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

## HMIS Intake and Enrollment Form

## **CoC/ESG/Private Funded**

For persons entering HMIS project type: Emergency Shelter

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

Identification-All fields required unless otherwise note	d	
First Name:	Middle Name:	
Last Name:	Suffix:	
Name Data Quality	Social Security Number (SSN)	Birth Date (DOB)
Did the client provide their full name?		//
Full Name Reported	□Full SSN reported	□Approximate or partial DOB
□Partial, street name, or code name reported	□Approximate or partial SSN	reported
□Client doesn't know	reported	□Full DOB reported
□Client prefers not to answer	□Client doesn't know	□Client doesn't know
	□Client prefers not to answer	□Client prefers not to answer
Basic Demographics-All fields required unless otherwite	ise noted	
Race and Ethnicity (Check all that apply)		
□ American Indian, Alaska Native, or Indigenous – A person	who identifies with any of the origin	al peoples of North, Central, and
South America. Ex. include, but are not limited to, Navajo	-	-
Asian or Asian American – A person who identifies with or	_	
Southeast Asia, or the Indian subcontinent. Ex. include, bu	t are not limited to, Chinese, Indian,	Japanese, Korean, Pakistani,
Vietnamese, or another representative nation/region.	C	a thair an an an initial time in a second
□ Black, African American, or African – A person who identiin the Black racial groups of Africa, including Afro-Caribbean.		
Nigerian, Ethiopian, and Somali.	EX. Include, but are not innited to, A	incan American, Jamaican, Haitian,
□ <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 cultu		
Rican, Cuban, Salvadorian, Dominican, and Columbian.		
Middle Eastern or North African – A person who identifies	with one or more nationalities or et	hnic groups with origins in the
Middle East and North Africa. Ex. include, but are not limit	ed to, Lebanese, Iranian, Egyptian, S	yrian, Moroccan, and Israeli.
<b>Native Hawaiian or Pacific Islander</b> – A person who identit	fies with one or more nationalities or	ethnic groups originating in Hawaii,
Guam, Samoa, or another Pacific Island.		
□ White – A person who identifies with one or more nationa		Europe. Ex. include, but are not
limited to, German, Irish, Polish, English, French, and Norv	vegian.	
Client doesn't know		
□ Client prefers not to answer Additional Race and Ethnicity Detail:		
Gender (Check all that apply) Client authorizes upda	-	
<b>Woman</b> (Girl if child) - Client identifies as a woman, or girl	-	of 18
<b>Man</b> (Boy if child) - Client identifies as a man, or boy in the	_	
Culturally Specific Identity (e.g. Two Spirit) - Client identifi Two-Spirit refers to a Native North American gender identi	-	o a particular culture. For example,
<b>Transgender</b> - Client identifies with a transgender history,	experience, or identity	
$\Box$ Non-binary – Client does not identify exclusively as a man	or a woman	
□ Questioning - Client who may be unsure, may be explorin Note that 'Client does not know' is different from 'Questic doesn't know' should only be selected when a client does	oning'. 'Questioning' is about explori	ng one's gender identity'. 'Client
Different Identity (Please specify):		
Client doesn't know		
$\Box$ Client prefers not to answer		

