



# LANE COUNTY HMIS **IN-HOME PARENT INTERIM FORM**

Agency	Project Name	Client ID #	Update/Review Date
			/ /

### TYPE OF ASSESSMENT

<input type="checkbox"/> 30-Day Review	<input type="checkbox"/> 90-Day Review	<input type="checkbox"/> 6-Month Review	<input type="checkbox"/> Annual Assessment
<input type="checkbox"/> 60-Day Review	<input type="checkbox"/> 120-Day Review	<input type="checkbox"/> 9-Month Review	<input type="checkbox"/> Update (used for adding Housing Move-In Date)

### HEAD OF HOUSEHOLD CONTACT INFO

Name	Housing status	Email	Address	Contact #
				<input type="checkbox"/> Cell Phone <input type="checkbox"/> Message Phone
<b>Client Location:</b> OR-500 Eugene/ Springfield / Lane County CoC			<b>Is Client homeless?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is this form adding client(s) to an existing household?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				

*Housing Status selections: Unsheltered or Emergency Shelter, Doubled up, Transitional Housing Project, Housed*

### HOUSEHOLD SIZE AND INCOME same for every HH member

Household Size:	Percent of Area Median Family Income (AMI)	Federal Poverty Level of Family Income (FPL)
	<input type="checkbox"/> Up to 50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150% <input type="checkbox"/> 151-175% <input type="checkbox"/> 176-200% <input type="checkbox"/> 201-250% <input type="checkbox"/> Over 250%	<input type="checkbox"/> 0-30% <input type="checkbox"/> 30-50% <input type="checkbox"/> 50-80% <input type="checkbox"/> Over 80%
Household Monthly Income:		

Have one or both parents shown improved parenting?	
DHS Child Welfare Report	
Was the child(ren) removed to foster care or other outside of home placement?	

<b>INTAKE WORKER SIGNATURE:</b> Certifies that the Intake Worker verbally informed the Applicant that data will be entered into C/HMIS and that the Applicant signed the "Client Consent to Release Information for Data Sharing in Lane County" form.	
<b>Intake Worker Printed Name</b>	<b>Intake Worker Signature</b>

<b>APPLICANT SIGNATURE:</b> Certifies that the information provided on this form is true and correct to the best of your knowledge.	
<b>Applicant Signature</b>	<b>Date:</b>