# INTAKE FORM

Cascade AIDS Project CAP

Date: _____ Staff: _____

## Client Information

Legal name (w/middle initial): _____ DOB: _____

Preferred name (if different): _____ Vet? Y N VA Benefits: Y N

SSN: _____ Country of origin: _____ Primary language: _____

Other language: _____ Need interpreter? Y N Difficulty with reading or writing? _____

Gender: M F T (M to F) T (F to M) Preferred pronoun: _____ Sexual Orientation: _____

Street address _____ County _____

Mailing address (if different) _____ Mailings OK? Y N

Phone _____ 2nd Phone _____ Voicemail OK? Y Discreet N

E-mail address _____ Email OK? Y N

**Race**

- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other Multi-Racial _____
- ☐ Other _____

**Ethnicity:** Hispanic/Latino? Y N

## Housing Status

Currently homeless? Y N Chronically homeless? (1+ yrs., or 4 times in 3 yrs.) Y N Dates: _____

- ☐ Owned by client, no subsidy
- ☐ Owned by client, with subsidy
- ☐ Rental by client, no subsidy
- ☐ Rental by client, VASH subsidy
- ☐ Rental by client, non-VASH subsidy
- ☐ Staying/living with family
- ☐ Staying/living with friend
- ☐ Transitional housing for homeless
- ☐ Safe Haven
- ☐ Foster care home, or foster care group home
- ☐ Permanent housing for formerly homeless
- ☐ Hospital (non-psychiatric)
- ☐ Psychiatric hospital/facility
- ☐ Substance abuse treatment or detox
- ☐ Jail, prison, juvenile detention
- ☐ Hotel/motel paid for without voucher
- ☐ Emergency shelter, including hotel/motel paid for by voucher
- ☐ Place not meant for habitation
- ☐ Refused
- ☐ Don't know
- ☐ Other _____

How long at current residence? _____

## Household Information

| Household Member Name | Relationship | HIV+? | DOB | SSN | Income |
|---|---|---|---|---|---|
| | | Y N | | | |
| | | Y N | | | |
| | | Y N | | | |
| | | Y N | | | |

## Financial Information

**Insurance:**

- ☐ None
- ☐ Medicare
- ☐ FMIP/OMIP
- ☐ Private _____
- ☐ Care Assist
- ☐ VA
- ☐ Medicaid/OHP (Standard, Plus, Open Card

**Income:**

Employer: _____

POI: Y N Payee? _____

Has Client applied for SS? Y N Status _____

| | Income Source | Amount |
|---|---|---|
| Cash | | |
| | | |
| | | |
| Non-Cash | | |
| | | |
| | | |
| | **Total Household Income** | |

## HIV Status

Date of HIV+ Test: _____ HIV Verification Received? Y N

Does client have a HIV healthcare provider? Y N _____ Med. Case Mgr.? Y N _____

Date of last HIV appointment :_____ Taking HIV meds? Y N

**Current Diagnosis:** ☐ HIV Asymptomatic ☐ HIV Symptomatic ☐ AIDS ☐ Unknown

**Mode of Transmission:**

☐ MSM ☐ IDU ☐ Occupational ☐ Blood ☐ Undisclosed

☐ MSM/IDU ☐ Heterosexual ☐ Maternal—Child ☐ Unknown ☐ Other_____

**Type of Sex Partners:**

☐ Men ☐ Women ☐ Both ☐ Trans ☐ Other_____

Are you in a relationship? Y N Partner(s) aware of HIV status? Y N

Questions/concerns about HIV in sex life:_____

_____

**Related Health Issues:** Hepatitis C+? Y N TB? Y N TB Card? Y N Pregnant? Y N N/A

Other _____

## Psychosocial Information

Y N Current alcohol use (how often): _____

Y N Current drug use (which and how often): _____

Y N Drug/Alcohol Tx History _____

Y N Trouble with Gambling _____

Y N Mental Health Issues_____ Details/Diagnoses_____

Y N Current MH Provider _____ On ROI? Y N

Y N Current MH Meds: _____

Any safety concerns? _____

## Criminal History

Any criminal history? _____

| | | | | | |
|---|---|---|---|---|---|
| Violent crime arrests | Y N | Arson arrests | Y N | Sex offense arrests | Y N |
| Domestic Violence | Y N | Manufacturing drugs | Y N | Probation/Parole | Y N |
| Open Cases/Warrants | Y N | Restraining Orders | Y N | Weapons in home | Y N |

Details: _____

## Notes

_____

_____

_____

| Staff Use Only | | | | | | |
|---|---|---|---|---|---|---|
| | **Required Forms:** | ID | HIV Verification | POI | SS Card | Notice of Privacy Practice |
| | | Confidentiality | Consent | ROI | R&R | Cert. of Zero Income |
| | **Referrals Made:** | ☐ Quest | ☐ Mult. Co. | ☐ CCC | ☐ HIV Day Center | ☐ Partnership Project |
| | | ☐ Kaiser | ☐ Cascadia | ☐ Outside In | ☐ Yamhill Co. | ☐ Russell Street Dental |