Client ID:

Project Name: \_\_\_\_\_ Staff Name: \_\_\_\_\_

## Intake and Enrollment Form RHY Outreach

For persons entering HMIS project type: RHY Outreach

Identification-All fields required unless otherwise noted					
First Name: Middle Name:					
Last Name:	ast Name: Suffix:				
Name Data Quality	,	Social Security Number (SSN)	Birth Date (DOB)		
Did the client provi	de their full name?		//		
Full Name Report	ed	□Full SSN reported	□Approximate or partial DOB		
□Partial, street nar	ne, or code name reported	□ Approximate or partial SSN	reported		
□Client doesn't kno	w	reported	□Full DOB reported		
□Client prefers not	to answer	Client doesn't know	□Client doesn't know		
		□Client prefers not to answer	□Client prefers not to answer		
Basic Demograph	ics-All fields required unless oth	erwise noted			
<b>Race and Ethnicity</b>	(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 Rica, Cuban, Salvadorian, Dominican, and Columbian.         Middle East end 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 Hawaii, Guam, Samoa, or another Pacific Island.         Othide East and North Africa. Ex. include, but are not limited to, Lebanese, Iranian, Egyptian, Syrian, Moroccan, and Israeli.         Mitdle East and North Africa. Ex. include, bu					
Additional Race and Ethnicity Detail:					
<b>Woman</b> (Girl if child) - Client identifies as a woman, or girl in the case of a child under the age of 18					
$\Box$ <b>Man</b> (Boy if child) - Client identifies as a man, or boy in the case of a child under the age of 18					
<b>Culturally Specific Identity</b> (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					
□ <b>Transgender</b> - Client identifies with a transgender history, experience, or identity					
Non-binary – Client does not identify exclusively as a man or a woman					
<b>Questioning</b> - 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 does not know their gender from the options available.					
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					
Pregnancy	□Yes* <mark>(Due Date:/</mark> /	_) □No □Client doesn't kn	ow Client prefers not to answer		

Veteran Status (Have you ever served in the U.S. Military?)					
□Yes □No	□Yes □No □Client does not know □Client prefers not to answer				
<b>Mailing Address ar</b>	d Contact Information (Incl	udes, not limited to, service organ	izations, access centers, emergency		
shelter, transitional h	nousing, client residence)				
Address:					
City, State, Zip Code:					
Relationship to Head	d of Household				
□Self		on			
□Daughter		ependent child			
		ther Family Member			
□ Other Non-Family					
Project Start Date:					
Date of Engagemen					
Universal Data Ass		<mark>_</mark>			
Disabling Condition					
		Client prefers not to answer			
		id length of stay at that residence	just prior to program admission		
		nediately prior to project entry?			
Literally Homeless	Institutional Situations	Temporary Housing	Permanent Housing		
$\Box$ Place not meant	□ Foster Care home or foster	Transitional Housing for	$\Box$ Rental by client, with no ongoing		
for habitation:	care group home	homeless persons (including	housing subsidy		
Car/ Truck/Van	□Hospital or other residential	homeless youth)	$\Box$ Rental by client, with other ongoing		
	non-psychiatric medical	Residential project or halfway	housing subsidy		
□ Other					
Emergency Shelter,	facility	house with now homeless criteria	Subsidy Type:		
	□Jail, prison, or juvenile	□Hotel or motel paid for without	□ GPD TIP housing subsidy □ VASH housing subsidy		
including hotel or	detention facility	emergency shelter voucher	$\Box$ RRH or equivalent subsidy		
motel paid for with	□Long-term care facility or	□Host Home (non-crisis)	$\Box$ HCV voucher (tenant or		
emergency shelter	nursing home	□Staying or living in a family	project based) (not dedicated)		
voucher or Host	□ Psychiatric hospital or other	member's room, apartment or	□ Public Housing Unit		
Home shelter	psychiatric facility	house	$\Box$ Rental by client, with other		
□Safe Haven	□Substance abuse treatment	□Staying or living in a friend's	ongoing housing subsidy		
	facility or detox center	room, apartment, or house	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		
□ Client doesn't know					
$\Box$ Client prefers not t					

2. Length of stay in prior living situation?					
			to six nights		
$\Box$ One week or more, but less than one month $\Box$ O			e month or more, but less than 90 days		
			year or longer		
□Client doesn't know		□Clien	t prefers not to answer		
3. Approximate date this	episode of homelessness st	tarted:	_//		
-		er of times o	lient has been on the streets, ES, or SH in the past		
three years including to	oday?				
□One time		□Two			
□Three times			or more times		
□Client doesn't know			t prefers not to answer		
5. Total number of month					
□One Month (this time is th	ne first month)		months ( months)		
□More than 12 months		□Clien	t doesn't know		
□Client prefers not to answ	er				
Health Insurance					
$\Box$ Yes (Enter source) $\Box$ No	D □Client doesn't know	w □Clie	nt prefers not to answer		
Health Insurance Sources					
Private Pay Health Insurar	nce	$\Box$ Medicare			
		□Health Ne	t (Medi-Cal)-Adults		
□Health Net (Medi-Cal)-Chi	ldren	□Health Pla	ın of San Joaquin (Medi-Cal)-Adults		
			ren's Health Insurance (Medi-Cal)		
			Provided Health Insurance		
			ded Insurance for Adults (Medi-Cal)		
□Indian Health Services Program (IHS) □Other:					
Barriers (Check all that app	n(v)				
		indefinite d	uration? Does it substantially impede the client's		
Is the barrier expected to be long-continued or of indefinite duration? Does it substantially impede the client's availability to live independently; and could be improved by the provision of suitable housing?					
Barrier Present		Condition is indefinite			
□Alcohol Disorder	□Yes □No □Doesn't know		□Yes □No □Doesn't know		
	□ Client prefers not to answer		Client prefers not to answer		
Chronic Health	□ Yes □No □Doesn't know		□Yes □No □Doesn't know		
Condition	$\Box$ Client prefers not to answer		Client prefers not to answer		
	□Yes □No □Doesn't know				
Disability	$\Box$ Client prefers not to answer				
Drug Use Disorder	$\Box$ Yes $\Box$ No $\Box$ Doesn't know		□Yes □No □Doesn't know		
	$\Box$ Client prefers not to answer		Client prefers not to answer		
	$\Box$ Yes $\Box$ No $\Box$ Doesn't know				
	□ Client prefers not to answer				
□Mental Health Disorder	□Yes     □No     □Doesn't know		YesNoDoesn't know		
			Client prefers not to answer		
□Physical Disability	□Yes □No □Doesn't kn		□Yes □No □Doesn't know		
	□Client prefers not to ans		Client prefers not to answer		

