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| **INTAKE INFORMATION** |
| **Intake Date:**  | **Client ID:**  | **Date of Birth:**  |
| **Last Name:** | **First Name:** |
| **Address:** | **City:** | **State:** | **Zip:** |
| **Current Sexual Orientation:** | □ Gay□ Lesbian□ Straight/Heterosexual□ Bisexual | □ Queer□ Pansexual□ Asexual□ Not Sure/Questioning | □ Chose Not to Respond□ Sexual Orientation Not Listed□ Write in:  |
| Gender Pronouns: | □ She/her/hers□ He/him/his□ They/them/theirs□ Pronoun not listed / Write-in:  | **Current Gender Identity:**□ Woman/Girl □ Transgender Woman/Girl □ Man/Boy□ Transgender Man/Boy | □ Non-Binary Person□ Gender Non-Conforming Person□ Not Sure/Questioning□ Chose not to respond□ Gender not listed/Write-in: |
| **Primary Language Spoken:** | □ 01 English □ 02 Spanish □ 03 French□\*Other: Please specify: | **Sex Assigned at Birth:**  | □ Female □ Male □ Intersex □ Chose not to respond  |
| *How do you prefer your gender/sex to be presented on formal NYS ID forms/ documents?* | □ M □ F □ X  |
| Living Situation at Agency Intake:Head of Household? □ Yes □ No □ N/A  Dependent children living with client? □ Yes □ No □ N/A Is client inadequately housed? □ Yes □ No □ N/A | Household Data at Agency Intake: Household size: \_\_\_\_ \_\_\_\_Total Annual Household Income: $ *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*□ Incarcerated  |
| **Housing:**□ 01 Homeless on Street □ 02 Homeless in Shelter □ 03 Transitional Housing □ 04 Residential-Psychiatric □ 05 Residential-Group Home □ 06 Residential-Drug Tx | □ 07 Skilled Nursing Facility or Hospice □ 08 Hospital □ 09 Correctional Facility (Jail/Prison) □ 10 Permanent Housing-Rental □ 11 Permanent Housing-Owns Home □ 12 With Relations/ Friends□ 13 Domestic Violence Situation | **Ethnicity**: □ Non-Hispanic □ Hispanic | ***Hispanic Details:***□ *31 Puerto Rican* □ *32 Dominican* □ *33 South American* □ *34 Mexican/**Mexican-American / Chicano(a)*  | □ *35 Central American*□ *36 Cuban*□ *37 Spanish* □ *38 Other Hispanic, Latino/a or Spanish Origin* |
| Race:□ White □ Black or African American□ Asian □ American Indian or Alaska Native□ Native Hawaiian/ Pacific Islander | **Insurance Status:** □ Known If Known, Insurance type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ No Insurance □ Unknown/ Unreported | **Referral Source:** □ 658 Self□ Other: | **Type of Referral Source:** □ External □ Internal |
|  **HIV Adult Status:**Effective Date: \_ \_/\_ \_/\_ \_ \_ \_ MM/DD/YYYY□ 01 HIV-Positive, Not AIDS □ 02 HIV-Positive, AIDS Status Unknown□ 03 HIV-Negative, Unaffected □ 04 Unknown/Unreported □ 08 HIV Negative, Affected□ 10 HIV-Positive, CDC-Defined AIDS | HIV Pediatric Status:□ 05 HIV-Infected (Pediatric)□ 06 HIV-Vertical (Perinatal) Exposure□ 07 HIV-Negative Seroreverter □ 09 HIV-Affected (Pediatric)□ 11 HIV-Negative, at risk, Not Affected□ 12 Unknown / Unreported□ 13 HIV-Negative, Not at risk  | Symptoms (Pediatric Only):□ None □ Mild □ Moderate □ Severe |
| This person can be contacted (Check all that apply): □ Discretion □ By Mail □ Home Visit □ By Phone**:** Daytime Telephone: (\_ \_ \_) \_ \_ \_-\_ \_ \_ \_  □ Social Media: Handle(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Telephone: (\_ \_ \_) \_ \_ \_-\_ \_ \_ \_ |
| **Person Completing Intake:** | **Program Performing Intake:**  | **Site:** |
| **Notes:** |
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| **Name:** | **ID:** |
| **HCV Status:** (Enter in the Hepatitis Status/Vaccination History screen)   |
|  □ 9 Previously infected (resolved)  □ 10 Previously infected (treatment success) □ 12 Not infected □ 13 Unknown  □ 15 Infected (chronic-probable)  □ 18 Infected (Chronic or Acute)  |   Effective date: \_ \_/\_ \_/\_ \_ \_ \_ |
| **HIV/AIDS Risk History**  |
| **Have you had sex with?** | **In the last 5 years:** | **In the last 6 months:** | If Yes, select all that apply | Sex without a condom?  |
| **Women** | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | 🞅 Vaginal 🞅 Anal 🞅 Oral | 🞅 Yes 🞅 No |
| **Men** | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | 🞅 Vaginal 🞅 Anal 🞅 Oral | 🞅 Yes 🞅 No |
| **Transgender women** | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | 🞅 No 🞅 Yes🞅 Chose not to respond/Unknown | 🞅 Vaginal 🞅 Anal 🞅 Oral | 🞅 Yes 🞅 No |
| **Transgender men** | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | 🞅 Vaginal 🞅 Anal 🞅 Oral | 🞅 Yes 🞅 No |
| **Gender non-conforming, non-binary, or questioning persons** | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | 🞅 No 🞅 Yes🞅 Chose not to respond/Unknown | 🞅 Vaginal 🞅 Anal 🞅 Oral | 🞅 Yes 🞅 No |
| **Were any of your partners in the last 6 months…** |
| A person who is living with HIV? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | A person who engages in sex in order to get something they need such as money, drugs, food or housing? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown |
| A person who is living with HCV? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown |
| A person diagnosed with an STI? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | A person who injects drugs? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown |
| **Have you in the last 6 months…** |
| Been diagnosed with an STI? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | Had sex in order to get something you needed such as money, drugs, food, or housing? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown |
| **Have you ever…** |
| Heard of PrEP? | 🞅 No 🞅 Yes  🞅 Chose not to respond/Unknown | If Yes - on PrEP the last 12 months | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown |
| If Yes – currently on PrEP  | 🞅 No 🞅 Yes  |
| Injected drugs | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | If Yes – within the past 5 years? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown  |
| If Yes – within the last 12 months? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown |
| Had a previous HIV test? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | If Yes, Date & result Date: \_ \_/\_ \_/\_ \_ \_ \_ | 🞅 Positive 🞅 Negative 🞅 Chose not to respond/Unknown |
| Been diagnosed with a Hemophilia/coagulation disorder? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | If Yes, received products prior to 1987? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown |
| Received a blood product or transplant? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | If Yes, prior to 1992? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown |
| Snorted drugs? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | Had chronic hemodialysis? | 🞅 No 🞅 Yes 🞅 Chose not to respond |
| Had a Tattoo from an unlicensed artist? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | Lived with someone who had HCV? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown |
| Had a body piercing from an unlicensed piercer? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown | Been exposed to blood or body fluids while at work? | 🞅 No 🞅 Yes 🞅 Chose not to respond/Unknown |
| **Notes:** |
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