

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 Center**

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

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"/> 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		

Veteran Status (Have you ever served in the U.S. Military?)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client does not 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: _____			
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			
Project Start Date:	_____/_____/_____		
Housing Move-In Date (All Permanent Housing Components) HOH Only	_____/_____/_____		
Universal Data Assessment			
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			
Living Situation: Identify the type of residence and length of stay at that residence just prior to program admission			
1. What was the situation you were living in immediately prior to project entry? (The night before)			
Literally Homeless	Institutional Situations	Temporary Housing	Permanent Housing
<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 <i>*If selection made, continue to questions 2, 3-5</i>	<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 <i>*If selection made, continue to question 1a</i>	<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 <i>*If selection made, continue to question 1b</i>	<input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy Subsidy Type: <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRRH 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 <i>*If selection made, continue to question 1b</i>
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			

1a. Did you stay less than 90 days? (*Pertains to Institutional Situation)		
<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	
1b. Did you stay less than 7 nights? (*Pertains to Transitional & Permanent Housing Situations)		
<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	
2. Length of stay in prior living situation?		
<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	
2a. On the night before did you stay on the street, Emergency Shelter, or Save Haven?		
<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	
3. Approximate date this episode of homelessness started: ____/____/____		
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?		
<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	
5. Total number of months homeless on the streets, in ES, or SH in the past three years?		
<input type="checkbox"/> One Month (this time is the first month)	<input type="checkbox"/> 2-12 months (months)	
<input type="checkbox"/> More than 12 months	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Client prefers not to answer		
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: _____	
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?		
	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

Domestic Violence Survivor	
Domestic Violence Experience?	
<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	
When experience occurred?	
<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	
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 prefers not to answer	
Financial Assessment	
Does client have any source of income? (If Yes, check all that apply)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client does not know <input type="checkbox"/> Client prefers not to answer	
Income Source	Monthly Amount
<input type="checkbox"/> Earned Income (employment wages/cash)	\$ _____
<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	\$ _____
Does client have any Non-Cash Benefits? (If Yes, check all that apply)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client does not know <input type="checkbox"/> Client prefers not to answer	
Non-Cash Benefits	Monthly Amount
<input type="checkbox"/> Special Supplemental Nutrition Program for Woman, Infants, and Children	\$ _____
<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	\$ _____
Sexual Orientation (HUD CoC-PSH) HOH, All Adults	
<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 <i>(Head of Household Only)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client does not know <input type="checkbox"/> Client prefers not to answer	
Preferred Language	
<input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian <input type="checkbox"/> Cantonese <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Hmong <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Mandarin <input type="checkbox"/> Mien <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Samoan <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Different Preferred Language If Different Preferred Language, <i>please specify:</i> _____	
Moving On Assistance Provided: <i>HUD Coc PSH</i>	
Date of Service:	____/____/____
Moving On Assistance	
<input type="checkbox"/> Moving On Assistance-Financial Assistance for Moving On <input type="checkbox"/> Moving On Assistance-Housing referral/placement <input type="checkbox"/> Moving On Assistance-Non-Financial Assistance for Moving On <input type="checkbox"/> Moving On Assistance-Other (please specify) <input type="checkbox"/> Moving On Assistance-Subsidized Housing Application Assistance	

****FOR COORDINATED ENTRY****		<i>(Reminder to switch organization to Continuum of Care)</i>	
Project Start Date: _____		____/____/____	
Universal Data Assessment			
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			
Self Sufficiency Matrix (Enter completed matrix into HMIS)			
Triage Assessment			
Assessment Location?		Assessment Type?	
<input type="checkbox"/> Stanislaus Community Care System		<input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> In Person	
What is household type?			
<input type="checkbox"/> Without Children <input type="checkbox"/> With children only <input type="checkbox"/> With children & adults <input type="checkbox"/> Unknown household type			
Information Date: ____/____/____		Triage Assessment Collection Point: <input type="checkbox"/> Entry <input type="checkbox"/> Update <input type="checkbox"/> Exit	
Current Living Situation			
1. Living Situation			
Literally Homeless	Institutional Situations	Temporary Housing	Permanent Housing
<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 <i>*If selection made, continue to Contact Service</i>	<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 <i>*If selection made, continue to question 2</i>	<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 <i>*If selection made, continue to question 2</i>	<input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy Subsidy Type: <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 <i>*If selection made, continue to question 2</i>
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
2. Is client going to have to leave their current living situation within 14 days?			
<input type="checkbox"/> Yes <i>(Continue to questions 3-6)</i> <input type="checkbox"/> No <i>(Continue to Contact Service)</i> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
3. Has a subsequent residence been identified?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
4. Does client or family have resources or support networks to obtain other permanent housing?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 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?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			

6. Has the client moved 2 or more times in the last 60 days?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
Contact Service Information	
Record Contact (Please list the service provided): _____	
Geolocation: <input type="checkbox"/> (Reminder to check box in HMIS)	
Additional Questions	
1a. Is there violence or conflict in the place you were staying last night?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
1b. Is your health or safety at risk in the place you were staying last night?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
***If yes to 1a AND 1b, continue to 1c	
1c. Do you have another place to go?	
<input type="checkbox"/> Yes (<i>continue to 1d</i>)	
<input type="checkbox"/> No, Special Intervention likely needed. (Comment): _____ (If DV may not be able to use HMIS)	
<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Client prefers not to answer	
1d. How long could you potentially stay?	
<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
Prioritization Status:	<input type="checkbox"/> Placed on prioritization list <input type="checkbox"/> Not placed on prioritization list
Assessment-VI-SPDAT (Enter completed VI-SPDAT into HMIS)	