HMIS Intake and Enrollment Form
VA GPD

☐ *Also for persons entering CES Enrollment (reminder to collect the VISPDAT & Self-Sufficiency)*

Client ID: ____________________

Project Name: ____________________

Staff Completing HMIS Form: ____________________

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 Refused	☐ Full SSN reported ☐ Approximate or partial SSN reported ☐ Client Doesn't Know ☐ Client Refused	☐ Approximate or partial DOB reported ☐ Full DOB reported ☐ Client Doesn't Know ☐ Client Refused

Basic Demographics – All fields required unless otherwise noted

Ethnicity

☐ **Hispanic/Latino(a)(o)(x)** *is a person of Central American, Latin American, or South American origin, separate from race.*
☐ **Non-Hispanic/ Non-Latino(a)(o)(x)** *is a person NOT of Central American, Latin American, or South American origin, separate from race.*
☐ **Client Doesn't Know**
☐ **Client Refused**

Race (Check all that apply)

☐ **American Indian, Alaska Native, or Indigenous** *is a person having origins to any of the indigenous peoples of North and South America, including Central America.*
☐ **Asian or Asian American** *is a person having origins of Asian descent, including but not limited to Chinese, Indian, Japanese, Korean, Pakistani, Vietnamese, or another representative nation/region.*
☐ **Black, African American, or African** *is a person having origins to any of the Black racial groups of Africa, including Afro-Caribbean.*
☐ **Native Hawaiian or Pacific Islander** *is a person having origins in any of the indigenous peoples of Hawaii, Guam, Samoa, or another Pacific Island.*
☐ **White** *is a person having origins in any of the original peoples of Europe, the Middle East or North Africa.*
☐ **Client Doesn't Know**
☐ **Client Refused**

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

☐ **Female** *is a person who lives or identifies as female.*
☐ **Male** *is a person who lives or identifies as male.*
☐ **A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)** *is a person who lives or identifies as a gender other than female, a gender other than male, a gender outside the binary, no gender, more than one gender, a culturally specific gender, or a gender that changes over time.*
☐ **Transgender** *is a person who lives or identifies with a transgender history, experience, or identity.*
☐ **Questioning** *is a person who may be unsure, may be exploring, or may not relate to or identify with a gender identity at this time.*
☐ **Client Doesn't Know**
☐ **Client Refused**

Veteran (Have you ever served in the U.S. Military?)	☐ Yes ☐ Client Doesn't Know ☐ No ☐ Client Refused
Mailing Address and Contact Information (Includes, but not limited to; service organizations, access centers, emergency shelter, transitional housing, client residence)	Address:______________________ City, State, Zip Code: ______________________ Email:______________________ Main Phone: ______________________ Message Phone: ______________________
Relationship to Head of Household	☐ Self ☐ Dependent Child ☐ Other: Non-Family Member ☐ Son ☐ Spouse ☐ Daughter ☐ Other: Family Member

Disabling Condition	□ Yes □ No	□ Client Doesn't Know □ Client Refused	
VMAC Station Number	□ 640 Palo Alto	□ 662 San Francisco	□ Other:___________
Project Start Date	_____/_____/_______		
Universal Data Assessment			
Living Situation: Identify the type of residence and length of stay at that residence just prior to (i.e., program admission)			
Literally Homeless Situations **1. What was the living Situation you were living in immediately prior to project entry?** □ Place not meant for habitation: □ **Car/Truck/Van** □ **RV** □ **Other** □ Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter □ Safe Haven	**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 refused	**3.What approximate date did you start living on the streets, emergency shelter, or safe haven? (Approximate date homelessness started)** _______/_________/___________	
4. Regardless of where they stayed last night -- Number of times the client has been on the streets, in 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 Refused	
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)	□ More than 12 □ Client Doesn't Know □ Client Refused	
Institutional Situations **1. What was the living Situation you were living in immediately prior to project entry?** □ 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	**2. Did you stay less than 90 Days** □ Yes (Continue to questions 3-4) □ No (Continue to question 3 and then Enter Wellness Assessment)	**3. 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 refused	
4. On the night before did you stay on the street, Emergency Shelter, or Safe Haven	□ Yes(Continue to questions 5-7) □ Client Doesn't Know	□ No (Continue with Wellness Assessment) □ Client Refused	
5. What approximate date did you start living on the streets, emergency shelter, or safe haven? *(Approximate date homelessness started)*	_______/_________/___________		
6. Regardless of where they stayed last night, Number of times the client has been on the streets, in 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 Refused	
7. 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)	□ More than 12 □ Client Doesn't Know □ Client Refused	