Veteran Status (Have you eve	er served in the U.S. Military?	?)	
□Yes □No □Client	: does not know □Clie	ent prefers not to answer	
Mailing Address and Conta	act Information (Includes	s, not limited to, service organizati	ons, access centers, emergency
shelter, transitional housing,	client residence)		
Address:			_
City, State, Zip Code:			_
Email:			_
Main Phone:			
Message Phone:			
Name of Head of Househo	<mark>ld</mark> :		
Relationship to Head of He	ousehold		
□Self □Son □Dau	ghter Dependent ch	ild □Spouse □Other Fa	mily Member
□Other Non-Family Member			
Project Start Date:	//		
Universal Data Assessmen	t		
Disabling Condition			
□Yes □No □Client	does not know	ent prefers not to answer	
Living Situation: Identify th	e type of residence and ler	ngth of stay at that residence just ,	prior to program admission
1. What was the situation	you were living in immedi	ately prior to project entry? (The	night before)
Literally Homeless	Institutional Situations	Temporary Housing	Permanent Housing
<ul> <li>Place not meant for habitation:</li> <li>Car/Truck/Van</li> <li>RV</li> <li>Other</li> <li>Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home shelter</li> <li>Safe Haven</li> </ul>	<ul> <li>Foster Care home or foster care group home</li> <li>Hospital or other residential non- psychiatric medical facility</li> <li>Jail, prison, or juvenile detention facility</li> <li>Long-term care facility or nursing home</li> <li>Psychiatric hospital or other psychiatric facility</li> <li>Substance abuse treatment facility or detox center</li> </ul>	<ul> <li>Transitional Housing for homeless persons (including homeless youth)</li> <li>Residential project or halfway house with now homeless criteria</li> <li>Hotel or motel paid for without emergency shelter voucher</li> <li>Host Home (non-crisis)</li> <li>Staying or living in a family member's room, apartment or house</li> <li>Staying or living in a friend's room, apartment, or house</li> </ul>	<ul> <li>Rental by client, with no ongoing housing subsidy</li> <li>Rental by client, with other ongoing housing subsidy</li> <li>Subsidy Type:         <ul> <li>GPD TIP housing subsidy</li> <li>VASH housing subsidy</li> <li>RRH or equivalent subsidy</li> <li>HCV voucher (tenant or project based) (not dedicated)</li> <li>Public Housing Unit</li> <li>Rental by client, with other ongoing housing subsidy</li> <li>Emergency Housing Voucher</li> <li>Family Unification Program Voucher (FUP)</li> <li>Foster Youth to Independence Initiative (FYI)</li> <li>Permanent Supportive Housing dedicated for formerly homeless persons</li> <li>Owned by client, with ongoing housing subsidy</li> </ul> </li> </ul>
□Client doesn't know			·
□Client prefers not to answe			
2. Length of stay in prior liv	ving situation?		
□One night or less		□Two to six nights	
□One week or more, but less		□One month or more, but I	ess than 90 days
□90 days or more, but less th	nan one year	□One year or longer	
□Client doesn't know		□Client prefers not to answe	er

	episode of homelessness starte	
-		times client has been on the streets, ES, or SH in the past
three years including t	oday?	
□One time		□Two times
□Three times		□Four or more times
□Client doesn't know		□Client prefers not to answer
5. Total number of mont	hs homeless on the streets, in E	S, or SH in the past three years?
□One Month (this time is the state of the s	he first month)	$\Box$ 2-12 months ( months)
□More than 12 months		□Client doesn't know
□Client prefers not to answ	/er	
Health Insurance		
□Yes □No □Clie	nt does not know 🛛 🗆 Client p	refers not to answer
Health Insurance Sources	<b>s</b> (Check all that apply)	
□Private Pay Health Insura	nce 🗆 M	edicare
		alth Net (Medi-Cal)-Adults
□Health Net (Medi-Cal)-Chi		ealth Plan of San Joaquin (Medi-Cal)-Adults
□Health Plan of San Joaqui		ate Children's Health Insurance (Medi-Cal)
		ployer Provided Health Insurance
□Health Insurance obtaine		ate Funded Insurance for Adults (Medi-Cal)
□Indian Health Services Pro	-	
Barriers (Check all that app		
		duration? Door it substantially impade the diant's quailability
	-	duration? Does it substantially impede the client's availability
to live independently; and o	could be improved by the provisi	
	Barrier Present	Condition is indefinite
□Alcohol Disorder	□Yes □No □Doesn't know	□Yes □No □Doesn't know
	Client prefers not to answer	
□Chronic Health	□Yes □No □Doesn't know	□Yes □No □Doesn't know
Condition	□Client prefers not to answer	□Client prefers not to answer
□Developmental	□Yes □No □Doesn't know	
Disability	□Client prefers not to answer	
□Drug Use Disorder	□Yes □No □Doesn't know	□Yes □No □Doesn't know
	□Client prefers not to answer	□Client prefers not to answer
	□Yes □No □Doesn't know	
	□Client prefers not to answer	
Mental Health Disorder	□Yes □No □Doesn't know	□Yes □No □Doesn't know
	□Client prefers not to answer	□Client prefers not to answer
□Physical Disability	□Yes □No □Doesn't know	□Yes □No □Doesn't know
	□Client prefers not to answer	$\Box$ Client prefers not to answer
Domestic Violence Surviv		
Domestic Violence Experie		
□Yes (Answer questions be		esn't know  Client prefers not to answer
When experience occurred		
□ Within the past 3 months □ 3 months to 6 months ago (excluding 6 mos exactly)		
-		
□6 months to one year ago (excluding 1 year exactly) □One year ago or more □Client doesn't know □Client prefers not to answer		
		Cheft prefets hot to answel
If yes, are you currently fle		efers not to answer
LETTES LINO LICHE	IL GUESTI EKTOW ELUIENT Dr	elets hul to allswel

