Intake Form

**Cli**

**ent Demographics *Intake Form***

****ESM Release of Information:  Yes  No

Enrollment Date:

/

/

*mm dd yyyy*

**ESM Client ID:**

***OYYAS***

**Provider ID:**

***Intervention Programs***

***ALL QUESTIONS MARKED WITH A***  ***MUST BE COMPLETED.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. First Name:** |  |  | **Middle Initial:** | **Last Name:** |  | **Suffix:** |
|  | **2. Highest Grade Completed:** |  |  |  |  |  |  |  |
|  |  | Not of school age |  |  | High school diploma/GED |  | College degree or higher |  | No formal education |
|  |  | Some schooling, no high school |  | Some college |  | Other credential (degree, certificate) |  | Unknown |
|  |  | Some high school |  |  | Associates degree |  |  |  |  |
|  | **3. Gender:** Male  | Female  |  | Transgender  |  |  | **4. Birth Date:** | */ /**mm dd yyyy* |
|  | **5. SSN:** |  |  |  |  |  | *If client refuses to give SSN or it is unknown, enter 999-99-9999* |

**PERSONAL INFO > ADDRESS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **6a. Address Type:** | Home  Near Homeless  Homeless  | ***See Job Aid in the Intake Manual to determine Homeless vs. non-Homeless!*** |
| *If Address Type is “Homeless”, only enter the city/town and zip code where client is usually homeless.* ***Do not use the Program’s city/town/zip.*** |
|  | Street Address: |  |  |  | Unit: |
|  | City/Town: |  |  | State: | Zip code: |
|  | **6b. Is this your Primary Address?** Yes  |  |  |  |

**DEMOGRAPHICS > CULTURALCHARACTERISTICS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **8a. Are you Spanish/ Hispanic/Latino?** | Yes  No  |  |
| ***If ‘yes’ to Question 8a, complete Question 8b. If ‘no’ to Question 8a, go to Question 9*** |
| **8b. Which of the following ethnicities best describes you?** Central American Mexican, Mexican American, Chicano South American Cuban Puerto Rican Unknown Dominican Salvadoran Other, specify  |
| ***If ‘no’ to Question 8a, Select one from below*** |
|  |
| **9. What is your primary Ethnicity/Ancestry?** *(select one only)* |
|  African  | Chinese  | Latin American Indian |
|  African American  | Eastern European  | Middle Eastern |
|  American  | European  | Portuguese |
|  Asian Indian  | Filipino  | Russian |
|  Brazilian  | Haitian  | Thai |
|  Cambodian  | Japanese  | Vietnamese |
|  Cape Verdean  | Korean  | Unknown |
|  Caribbean Islander  | Laotian  | Other, specify  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **10. What is your race***? (check all that apply)* |  |  |
|  |  American Indian/Alaskan Indian  | Native Hawaiian or Pacific Islander  | Unknown |
|  |  Asian  | White  | Refused |
|  |  Black, African American  | Other, specify:  |  |
|  | **11. In what language do you prefer to read or discuss health related materials?** |  |
|  |  American Sign Language  | Haitian Creole  | Russian |
|  |  Cambodian (Khmer)  | Hmong  | Spanish |
|  |  Cape Verdean Creole  | Korean  | Vietnamese |
|  |  Chinese  | Laotian  | Other, specify  |
|  |  English  | Portuguese |  |

**HOUSEHOLD CHARACTERISTICS Section** *(Note: Enter this default data if prompted at Single Activity Eligibility)*

|  |  |  |
| --- | --- | --- |
|  | **12. Number of Adults in Household:** 0*(if client is Homeless, enter 1)* | **13. Number of Children Living in Household** *(children under 19)***:** 1*(children currently living with the client whether or not related)* |
|  | **14. Client Income: $** 0 |  |
|  | **15. Marital Status:**  Never Married  Married  Divorced  Widowed  Separated  Significant Partnership Rlat. |

**INSURANCE Section** *(Data Entry: To get to Insurance section, return to Face Sheet and select Insurance link on left side of screen.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **16. Insurance Type:** |  |  |  |  |  |
|  |  **Uninsured** |  **MC** (Medicaid / MassHealth / MBHP |  **MP** (Medicare –Over 65-some disabled) |  **VA** Veterans Administration |
|  |  **HM** Private HMO – throughemployment or client pay |  **CI** Private Insurance – through employment or client pay with no subsidy |  **OT** Other - Includes State subsidy –ConnectCare / Health Safety Net |
|  | **Insurance Company Name***Not required if uninsured*: |  |  | **Policy Number:***If Insurance Type is* ***MC****, the MassHealth Number, which begins**with “100”, must be entered.* |
|  | ***Data Entry:*** | *If entering a New insurance record, enter the Enrollment Date as the Insurance Effective Date.**If existing client with new insurance, end date previous insurance record with day before this Enrollment Date**If existing client and the insurance has Not Changed since the client’s last enrollment (whether or not at your program), simply hit SAVE!!!* |
|  | **17. Is this your Primary Insurance?** | Yes  No  |  |  |  |
| *If the client has additional insurance coverage, complete the following. If not, intake is complete.* |
| **18. Additional Insurance Type:** *Note: Uninsured is not an option under additional insurance.* |
|  |  **MC** Medicaid / MassHealth / MBHP |  **MP** Medicare –Over 65-some disabled |  **VA** Veterans Administration |
|  |  **HM** –Private HMO – through employment or client pay |  **CI** Private Insurance – through employment or client pay with no subsidy) |  **OT** Other - Includes State subsidy –ConnectCare / Health Safety Net) |
| **Insurance Company Name:** | **Policy Number:***If Insurance Type is* ***MC****, the MassHealth Number, which begins**with “100”, must be entered.* |

*Remember to enroll the client!*

*Step 1. Select Single Activity Eligibility from left menu bar* Select Activity

*Select Contract* Select Organization Determine Eligibility

*Step 2. Create Enrollment*

*Step 3. Enter Enrollment Date/Calculate Timeframe* Step 4. Confirm Enrollment