

# HMIS Intake and Enrollment Form

## CoC/ESG/Private Funded

Client ID: \_\_\_\_\_

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

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

For persons entering HMIS project type: **Transitional Housing, any type of Permanent Housing/RRH, Services Only, Homeless Prevention, Day Shelter**

Identification-All fields required unless otherwise noted		
First Name: _____		Middle Name: _____
Last Name: _____		Suffix: _____
Name Data Quality	Social Security Number (SSN)	Birth Date (DOB)
Did the client provide their full name?	____-____-____	____/____/____
<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 prefers not to answer	<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 prefers not to answer	<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 prefers not to answer
Basic Demographics-All fields required unless otherwise noted		
Race and Ethnicity (Check all that apply)		
<input type="checkbox"/> <b>American Indian, Alaska Native, or Indigenous</b> – 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, Blackfoot Tribe, Mayan, Aztec, Tlingit, etc. <input type="checkbox"/> <b>Asian or Asian American</b> – 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. <input type="checkbox"/> <b>Black, African American, or African</b> – 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. <input type="checkbox"/> <b>Hispanic/Latina/e/o</b> – 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. <input type="checkbox"/> <b>Middle Eastern or North African</b> – 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. <input type="checkbox"/> <b>Native Hawaiian or Pacific Islander</b> – A person who identifies with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or another Pacific Island. <input type="checkbox"/> <b>White</b> – 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. <input type="checkbox"/> <b>Client doesn't know</b> <input type="checkbox"/> <b>Client prefers not to answer</b> <b>Additional Race and Ethnicity Detail:</b> _____		
Gender (Check all that apply)	Client authorizes update in HMIS if gender is different?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>Woman</b> (Girl if child) - Client identifies as a woman, or girl in the case of a child under the age of 18 <input type="checkbox"/> <b>Man</b> (Boy if child) - Client identifies as a man, or boy in the case of a child under the age of 18 <input type="checkbox"/> <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 <input type="checkbox"/> <b>Transgender</b> - Client identifies with a transgender history, experience, or identity <input type="checkbox"/> <b>Non-binary</b> – Client does not identify exclusively as a man or a woman <input type="checkbox"/> <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 doesn't know' should only be selected when a client does not know their gender from the options available. <input type="checkbox"/> <b>Different Identity (Please specify):</b> _____ <input type="checkbox"/> <b>Client doesn't know</b> <input type="checkbox"/> <b>Client prefers not to answer</b>		

<b>Veteran Status</b> <i>(Have you ever served in the U.S. Military?)</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client does not know <input type="checkbox"/> Client prefers not to answer			
<b>Mailing Address and Contact Information</b> <i>(Includes, not limited to, service organizations, access centers, emergency shelter, transitional housing, client residence)</i>			
Address: _____			
City, State, Zip Code: _____			
Email: _____			
Main Phone: _____			
Message Phone: _____			
<b>Name of Head of Household:</b> _____			
<b>Relationship to Head of Household</b>			
<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			
<b>Project Start Date:</b>	_____/_____/_____		
<b>Housing Move-In Date</b> <i>(All Permanent Housing Components) HOH Only</i>	_____/_____/_____		
<b>Universal Data Assessment</b>			
<b>Disabling Condition</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
<b>Living Situation: <i>Identify the type of residence and length of stay at that residence just prior to program admission</i></b>			
<b>1. What was the situation you were living in immediately prior to project entry? <i>(The night before)</i></b>			
<b>Literally Homeless</b>	<b>Institutional Situations</b>	<b>Temporary Housing</b>	<b>Permanent Housing</b>
<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 Host Home shelter <input type="checkbox"/> Safe Haven  <b><i>*If selection made, continue to questions 2, 3-5</i></b>	<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  <b><i>*If selection made, continue to question 1a</i></b>	<input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with now homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <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  <b><i>*If selection made, continue to question 1b</i></b>	<input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <b>Subsidy Type:</b> <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public Housing Unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing subsidy  <b><i>*If selection made, continue to question 1b</i></b>
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			

