

# HRH & HHOOT's Diner

## Confidential Questioner (How Can We Better Serve You?) Form # 175

918 E. Michigan St., Indianapolis, IN 46202 | 317-635-0500 Voice | 317-631-0500 Fax

**Support Coach: Please read the below statement to the client before asking any questions).**

HRH's goal is to help you get back on your feet as soon as possible. The questions you will be asked here will help us determine how we can better serve you. This form is for in-house tracking purposes only. Your name, address, and personal information will not be shared or distributed to anyone outside of HRH & HHOOT for any reason.

<b>Support Coach</b>		ID Verified by:	Date of this Questioner:
<b>Current Status</b> (Check all that apply): <input type="checkbox"/> Homeless <input type="checkbox"/> Veteran <input type="checkbox"/> ExOffender <input type="checkbox"/> Housed			
<b>Client Name or Street Name</b> (Optional):		Cell Phone:	
Mailing Address, City, ST, Zip (or camp you live in):		Alternate/Emergency Phone:	
Email Address (if any):		Single   Married   Divorced Separated   Widowed # of Children: 1 2 3 4 5 6	
How did you hear about HRH & HHOOT's Diner (Recommended By): <input type="checkbox"/> Prison/Jail <input type="checkbox"/> Flyer <input type="checkbox"/> Video <input type="checkbox"/> Probation/Parole <input type="checkbox"/> Friend <input type="checkbox"/> Called-In <input type="checkbox"/> Walked-In		Last four of SS #:	
<input type="checkbox"/> Juvenile (18 or under)   Adult: <input type="checkbox"/> 19-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> Senior-65 & over		DOB (optional):	Age:
<input type="checkbox"/> European American <input type="checkbox"/> African American <input type="checkbox"/> Latino American <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Jewish American <input type="checkbox"/> Muslim American <input type="checkbox"/> Non-Citizen <input type="checkbox"/>			
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Sexual Orientation:	
Religion (if any) (optional)	<input type="checkbox"/> Christian <input type="checkbox"/> None <input type="checkbox"/>		
<b>V E T</b>	Served in the Armed Forces - Y N   Honorably Discharged - Y N   Have your DD 214 - Y N Other Than Honorable - Y N N/A   Discharged under other than Dishonorable - Y N N/A Disabled in Military - Y N   <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/>		
<b>R E E N T R Y</b>	<input type="checkbox"/> Never done time <input type="checkbox"/> ExOffender <input type="checkbox"/> DOC <input type="checkbox"/> Jail How Long have you been Out:        years        months   Total Time Served:        years        months On Probation – Y N   On Parole – Y N   Has a pending case - Y N   In Work Release - Y N N/A Community Corrections - Y N N/A   On Home Detention - Y N N/A   On a GPS - Y N N/A Sex Offender - Y N N/A   Have you registered as a S/O - Y N N/A Violent Offender - Y N N/A   Have you registered as a V/O - Y N N/A		
In your opinion, why are you homeless?	<input type="checkbox"/> N/A <input type="checkbox"/> No Place to Live <input type="checkbox"/> No Job <input type="checkbox"/> Just Lost Job <input type="checkbox"/> Disabled-can't work Problems with: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental <input type="checkbox"/> Anger (Do not ask specific medical questions)		
Where do you go, or what to you do all day?	<input type="checkbox"/> N/A <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Sleep <input type="checkbox"/> Walk Around <input type="checkbox"/> Library <input type="checkbox"/> Other		
What do you do to make money?	<input type="checkbox"/> N/A <input type="checkbox"/> Work-Full time <input type="checkbox"/> Work-Part time <input type="checkbox"/> Work-Temp Service <input type="checkbox"/> Panhandle <input type="checkbox"/> Disability <input type="checkbox"/> VA Disability <input type="checkbox"/> Pension <input type="checkbox"/> VA Pension <input type="checkbox"/> On SS <input type="checkbox"/> On SSI <input type="checkbox"/> Scrap <input type="checkbox"/> Something illegal <input type="checkbox"/> Other		
Where are you staying while homeless?	<input type="checkbox"/> N/A <input type="checkbox"/> Shelter <input type="checkbox"/> Halfway House <input type="checkbox"/> Your Car/Van <input type="checkbox"/> Abandon House <input type="checkbox"/> Friend's Couch <input type="checkbox"/> Family member's couch <input type="checkbox"/> Camp-Location <input type="checkbox"/> Other		
Why do you visit HRH & HHOOT?	<input type="checkbox"/> HHOOT's Diner (hot meal) <input type="checkbox"/> Clothing <input type="checkbox"/> Personal Hygiene Items <input type="checkbox"/> Support Coach <input type="checkbox"/> Information & Referrals <input type="checkbox"/> Other		
Days you come to HHOOT's Diner?	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (not open) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Where else do you eat and/or get help?			
How else can HRH & HHOOT help you?			