



Emergency Shelter Intake Form

***Intake Date/Project Start Date:**

***Shelter Bed:**

Primary Worker: _____ **Enrollment CoC:** {Pre-Populated}

Information Sharing Level: (consent form)

Referred By: _____

***First Name:** _____ **Middle Name:** _____ ***Last Name:** _____

Alias/Preferred Name _____ **Suffix** _____

***Name Data Quality:** (Select one) ☐ Full name reported ☐ Partial, street name, or code name

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

***Social Security Number:** ____/____/____

***SSN Data Quality :**(select one)

- ☐ Full SSN Reported
☐ Approximate or Partial SSN Reported
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

***Gender:** (select one) ☐ Woman (Girl, if child)

☐ Man (Boy, if child)

☐ Culturally Specific Identity (e.g. Two-Spirited)

☐ Non-Binary

☐ Questioning

☐ Transgender

☐ Different Identity _____

☐ Client doesn't know

☐ Client prefers not to answer

☐ Data not collected

Birth Date: ____/____/____

***Birth date Data Quality :**(select one)

- ☐ Full DOB Reported
☐ Approximate or Partial DOB
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

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