

Date _____

HCH # _____

New Update

**HEALTH CARE FOR THE HOMELESS, INC.
BASELINE INFORMATION**

So that we can help you get care, please answer these questions asbestyoucan

Last Name _____ First Name _____ MI _____ Jr. Sr. III

(Circle)

Alias (AKA) _____ Date of birth _____ Social Security # _____ - - -

Sex (Check one) Male Female

Race (Check one) White Black Hispanic Asian American Indian Pacific Islander Other

Education (Check off on the ONE that best describes the highest level completed)

None Grade school Some high school High school grad / GED
 Vocational /Tech School Some college College grad

Father's full name (First Name, MI, Last Name) _____

Mother's maiden name (First Name, MI, Last Name) _____

Where were you born? City _____ State (If U.S.) _____
Country (If outside U.S.) _____

What is your marital status? (Check one) Single Married Separated/Divorced/Widowed Unknown

How many children do you have? _____ How many under 18 years old? _____ How many stay with you? _____

DO you have any relatives or friends in Baltimore? (Check one) Yes No Unknown

Are you currently living . . . (Check one) By yourself With a partner With family #of family members _____

Where did you spend last night? (Check one) Shelter Street Hospital Jail/Prison Friend
 Relatives Detox Other Unknown

Current address _____ None
Address City State Zip

Phone number _____

Mailing address _____ None
Address City State Zip Same as above

How long have you been in Baltimore? (Check one) Less than 1 month 1-5 months 6-12 months
 1-5 years More than 5 years Unknown

See reverse side+

Do you have a regular place to stay? (Not a mission or a shelter) (Check one)

CI Yes

No When was the last time you had a regular place to stay?

Less than 1 week 1-4 weeks 1-5 months 6-12 months 1-3 years

What is your main reason for not having a regular place to stay? (Check up to three)

- Transient or traveling out of town My lifestyle Physical abuse Family conflict
- Released from psychiatric hospital Released from jail or prison Financial problems Other
- Eviction or foreclosure Drug / alcohol abuse Unemployed

Have you ever been employed? (Check one)

Yes No What is your usual occupation? _____

Are you currently employed? (Check one)

CI Yes No What kind of work are you doing? _____

What is your monthly income? _____ None

Are you a veteran of the military? (Check one) Yes No

Have you ever applied for public housing? (Check one)

Yes No Where? _____ Date _____

Where do you usually receive your health care? (Check one)

Emergency room Clinic or hospital Private doctor Prison Haven't received care in _____ years

Who can we contact in case of emergency? _____

First Name

Last Name

Address

Phone Number

This person listed above is (Check one) Mother Father Sister Brother Spouse
 Other relative Friend Other

Are you receiving anyone of the following benefits? (Check one response for each)

	Yes	No	Pending	
Medical Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number _____ / / / / / / / / / / / / / / / /
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number _____ / / / / / / / / / / / / / / / /
State Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SSI / SSDI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Veterans Retirement/Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Thank you for taking the time to provide HCH with this information
It allows us to serve you better

Interviewed by _____