HMIS Intake and Enrollment Form
Coordinated Entry

For persons entering HMIS project type: **Coordinated Entry**

Identification-*All fields required unless otherwise noted*

First Name: _____   **Middle Name:** _____

Last Name: _____   **Suffix:** _____

Name Data Quality Did the client provide their full name?	Social Security Number (SSN) _____-_____-_____	Birth Date (DOB) _____/_____/_____
☐Full Name Reported ☐Partial, street name, or code name reported ☐Client doesn't know ☐Client prefers not to answer	☐Full SSN reported ☐Approximate or partial SSN reported ☐Client doesn't know ☐Client prefers not to answer	☐Approximate or partial DOB reported ☐Full DOB reported ☐Client doesn't know ☐Client prefers not to answer

Basic Demographics-*All fields required unless otherwise noted*

Race and Ethnicity *(Check all that apply)*

☐**American Indian, Alaska Native, or Indigenous** – A person who identifies with any of the original peoples of North, Central, and South America. Ex. include, but are not limited to, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Tlingit, etc.

☐**Asian or Asian American** – A person who identifies with one or more nationalities or ethnic groups originating in East Asia, Southeast Asia, or the Indian subcontinent. Ex. include, but are not limited to, Chinese, Indian, Japanese, Korean, Pakistani, Vietnamese, or another representative nation/region.

☐**Black, African American, or African** – A person who identifies with one or more nationalities or ethnic groups originating in any of the Black racial groups of Africa, including Afro-Caribbean. Ex. include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali.

☐**Hispanic/Latina/e/o** – A person who identifies with one or more nationalities or ethnic groups originating in Mexico, Puerto Rico, Cuba, Central and South American and other Spanish cultures. Ex. include but not limited to, Mexican or Mexican American, Puerto Rican, Cuban, Salvadorian, Dominican, and Columbian.

☐**Middle Eastern or North African** – A person who identifies with one or more nationalities or ethnic groups with origins in the Middle East and North Africa. Ex. include, but are not limited to, Lebanese, Iranian, Egyptian, Syrian, Moroccan, and Israeli.

☐**Native Hawaiian or Pacific Islander** – A person who identifies with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or another Pacific Island.

☐**White** – A person who identifies with one or more nationalities or ethnic groups originating in Europe. Ex. include, but are not limited to, German, Irish, Polish, English, French, and Norwegian.

☐**Client doesn't know**

☐**Client prefers not to answer**

Additional Race and Ethnicity Detail: _____

Gender *(Check all that apply)*   Client authorizes update in HMIS if gender is different?   ☐Yes   ☐No

☐**Woman** (Girl if child) - Client identifies as a woman, or girl in the case of a child under the age of 18

☐**Man** (Boy if child) - Client identifies as a man, or boy in the case of a child under the age of 18

☐**Culturally Specific Identity** (e.g. Two Spirit) - Client identifies with an identity that is exclusive to a particular culture. For example, Two-Spirit refers to a Native North American gender identity

☐**Transgender** - Client identifies with a transgender history, experience, or identity

☐**Non-binary** – Client does not identify exclusively as a man or a woman

☐**Questioning** - Client who may be unsure, may be exploring, or may not relate to or identify with a gender identity at this time. Note that 'Client does not know' is different from 'Questioning'. 'Questioning' is about exploring one's gender identity'. 'Client doesn't know' should only be selected when a client does not know their gender from the options available.

☐**Different Identity** *(Please specify)*: _____

☐**Client doesn't know**

☐**Client prefers not to answer**

Veteran Status *(Have you ever served in the U.S. Military?)*
☐Yes ☐No ☐Client does not know ☐Client prefers not to answer

Mailing Address and Contact Information *(Includes, not limited to, service organizations, access centers, emergency shelter, transitional housing, client residence)*
Address: _____ City, State, Zip Code: _____ Email: _____ Main Phone: _____ Message Phone: _____

Name of Head of Household: _____

Relationship to Head of Household

☐Self	☐Son
☐Daughter	☐Dependent child
☐Spouse	☐Other Family Member
☐Other Non-Family Member	

Project Start Date:	_____/_____/_____

Universal Data Assessment

Disabling Condition
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer

Living Situation: *Identify the type of residence and length of stay at that residence just prior to program admission*
1. **What was the situation you were living in immediately prior to project entry?** *(The night before)*

