefits from the programs administered by the Harford County Department of Social Services (DSS), by signing this application, I give permission to the DSS to share with HCAA any information in my DSS case file needed to complete this application. Such information includes, but is not limited to, household members, income, expenses, resources, child support payments, etc.
I acknowledge that my application information will be stored digitally in the agency database: Homeless Management Information System (HMIS). This information will be maintained with the utmost confidentiality, and only HCAA staff will have access to individual files within the database.
Maryland law protects against fraud. Punishment can occur for not telling the truth when applying for assistance from any HCAA program.
Harford Community Action Agency, Inc. prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status.

Grievance Process:
If the client wishes to file a grievance, they may do so in writing to the Executive Director stating the situation and their concerns.
The Executive Director must set up an appointment with the client within 14 days of receipt of the letter of grievance to discuss the grievance and reach a solution.

Applicant's Signature _____ **Date** _____ **Intake Worker** _____

HMIS & Coordinated Entry Participant Consent and Release of Information Form

The Maryland Balance of State Continuum of Care (MD BoS CoC) uses an online database to gather information and service needs of people experiencing homelessness. This system is called the Homeless Management Information System (HMIS).

With HMIS, you only need to share your information once. This reduces the number of times you must provide your personal information. Collected information includes, but is not limited to: first name, last name, social security number, date of birth, gender, race, ethnicity, income, benefits and disabilities. This information helps us identify the most appropriate services through the Coordinated Entry System and to meet our data requirements.

The MD BoS CoC has an interagency sharing agreement with all HMIS participating agencies (including nonprofit service providers and government organizations) regarding participants that are served by such agencies and an agreement regarding security protocol to protect shared participant data. A list of HMIS participating agencies is attached to this document. All participating agencies agree to only use the information provided to link you and members of your household with housing or supportive service opportunities through referrals and case conferencing. All staff who participate in this process are required to sign a confidentiality agreement.

Important rights and other required statements to know:

- You may revoke this authorization at any time. To do so, please contact your intake worker or case manager.
- This authorization is completely voluntary and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it.
- You may choose to skip any questions that you prefer not to answer. Skipping questions will not prevent you from receiving assistance through the system, however certain programs may require specific information to verify eligibility requirements.
- Your personal information will not be provided or made accessible to law enforcement without a legally authorized search warrant.

By consenting to this agreement, you authorize the agency to:

- Share your intake information with participating agencies to be used for Balance of State Continuum of Care Coordinated Entry assessment purposes and case conferencing to coordinate referrals to housing and service placement.
- Provide basic demographic, residential, employment, income, military and service needs information.
- Allow your information to be shared electronically via a secure, encrypted, web-based system to the participating agencies.
- Allow your records and information to be shared for a period of no greater than three years (3) from today's date.

Please <u>initial</u> below if you agree with the following statements:

☐ I allow my responses to be shared with participating agencies in the HMIS and Coordinated Entry System to determine my eligibility for potential placements in housing and other service programs.

☐ I allow the person conducting this assessment to enter my personal information into a secure database.

☐ I can be contacted about this form and my assessment responses if more information is needed. All information that I share will b kept confidential and will only be used for reporting, housing placement, and service coordination.

☐ I understand that the information I provide does not guarantee that I will be enrolled in a housing program or receive services.

☐ I ***<u>do not</u>*** consent to this agreement.

_____ _____

Participant Signature *Date*

If the program participant is unable or unwilling to sign this document, I affirm that I have reviewed the information above with the participant.

_____ _____

Agency Staff Signature *Date*

Participating HMIS Agencies

(Subject to Change)

ALLEGANY COUNTY
Allegany County Department of Social Services
Allegany County Health Department
Human Resources Development Commission
Cumberland YMCA

CECIL COUNTY
CCAH
Cecil County Health Department
CHEP, Inc.
Deep Roots, Inc.
Cecil County Department of Social Services
Meeting Ground
Voices of Hope
Veterans Affairs

FREDERICK COUNTY
List Pending

GARRETT COUNTY
Garrett County Community Action Committee

HARFORD COUNTY
Associated Catholic Charities
Harford County Office on Mental Health
Harford County Community Action Agency
Epicenter
Harford County Housing Authority
Harford Family House
Homecoming, Inc.
Leading By Example
Mason-Dixon Community Services
Prologue
United Way
Inner County Outreach
Tabitha's House
Veteran Affairs

SOUTHERN MD: CALVERT, CHARLES, ST. MARY'S COUNTIES
Calvert County Health Department
Charles County Health Department
St. Mary's County Health Department
Calvert County Department of Social Services
Charles County Department of Social Services
St. Mary's County Department of Social Services
Catholic Charities
Lifestyles of Maryland
Three Oaks Center
Southern Maryland Community Network
Charles County Core Services Agency
St. Mary's County Detention Center
Project Echo

WASHINGTON COUNTY
Washington County Community Action Council
Horizon Goodwill Industries
Washington County Mental Health Authority
Potomac Case Management Services
Reach, Inc.
Salvation Army
Way Station, Inc.
Turning Point
Sheppard Pratt
United Way of Washington County