Financial Assessment	
Does client have any source of Income? (If Yes, check a	III that apply)
□Yes □No □Client does not know □Cli	ient prefers not to answer
Income Source	Monthly Amount
□Earned Income (employment wages/cash)	\$
□Unemployment Insurance	\$
Supplemental Security Income (SSI)	\$
□Social Security Disability Insurance (SSDI)	\$
□Private Disability Insurance	\$
□Workers Compensation	\$
□VA Service-Connected Disability Compensation	\$
□VA Non-Service Connected Disability Pension	\$
□Pension of Retirement Income from a job	\$
□TANF (CalWorks)	\$
□General Assistance	\$
□Retirement (Social Security)	\$
□Child Support	\$
□Alimony	\$
□Other Income	\$
Does client have any Non-Cash Benefits? (If Yes, check	all that apply)
□Yes □No □Client does not know □Cli	ient prefers not to answer
Non-Cash Benefits	Monthly Amount
□Special Supplemental Nutrition Program for	
Woman, Infants, and Children	\$
Food Stamps (CalFresh) SNAP	\$
□CalWorks Child Care/TANF Child Care Services	\$
□CalWorks Transportation (TANF)	\$
Other CalWorks-Funded Services (TANF)	\$
□Other Sources	\$
Translation Assistance Needed (Head of Household	Only)
□Yes □No □Client does not know □Cli	ient prefers not to answer
Preferred Language	
	antonese 🗆 English
0	alian 🗆 Japanese
	ortuguese   Russian
□Samoan □Spanish □Tagalog □Th	ai 🗆 Vietnamese
Different Preferred Language	
If Different Preferred Language, please specify:	

## \*\*\*\*FOR COORDINATED ENTRY\*\*\*\* (R

(Reminder to switch organization to Continuum of Care)

Project Start Date:

Project Start Date:		//	
Universal Data Assessm	ent		
Disabling Condition			
□Yes □No □Cli	ent doesn't know □Clie	nt prefers not to answer	
Living Situation: Identif	y the type of residence and l	ength of stay at that residen	ce just prior to program admission
1. What was the situation	on you were living in immed	iately prior to project entry?	(The night before)
Literally Homeless	Institutional Situations	Temporary Housing	Permanent Housing
Place not meant for         habitation:         Car/ Truck/Van         RV         Other         Emergency Shelter,         including hotel or motel         paid for with emergency         shelter voucher or Host         Home shelter         Safe Haven         *If selection made,         continue to question 2, 3-5	<ul> <li>□ Foster Care home or foster care group home</li> <li>□ Hospital or other</li> <li>residential non-psychiatric</li> <li>medical facility</li> <li>□ Jail, prison, or juvenile</li> <li>detention facility</li> <li>□ Long-term care facility or</li> <li>nursing home</li> <li>□ Psychiatric hospital or</li> <li>other psychiatric facility</li> <li>□ Substance abuse</li> <li>treatment facility or detox</li> <li>center</li> </ul> *If selection made, continue to question 1a	□Transitional Housing for         homeless persons (including         homeless youth)         □Residential project or halfwa         house with now homeless crit         □Hotel or motel paid for with         emergency shelter voucher         □Host Home (non-crisis)         □Staying or living in a family         member's room, apartment or         house         □Staying or living in a friend's         room, apartment, or house         *If selection made, continue         to question 1b	Rental by client, with no ongoing housing subsidy Rental by client, with other ongoing housing subsidy eria Subsidy Type: Out GPD TIP housing subsidy VASH housing subsidy RRH or equivalent subsidy HCV voucher (tenant or project based) (not dedicated) Public Housing Unit Rental by client, with other ongoing housing subsidy Emergency Housing Voucher Family Unification Program
<ul> <li>Yes (Continue to questions)</li> <li>Client doesn't know</li> <li>1b. Did you stay less tha</li> <li>Yes (Continue to questions)</li> <li>Client doesn't know</li> <li>2. Length of stay in prio</li> <li>One night or less</li> <li>One week or more, but</li> <li>90 days or more, but less</li> </ul>	n 90 days? (*Pertains to Institu 5 2-2a)	(Continue to question 2, then to nt prefers not to answer itional & Permanent Housing Sit (Continue to question 2, then to nt prefers not to answer Two to six nights One month or more, but la One year or longer	uations) Health Insurance) ess than 90 days
Client doesn't know	did you stay on the street Fr	Client prefers not to answer mergency Shelter, or Save Ha	
□Yes (Continue to questions		□No (Continue to Health Insure	
	, <u>, , , , , , , , , , , , , , , , , , </u>		

 $\Box$ Client prefers not to answer

1

1

Client doesn't know HMIS v17a (11/2023)