Literally Homeless	**Institutional Situations**	**Temporary Housing**	**Permanent Housing**

☐Place not meant for habitation:
  ☐**Car/ Truck/Van**
  ☐ **RV**
  ☐**Other**
☐Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home shelter
☐Safe Haven
 	
If selection made, continue to question 2, 3-5
	☐Foster Care home or foster care group home
	☐Hospital or other residential non-psychiatric medical facility
	☐Jail, prison, or juvenile detention facility
	☐Long-term care facility or nursing home
	☐Psychiatric hospital or other psychiatric facility
	☐Substance abuse treatment facility or detox center
	
	If selection made, continue to question 1a
		☐Transitional Housing for homeless persons (including homeless youth)
		☐Residential project or halfway house with now homeless criteria
		☐Hotel or motel paid for without emergency shelter voucher
		☐Host Home (non-crisis)
		☐Staying or living in a family member's room, apartment or house
		☐Staying or living in a friend's room, apartment, or house
		
		If selection made, continue to question 1b
			☐Rental by client, with no ongoing housing subsidy
			☐Rental by client, with other ongoing housing subsidy
			Subsidy Type:
			☐GPD TIP housing subsidy
			☐VASH housing subsidy
			☐RRH or equivalent subsidy
			☐HCV voucher (tenant or project based) (not dedicated)
			☐Public Housing Unit
			☐Rental by client, with other ongoing housing subsidy
			☐Emergency Housing Voucher
			☐Family Unification Program Voucher (FUP)
			☐Foster Youth to Independence Initiative (FYI)
			☐Permanent Supportive Housing
			☐ Other permanent housing dedicated for formerly homeless persons
			☐Owned by client, with ongoing housing subsidy
			☐Owned by client, no ongoing subsidy
			
			If selection made, continue to question 1b

☐Client doesn't know ☐Client prefers not to answer			

1a. Did you stay less than 90 days? *(*Pertains to Institutional Situation)*
☐Yes *(Continue to questions 2-2a)* ☐No *(Continue to question 2, then to Health Insurance)* ☐Client doesn't know ☐Client prefers not to answer

1b. Did you stay less than 7 nights? *(*Pertains to Transitional & Permanent Housing Situations)*
☐Yes *(Continue to questions 2-2a)* ☐No *(Continue to question 2, then to Health Insurance)* ☐Client doesn't know ☐Client prefers not to answer

2. Length of stay in prior living situation?
☐One night or less ☐Two to six nights ☐One week or more, but less than one month ☐One month or more, but less than 90 days ☐90 days or more, but less than one year ☐One year or longer ☐Client doesn't know ☐Client prefers not to answer

2a. On the night before did you stay on the street, Emergency Shelter, or Save Haven?
☐Yes *(Continue to questions 3-5)* ☐No *(Continue to Health Insurance)* ☐Client doesn't know ☐Client prefers not to answer

3. Approximate date *this episode* of homelessness started: _____/_____/_____

4. Regardless of where they stayed last night, number of times client has been on the streets, ES, or SH in the past three years including today?
☐One time ☐Two times ☐Three times ☐Four or more times ☐Client doesn't know ☐Client prefers not to answer

5. Total number of months homeless on the streets, in ES, or SH in the past three years?
☐One Month (this time is the first month) ☐2-12 months (_____ months) ☐More than 12 months ☐Client doesn't know ☐Client prefers not to answer

Health Insurance

☐Yes *(Select source)* ☐No ☐Client doesn't know ☐Client prefers not to answer

Health Insurance Sources *(Check all that apply)*

☐Private Pay Health Insurance	☐Medicare
☐MEDICAID	☐Health Net (Medi-Cal)-Adults
☐Health Net (Medi-Cal)-Children	☐Health Plan of San Joaquin (Medi-Cal)-Adults
☐Health Plan of San Joaquin (Medi-Cal)-Children	☐State Children's Health Insurance (Medi-Cal)
☐Veteran's Health Administration (VHA)	☐Employer Provided Health Insurance
☐Health Insurance obtained through COBRA	☐State Funded Insurance for Adults (Medi-Cal)
☐Indian Health Services Program (IHS)	☐Other: _____