Domestic Violence Survivor				
Domestic Violence Experience?				
□Yes (Answer questions below) □No □Client	doesn't know Client prefers not to answer			
When experience occurred?				
□Within the past 3 months	□3 months to 6 months ago (xcluding 6 mos exactly)			
$\Box$ 6 months to one year ago (excluding 1 year exactly)	□One year ago or more			
□Client doesn't know	□Client prefers not to answer			
If yes, are you currently fleeing?				
□Yes □No □Client doesn't know □Client prefers not to answer				
Financial Assessment				
Does client have any source of Income? (If Yes, check all	that apply)			
□Yes □No □Client doesn't know □Clien	t prefers not to answer			
Income Source	Monthly Amount			
Earned Income (employment wages/cash)	\$			
□Unemployment Insurance	\$			
□Supplemental Security Income (SSI)	\$			
□Social Security Disability Insurance (SSDI)	\$			
Private Disability Insurance	\$			
□Workers Compensation	\$			
□VA Service-Connected Disability Compensation	\$			
□VA Non-Service Connected Disability Pension	\$			
Pension of Retirement Income from a job	\$			
TANF (CalWorks)	\$			
□General Assistance	\$			
Retirement (Social Security)  \$				
□Child Support	\$			
	\$			
□Other Income	\$			
Does client have any Non-Cash Benefits? (If Yes, check al	** **			
□Yes □No □Client doesn't know □Client prefers not to answer				
Non-Cash Benefits	Monthly Amount			
□ Special Supplemental Nutrition Program for Woman,				
Infants, and Children	\$			
Food Stamps (CalFresh) SNAP	\$			
CalWorks Child Care/TANF Child Care Services	\$			
□CalWorks Transportation (TANF)	\$			
Other CalWorks-Funded Services (TANF)	\$			
□Other Sources	\$			

## Contact

**Current Living Situation** 

1

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## 1. Living Situation

Literally Homeless	Institutional Situations	Temporary Hous	ing	Permanent Housing	
□Place not meant for	□ Foster Care home or	□Transitional Hous	-	Rental by client, with no ongoing housing	
habitation:	foster care group home	homeless persons (	•	subsidy	
□Car/ Truck/Van	□Hospital or other	homeless youth)		Rental by client, with other ongoing	
□ RV	residential non-	□Residential proje	ct or	housing subsidy	
Other	psychiatric medical	halfway house with		Subsidy Type:	
□Emergency Shelter,	facility	homeless criteria		□GPD TIP housing subsidy	
including hotel or motel	□Jail, prison, or juvenile	□Hotel or motel pa	aid for	□VASH housing subsidy	
paid for with emergency	detention facility	without emergency	/ shelter	□RRH or equivalent subsidy	
shelter voucher or Host	□Long-term care facility	voucher		□ HCV voucher (tenant or project based) (not	
Home shelter	or nursing home	□Host Home (non-	-crisis)	dedicated) □Public Housing Unit	
□Safe Haven	□Psychiatric hospital or	□Staying or living i	na	Rental by client, with other ongoing	
	other psychiatric facility	family member's ro	oom,	Housing subsidy	
	□Substance abuse	apartment or house	e	Emergency Housing Voucher	
*If selection made,	treatment facility or	□Staying or living i		□ Family Unification Program Voucher (FUP)	
continue to Contact	detox center	friend's room, apar	tment,	□ Foster Youth to Independence Initiative	
Service		or house		(FYI)	
	*If selection made,			Permanent Supportive Housing Other permanent housing dedicated for	
	continue to question 2	*If selection made,		formerly homeless persons	
		continue to question	on 2	Owned by client, with ongoing housing	
				subsidy	
				□Owned by client, no ongoing subsidy	
				*If selection made, continue to question 2	
□Other:	DC	lient doesn't know	□Cl	lient prefers not to answer	
2. Is client going to have	to leave their current livir	ng situation within	14 days?		
□Yes (Continue to questions 3-6) □No (Continue to Record Contact) □Client doesn't know □Client prefers not to answer					
3. Has a subsequent resi	dence been identified?				
□Yes □No □Cl	ient doesn't know □C	lient prefers not to	answer		
4. Does the individual 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?					
		client prefers not to	answer		
	2 or more times in the last				
	ient doesn't know	client prefers not to	answer		
Record Contact					
Contact Service (Please list	the service provided):				
Translation Assistance Needed (Head of Household Only)					
□Yes □No □Cl	ient doesn't know □C	lient prefers not to	answer		
Preferred Language					
□Arabic □Armenian	i 🗆 Cambodian 🗆	Cantonese 🛛	English		
□French □German	□Hmong □	Italian 🗆	Japanese		
□Korean □Mandarir	-		Russian		
□Samoan □Spanish		0	Vietname	se	
	guage (If Different Preferr				