3. Approximate date this episode of homelessness started:	3 Annrovimate dat	e this enisode of homeless	ness started: / /	
three years including today?         One time         One time         Three times         Client doesn't know         One Month (this time is the first month)         One Month (this time is the first month)         Client prefers not to answer         Client prefers not to answer         Set Sufficiency Matrix (Enter completed matrix into HMIS)         Triage Assessment         Satisficiency Matrix (Enter completed matrix into HMIS)         Triage Assessment Location?         Assessment Location?         Assessment Collection Point:         Onten time         Without Children         Without Children         Without Children         Without Children         Information Date:         Joing Subation         Uterally Nomeless         Preface not many         Palae not many         Palae not many         One thing in a friend's room, apartment or house graphic rooms providing in a friend's room, apartment or house enter actally client, with no angoing housing subaidy         Preface not many compleming there are along in thing in a friend's room, apartment or house enter actally client, with other ongoing housing subaidy         Bart or equivalence house in a friend's room, apartment or house in a friend's room, apartment or house in a friend's room, apartment or house		-		the streets ES or SH in the past
One time       Three time         Three time       Four or more times         Client operations       Client prefers not to answer         S. Total number of months homeless on the streets, in FS, or SH in the past three years?       months         One Month (his time is the first month)       Client doesn't know         Client prefers not to answer       Client doesn't know         Client prefers not to answer       Setti Sufficiency Matrix (Enter completed matrix into HMIS)         Triage Assessment Location?       Assessment Type?         Stanislaus Community Care System       Phone       Unknown household type         With to fulder       With children only       With children & adults       Unknown household type         Withou Children       Institutional Situation       Triage Assessment Collection Point:       Entry Tupdate       Exit         Current Living Situation       Transitional Housing for homeless youth       Benefal by client, with no ongoing house with now homeless criting subsidy       Benefal by client, with no ongoing house with now homeless criting in a friend's room, apartment or house meter are frain fracility or nucleight or unter areal for information facility or nucleight for without emergency House (center group home treatment facility or using home treatment facility or detox (center group home treatment facility or detox (center group home treatment facility or detox (center group home treatment	-		number of times client has been on	the streets, ES, or SH in the past
□Three times       □Client doesn't know       □Client prefers not to answer         □One Month (this time is the first month)       □2-12 months important is into HMIS)       □Client doesn't know         □Client orders' know       □Client doesn't know       □Client doesn't know         □Client orders' know       □Client doesn't know       □Client doesn't know         □Client orders' know       □Client doesn't know       □Client doesn't know         □Client orders' know       □Client doesn't know       □Client doesn't know         □Client orders' know       □Client doesn't know       □Client doesn't know         □Client doesn't know       □Client doesn't know       □Client doesn't know         □Client doesn't know       □Client doesn't know       □Client doesn't know         □Client doesn't know       □Client doesn't know       □Client doesn't know         □Client doesn't know       □Client doesn't know       □Client doesn't know         □Client doesn't know       □Client doesn't know       □Client doesn't know         □Client doesn't know       □Client doesn't know       □Client doesn't know         □Client doesn't know       □Client doesn't know       □Data □ protent and protent or holwap         Nat is housed protent and protent or holwap       □Client doesn't know       □Client doesn't know         □Lied and proten tholwap	-		Two times	
Client prefers not to answer         S. 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)       Client doesn't know         Client prefers not to answer       Client doesn't know         Client prefers not to answer       Client doesn't know         Setf Sufficiency Matrix (Enter completed matrix into HMIS)       Triage Assessment Location?       Assessment Type?         Stanislaus Community Care System       Phone       Ulritual       In Person         What is household type?       Triage Assessment Collection Point:       Entry Ulpdate       Exit         Current Living Situation       Triage Assessment Collection Point:       Entry Ulpdate       Exit         Current Living Situation       Temporary Housing       Permanent Housing       Intransitional Housing for homeless volth)         Chreat facility       Including homeless volth)       Residential project or hafway housing subsidy       Benetal by client, with one ongoing housing subsidy         Babitation:       Including homeless room, apartment or house more project or hafway housing for winchag       Staying or living in a family member's room, apartment or house subsidy       Subsidy Type:         Bernergency Shelter, including homeless criteria housing subsidy       Staying or living in a family member's room, apartment or house servithiatic facility or detox?       Staying or living in a family member's room,				
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 months       Client doesn't know         Client prefers not to answer       Client doesn't know         Self Sufficiency Matrix (Enter completed matrix into HMIS)       Triage Assessment         Assessment Location?       Assessment Type?         Stanislaus Community Care System       Phone         With to household type?       Triage Assessment Collection Point:         Current Living Situation       Institutional Situations       Temporary Housing         Living Struation       Institutional Situations       Temporary Housing         Place not meent for Inducting hotel or exource rate Roup home including hotel or exource rate Roup explaintic race Roup or exource rate Roup home including hotel or exource rate Roup home including hotel or exource rate Roup Roupinatic race Roup Provide Roupinatic Race Roup Roupinatic Race Rou				~
