HCHN Respite Program
Client Information Form

Admission Date: ___________________

Gross Monthly Income
— None
— $1-150
— $151-$250
— $251-500
— $501-$1000
— $1001-1500
— $1501-2000
— $2001+

Veteran Status
— Yes
— Yes Vietnam
— No
— Did Not Ask
— Client Declined

Homeless Information
# of times Homeless
— First time
— 1 to 3 times
— More than 3 times
— Did Not Ask
— Client Declined

How Long Homeless This Time
— Less than 1 year
— 1 to 3 years
— More than 3 years
— Did Not Ask
— Client Declined

Financial Resources
AT
— No Resources
— SSI
— SSDI
— SSA/Retired
— GA
— Food Stamps
— VA Financial Benefits
— Unemployment
— Worker’s Comp
— Employed
— Job Training
— Other

AT
— Did not ask
— Client declined

Medical Coverage/Health Insurance
— No Insurance
— Medicaid (GAX, HO, Exempt, CNR)
— Medicare
— Other Public Plan (BHP, GAU)
— VA Medical Benefits
— Private Insurance
— Other

— Did not ask
— Client declined

Special Needs/Disability—check all that apply

No Problem
Identified

Suspected
Disability

Diagnosed
Disability

Receives
SSI/SSDI
for disability

Developmental
Cognitive
Physical
HIV/AIDS
Psychiatric
Alcohol Abuse
IV Drug Abuse
Other Drug Abuse
Drug Use
Other (specify)

Signature of person completing intake information: __________________________________________
Provider #: _________

Signature of person completing discharge information: ________________________________________
Provider #: _________

RES Client Info Ver3--3/1/06