

Client ID: _____

Project Name: _____

Staff Name: _____

HMIS Intake and Enrollment Form

Child-All Programs

For persons entering HMIS project type: **All HMIS projects** **Also for persons entering CES Enrollment**

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 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
Name of Head of Household: _____		
Relationship to Head of Household		
<input type="checkbox"/> Self <input type="checkbox"/> Daughter <input type="checkbox"/> Spouse <input type="checkbox"/> Other Non-Family Member	<input type="checkbox"/> Son <input type="checkbox"/> Dependent child <input type="checkbox"/> Other Family Member	
Basic Demographics-All fields required unless otherwise noted		
Race and Ethnicity (Check all that apply)		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> Client doesn't know		
<input type="checkbox"/> Client prefers not to answer		
Additional Race and Ethnicity Detail: _____		

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"/> Woman (Girl if child) - Client identifies as a woman, or girl in the case of a child under the age of 18 <input type="checkbox"/> Man (Boy if child) - Client identifies as a man, or boy in the case of a child under the age of 18 <input type="checkbox"/> 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 <input type="checkbox"/> Transgender - Client identifies with a transgender history, experience, or identity <input type="checkbox"/> Non-binary – Client does not identify exclusively as a man or a woman <input type="checkbox"/> 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. <input type="checkbox"/> Different Identity (Please specify): _____ <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> 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: _____			
Project Start Date	____/____/____		
Health Insurance			
<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			
Health Insurance Sources (Check all that apply)			
<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: _____			
Disabling Condition			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client prefers not to answer			
Barriers-All programs except SSVF (Check all that apply)			
	Barrier Present	Condition is indefinite	
<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	