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 – 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**  *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