

HMIS Intake and Enrollment Form

CoC/ESG/Private Funded

Client ID: _____

Project Name: _____

For persons entering HMIS project type: **Emergency Shelter**

Staff Completing HMIS Form: _____

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

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) ____ / ____ / ____
<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, street name, or code name reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Approximate or partial DOB reported <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> 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?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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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: _____
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Name of Head of Household			
Relationship to Head of Household	<input type="checkbox"/> Self <input type="checkbox"/> Son <input type="checkbox"/> Daughter	<input type="checkbox"/> Dependent Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other: Family Member	<input type="checkbox"/> Other: Non-Family Member
Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Project Start Date	____ / ____ / ____		

Universal Data Assessment		
Living Situation: Emergency Shelter Identify the type of residence and length of stay at that residence just prior to (i.e., program admission)		
<p>1. What was the situation you were living in immediately prior to project entry? (The night before)</p>	<input type="checkbox"/> Place not meant for habitation: <input type="checkbox"/> Car/Truck/Van <input type="checkbox"/> RV <input type="checkbox"/> Other <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	
<p>2. Length of stay in prior living situation?</p>	<input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Permanent housing (Other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
<p>3. What approximate date did you start living on the streets, emergency shelter, or safe haven? (Approximate date homelessness started)</p>	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days _____ / _____ / _____	
<p>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?</p>	<input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Three Times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<p>5. Total Number of months homeless on the streets, in ES, or SH in the past three years?</p>	<input type="checkbox"/> One Month (this time is the first month) <input type="checkbox"/> 2-12 (____) months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

Universal Data Assessment

Living Situation: Coordinated Entry 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

6. 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?

- 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
- Data Not Collected

2. Did you stay less than 7 Nights

- Yes (Continue to questions 3-4)
- No (Answer 3 then continue to 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. 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-cal)
- VA Medical Services
- Employer Provided Health Insurance
- Health Insurance obtained through COBRA
- State Health Insurance Adults (Medi-cal)
- Indian Health Services Program
- Other _____

Barriers:			
	Barrier Present	Condition is Indefinite	
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused		
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused		
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
Domestic Violence			
Domestic Violence Experience?	<input type="checkbox"/> Yes (Answer questions below) <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
When Experience Occurred?	<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3 months to 6 months ago <input type="checkbox"/> 6 months to one year	<input type="checkbox"/> One year ago or more <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
If yes, are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Financial Assessment			
Income Source	Stated Income (Monthly)	Non-Cash Resources	Stated Amounts (Monthly)
<input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		<input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<input type="checkbox"/> Earned Income (<i>employment wages / cash</i>)	\$	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children	\$
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> Food Stamps (CalFresh) SNAP	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> CalWorks Child Care/TANF Child Care Services	\$
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$	<input type="checkbox"/> CalWorks Transportation (TANF)	\$
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$
<input type="checkbox"/> Workers Compensation	\$	<input type="checkbox"/> Other	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$		
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$		
<input type="checkbox"/> Pension or Retirement income from a job	\$		
<input type="checkbox"/> TANF	\$		
<input type="checkbox"/> General Assistance	\$		
<input type="checkbox"/> Retirement (Social Security)	\$		
<input type="checkbox"/> Child Support	\$		
<input type="checkbox"/> Alimony	\$		
<input type="checkbox"/> Other Income	\$		