<b>1a. Did you stay less than 90 days? (*Pertains to Institutional Situation)</b>		
<input type="checkbox"/> Yes (Continue to questions 2-2a)	<input type="checkbox"/> No (Continue to question 2, then to Health Insurance)	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	
<b>1b. Did you stay less than 7 nights? (*Pertains to Transitional &amp; Permanent Housing Situations)</b>		
<input type="checkbox"/> Yes (Continue to questions 2-2a)	<input type="checkbox"/> No (Continue to question 2, then to Health Insurance)	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	
<b>2. Length of stay in prior living situation?</b>		
<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	
<input type="checkbox"/> 90 days or more, but less than one year	<input type="checkbox"/> One year or longer	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	
<b>2a. On the night before did you stay on the street, Emergency Shelter, or Save Haven?</b>		
<input type="checkbox"/> Yes (Continue to questions 3-5)	<input type="checkbox"/> No (Continue to Health Insurance)	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	
<b>3. Approximate date this episode of homelessness started: ___/___/___</b>		
<b>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?</b>		
<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 prefers not to answer	
<b>5. Total number of months homeless on the streets, in ES, or SH in the past three years?</b>		
<input type="checkbox"/> One Month (this time is the first month)	<input type="checkbox"/> 2-12 months ( <span style="background-color: yellow;">      </span> months)	
<input type="checkbox"/> More than 12 months	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Client prefers not to answer		
<b>Health Insurance</b>		
<input type="checkbox"/> Yes (Select source)	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>Health Insurance Sources (Check all that apply)</b>		
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> Medicare	
<input type="checkbox"/> MEDICAID	<input type="checkbox"/> Health Net (Medi-Cal)-Adults	
<input type="checkbox"/> Health Net (Medi-Cal)-Children	<input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Adults	
<input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Children	<input type="checkbox"/> State Children's Health Insurance (Medi-Cal)	
<input type="checkbox"/> Veteran's Health Administration (VHA)	<input type="checkbox"/> Employer Provided Health Insurance	
<input type="checkbox"/> Health Insurance obtained through COBRA	<input type="checkbox"/> State Funded Insurance for Adults (Medi-Cal)	
<input type="checkbox"/> Indian Health Services Program (IHS)	<input type="checkbox"/> Other: _____	
<b>Barriers (Check all that apply)-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?</b>		
	<b>Barrier Present</b>	<b>Condition is indefinite</b>
<input type="checkbox"/> Alcohol Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer

<b>Domestic Violence Survivor</b>	
<b>Domestic Violence Experience?</b>	
<input type="checkbox"/> Yes <i>(Answer questions below)</i> <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>When experience occurred?</b>	
<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3 months to 6 months ago <i>(excluding 6 mos exactly)</i> <input type="checkbox"/> 6 months to one year ago <i>(excluding 1 year exactly)</i> <input type="checkbox"/> One year ago or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>If yes, are you currently fleeing?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>Financial Assessment</b>	
<b>Does client have any source of income?</b> <i>(If Yes, check all that apply)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client does not know <input type="checkbox"/> Client prefers not to answer	
<b>Income Source</b>	
<input type="checkbox"/> Earned Income (employment wages/cash)	<b>Monthly Amount</b>
<input type="checkbox"/> Unemployment Insurance	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	\$
<input type="checkbox"/> Private Disability Insurance	\$
<input type="checkbox"/> Workers Compensation	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$
<input type="checkbox"/> VA Non-Service Connected Disability Pension	\$
<input type="checkbox"/> Pension of Retirement Income from a job	\$
<input type="checkbox"/> TANF (CalWorks)	\$
<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	\$
<b>Does client have any Non-Cash Benefits?</b> <i>(If Yes, check all that apply)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client does not know <input type="checkbox"/> Client prefers not to answer	
<b>Non-Cash Benefits</b>	
<input type="checkbox"/> Special Supplemental Nutrition Program for Woman, Infants, and Children	<b>Monthly Amount</b>
<input type="checkbox"/> Food Stamps (CalFresh) SNAP	\$
<input type="checkbox"/> CalWorks Child Care/TANF Child Care Services	\$
<input type="checkbox"/> CalWorks Transportation (TANF)	\$
<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$
<input type="checkbox"/> Other Sources	\$
<b>Sexual Orientation</b> <i>(HUD CoC-PSH) HOH, All Adults</i>	
<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bi-sexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Other <i>(Please describe):</i> _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	

**Translation Assistance Needed (Head of Household Only)**

Yes    No    Client does not 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:* \_\_\_\_\_

**Moving On Assistance Provided: HUD Coc PSH**

**Date of Service:**    \_\_\_\_/\_\_\_\_/\_\_\_\_

**Moving On Assistance**

- Moving On Assistance-Financial Assistance for Moving On
- Moving On Assistance-Housing referral/placement
- Moving On Assistance-Non-Financial Assistance for Moving On
- Moving On Assistance-Other (please specify)
- Moving On Assistance-Subsidized Housing Application Assistance