Translation Assistance Needed *(Head of Household Only)*

☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer

Preferred Language

☐Arabic	☐Armenian	☐Cambodian	☐Cantonese	☐English
☐French	☐German	☐Hmong	☐Italian	☐Japanese
☐Korean	☐Mandarin	☐Mien	☐Portuguese	☐Russian
☐Samoan	☐Spanish	☐Tagalog	☐Thai	☐Vietnamese

☐Different Preferred Language

If Different Preferred Language, please specify: _____

Self Sufficiency Matrix (Enter completed matrix into HMIS)	
Triage Assessment	
Assessment Location?	**Assessment Type?**
☐Stanislaus Community Care System	☐Phone ☐Virtual ☐In Person
Information Date: _____/_____/_____	**Triage Assessment Collection Point**: ☐Entry ☐Update ☐Exit

Current Living Situation

1. Living Situation

Literally Homeless	Institutional Situations	Temporary Housing	Permanent Housing

☐Place not meant for habitation:
  ☐**Car/ Truck/Van**
  ☐ **RV**
  ☐**Other**
☐Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home shelter
☐Safe Haven
 	
If selection made, continue to Contact Service
	☐Foster Care home or foster care group home
	☐Hospital or other residential non-psychiatric medical facility
	☐Jail, prison, or juvenile detention facility
	☐Long-term care facility or nursing home
	☐Psychiatric hospital or other psychiatric facility
	☐Substance abuse treatment facility or detox center
	
	If selection made, continue to question 2
		☐Transitional Housing for homeless persons (including homeless youth)
		☐Residential project or halfway house with now homeless criteria
		☐Hotel or motel paid for without emergency shelter voucher
		☐Host Home (non-crisis)
		☐Staying or living in a family member's room, apartment or house
		☐Staying or living in a friend's room, apartment, or house
		
		If selection made, continue to question 2
			☐Rental by client, with no ongoing housing subsidy
			☐Rental by client, with other ongoing housing subsidy
			  Subsidy Type:
			  ☐GPD TIP housing subsidy
			  ☐VASH housing subsidy
			  ☐RRH or equivalent subsidy
			  ☐HCV voucher (tenant or project based) (not dedicated)
			  ☐Public Housing Unit
			  ☐Rental by client, with other ongoing housing subsidy
			  ☐Emergency Housing Voucher
			  ☐Family Unification Program Voucher (FUP)
			  ☐Foster Youth to Independence Initiative (FYI)
			  ☐Permanent Supportive Housing
			  ☐ Other permanent housing dedicated for formerly homeless persons
			☐Owned by client, with ongoing housing subsidy
			☐Owned by client, no ongoing subsidy
			If selection made, continue to question 2

☐**Other: _____** ☐Client doesn't know ☐Client prefers not to answer

2. Is client going to have to leave their current living situation within 14 days?
☐Yes *(Continue to questions 3-6)* ☐No *(Continue to Contact Service)* ☐Client doesn't know ☐Client prefers not to answer
3. Has a subsequent residence been identified?
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
4. Does client or family have resources or support networks to obtain other permanent housing?
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
5. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
6. Has the client moved 2 or more times in the last 60 days?
☐yes ☐No ☐Client doesn't know ☐Client prefers not to answer

Contact Service Information

Record Contact *(Please list the service provided):* _____

Geolocation: ☐(Reminder to check box in HMIS)☐

Additional Questions

1a. Is there violence or conflict in the place you were staying last night?

☐Yes   ☐No   ☐Client doesn't know   ☐Client prefers not to answer

1b. Is your health or safety at risk in the place you were staying last night?

☐Yes *(continue to 1c)*   ☐No *(Prioritization Status)*   ☐Client doesn't know   ☐Client prefers not to answer

1c. Do you have another place to go?

☐Yes *(continue to 1d)*

☐No, Special Intervention likely needed. If DV may not be able to use HMIS (comment): _____

☐Client doesn't know

☐Client prefers not to answer

1d. How long could you potentially stay?

☐One night or less	☐Two to six nights
☐One week or more, but less than one month	☐One month or more, but less than 90 days
☐90 days or more, but less than one year	☐One year or longer
☐Client doesn't know	☐Client prefers not to answer

Prioritization Status:	☐Placed on prioritization list ☐Not placed on prioritization listHousing Needs

Assessment-VI-SPDAT (Enter completed VI-SPDAT into HMIS)