Transitional & Permanent Housing Situations **1. What was the living Situation you were living in immediately prior to project entry?**	**2. Did you stay less than 7 Nights**	**3. Length of stay in prior living Situation?**
□ Residential project or halfway house with no homeless criteria □ Hotel or motel paid for without emergency shelter voucher □ Rental by client, with VASH housing subsidy □ Transitional housing for homeless persons (including homeless youth) □ Host Home (non-crisis) □ Staying or living in a friend's room, apartment or house □ Staying or living in a family member's room, apartment or house □ Rental by client, with GPD TIP subsidy □ Permanent housing (Other than RRH) for formerly homeless persons □ Rental by client, with RRH or equivalent subsidy □ Rental by client, with HCV voucher (tenant or project based) □ Rental by client, in a public housing unit □ Rental by client, no ongoing housing subsidy □ Rental by client, with other ongoing housing subsidy □ Owned by client, with ongoing housing subsidy □ Owned by client, no ongoing housing subsidy □ Client Doesn't Know □ Client Refused	□ Yes (Continue to questions 3-4) □ No (Answer 3 then continue to Wellness Assessment)	□ 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 refused
4. On the night before did you stay on the street, Emergency Shelter, or Safe Haven	□ Yes(Continue to questions 5-7) □ Client Doesn't Know	□ No (Continue with Wellness Assessment) □ Client Refused
5. What approximate date did you start living on the streets, emergency shelter, or safe haven? *(Approximate date homelessness started)*	________/________/__________	
6. How many times has the client been homeless on the streets, in shelters in the past 3 years?	□ One Time □ Two Times □ Three Times	□ Four or more times □ Client Doesn't Know □ Client Refused
7. 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)	□ More than 12 □ Client Doesn't Know □ Client Refused

Health Insurance		
Yes (Enter the Source)	□ No □ Client Doesn't Know	□ Client Refused
Health Insurance Sources	□ Private Pay Health Insurance □ Medicare □ Health Net (Medi-cal) □ Health Plan of San Joaquin (Medi-cal) □ MEDICAID □ State Children's Health Insurance (SCHIP) □ Child's Health Net (Medi-cal) □ Child's Health Plan of San Joaquin (Medi-	□ VA Medical Services □ Employer Provided Health Insurance □ Health Insurance obtained through COBRA □ State Health Insurance Adults (Medi-cal) □ Indian Health Services Program □ Other ____________________

Military Service History			
Date Entered Military Service	____/____/________	**Date Separated Military Service**	____/____/________
Branch of the Military	□ Army □ Air Force □ Navy □ Marines	□ Coast Guard □ Client Doesn't Know □ Client Refused	
Discharge Status	□ Honorable □ General under Honorable Conditions □ Under other than honorable conditions (OTH) □ Bad conduct	□ Dishonorable □ Uncharacterized □ Client Doesn't Know □ Client Refused	
Theater of Operations	□ Yes (Answer questions below) □ No □ Client Doesn't Know □ Client Refused		
Please Mark All that apply	□ World War II □ Vietnam War □ Persian Gulf War (Operation Desert Storm) □ Afghanistan (Operation Enduring Freedom) □ Iraq (Operation Iraqi Freedom)	□ Iraq (Operation New Dawn) □ Other Peace-keeping Operations or Military Interventions (Such as Lebanon, Panama, Somalia, Bosnia, Kosovo) □ Korean War	
Connection with SOAR	□ Yes □ No	□ Client Doesn't Know □ Client Refused	

Barriers:		
	Barrier Present	**Condition is Indefinite**
Alcohol Use Disorder	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Chronic Health Condition	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Developmental Disability	□ Yes □ No □ Don't Know □ Client Refused	
Drug Use Disorder	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
HIV/AIDS	□ Yes □ No □ Don't Know □ Client Refused	
Mental Health Disorder	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Physical Disability	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused

Domestic Violence		
Domestic Violence Experience?	□ Yes (Answer questions below) □ No	□ Client Refused □ Client Doesn't Know
When Experience Occurred?	□ Within the past 3 months □ 3 months to 6 months ago □ 6 months to one year	□ One year ago or more □ Client Doesn't Know □ Client Refused
If yes, are you currently fleeing?	□ Yes □ No	□ Client Doesn't Know □ Client Refused

Financial Assessment			
Income Source ☐ Yes (Check all Sources that Apply) ☐ No ☐ Client Doesn't Know ☐ Client Refused	**Stated Income (Monthly)**	**Non-Cash Resources** ☐ Yes (Check all Sources that Apply) ☐ No ☐ Client Doesn't Know ☐ Client Refused	**Stated Amounts (Monthly)**
☐ Earned Income *(employment wages / cash)*	$	☐ Special Supplemental Nutrition Program for Women, Infants and Children	$
☐ Unemployment Insurance	$	☐ Food Stamps (CalFresh) SNAP	$
☐ Supplemental Security Income (SSI)	$	☐ CalWorks Child Care/TANF Child Care Services	$
☐ Social Security Disability Income (SSDI)	$	☐ CalWorks Transportation (TANF)	$
☐ Private Disability Insurance	$	☐ Other CalWorks-Funded Services (TANF)	$
☐ Workers Compensation	$	☐ Other	$
☐ VA Service-Connected Disability Compensation	$		
☐ VA Non-Service-Connected Disability Pension	$		
☐ Pension or Retirement income from a job	$		
☐ TANF	$		
☐ General Assistance	$		
☐ Retirement (Social Security)	$		
☐ Child Support	$		
☐ Alimony	$		
☐ Other Income	$		

Employment Assessment			
Is the client employed?	☐ Yes (Answer Below) ☐ Full-Time ☐ Part-Time ☐ Seasonal/Sporadic	☐ No (Answer Below) ☐ Looking for Work ☐ Unable to Work ☐ Not looking for work	☐ Client Doesn't Know ☐ Client Refused