One Month (this time is the first month) <pre>             21:22 months [ months]             Client desn't know             Self Sufficiency Matrix (Enter completed matrix into HMIS)             Triage Assessment Location?             Assessment Type?             Stanislaus Community Care System             Phone             Virtual             In Person             What is household type?             Without Children             Iwithout Children             Iuting Situation             I. Living Situation             Istitutional Situation             Trage Assessment Collection Point:             Current Living Situation             Current Living Situation             Tearly Tuek/van             Cleat rate roup home             Statistical anon-systhatric             Thesistential project or haffway             Mouse with now homeless vonth)             Residential project or haffway             Mouse with now homeless vonth             Subsidy Type:             Cleart facility             Clast facility             Clast facility             Clast facility             Stating or living in a family             medical facility             Subsidy rupe:             Subsidy rupe:             Statying or living in a family             medical facility             Subsidy rupe:             Subsidy rupe:             Statying or living in a family             medical facility             Subsidy rupe:             Subsidy rupe:             Statying or living in a family             medical facility             Subsidy rupe:             Subsidy rupe:             Statying or living in a family             medical facility             Subsidy rupe:             Subsidy rupe:             Statying or living in a family             medical facility             Subadig rupe:             Subsidy rupe:</pre>				
□Client doesn't know         □Client prefers not to answer         □Client doesn't know				-
Client prefers not to answer         Self Sufficiency Matrix (Enter completed matrix into HMIS)         Triage Assessment Location?       Assessment Type?         Stanislaus Community Care System       Phone Uvirual In Person         What is household type?       Without Children only         Without Children       JWithout Children only         Information Date:       ////////////////////////////////////		-		5)
Self Sufficiency Matrix (Enter completed matrix into HMIS)         Triage Assessment         Assessment Location?       Assessment Type?         Stanislaus Community Care System       IPhone       Virtual       IIn Person         What is household type?       With children only       With children only       With children Now       Unknown household type         Information Date:			Client doesn't know	
Triage Assessment       Assessment Type?         Stanislaus Community Care System       Phone Virtual In Person         What is household type?       Triage Assessment Collection Point:         With out Children Internation Date:       ////////////////////////////////////	•		-	
Assessment Location?       Assessment Type?         Stanislaus Community Care System       Phone       Virtual       In Person         What is household type?       Information Date:       / /       Triage Assessment Collection Point:       Entry       Update       Exit         Current Living Situation       Itaiting Situation       Institutional Situations       Temporary Housing       Permanent Housing       housing subsidy         Place not meant for       Foster Care forme or       Foster Care forme or       Insting Situation       Institution ongoing         Besterion reacting for transitional Housing for homeless       Residential project or halfway       housing subsidy       Including housing subsidy         Benergency Shelter,       Indical facility       Hotel or motel paid for without       Residential non-crisis)       Including housing subsidy         Including hotel or       Other       Substance abuse       Termergency shelter outer facility or detox       Staying or living in a fainity or going housing subsidy         Safe Haven       Psychiatric facility or detox       "If selection made, continue to question 2       Selef remanent Supoprive       Indicated for formeri	-	rix (Enter completed ma	trix into HMIS)	
Stanislaus Community Care System       Phone       Virtual       In Person         What is household type?       Information Date:		-		
What is household type?         Without Children       With children only       With children & adults       Unknown household type         Information Date:				
Without Children       With children only       With children & adults       Unknown household type         Information Date:			□Phone □Virtual □In Person	
Information Date:		•		
Current Living Situation       Istitutional Situation         Literally Homeless       Institutional Situations       Temporary Housing       Permanent Housing           Place not meant for       Foster care group home       Foster care group home       Rental by client, with no ongoing housing subsidy           Place not meant for       Hospital or other       Permanent Housing       Rental by client, with out ongoing housing subsidy           Place not meant for       Hospital or other       Permanent Housing subsidy       Rental by client, with out ongoing housing subsidy           Place not meant for       Hospital or other       Rental by client, with other ongoing housing subsidy           Place not meant for       Hospital or other       Rental by client, with other ongoing housing subsidy           Place not meant for       Housing subsidy       Rental by client, with other ongoing housing subsidy           Place not meant for       Housing subsidy       Rental by client, with other ongoing housing subsidy           Place not meant for       Housing subsidy       Rental by client, with other ongoing housing subsidy           Place not meant for       Housing subsidy       Rental by client, with other ongoing housing subsidy           Place not meant for       Housing subsidy       Rental by client, with other ongoing housing subsidy           Place time racer facility       Ilal, prison, or juvenil       Rental	□Without Children	□With children only	□With children & adults □Ur	nknown household type
1. Living Situation       Institutional Situations       Temporary Housing       Permanent Housing	Information Date:	//	Triage Assessment Collection Poin	t: □Entry □Update □Exit
Literally Homeless         Institutional Situations         Temporary Housing         Permanent Housing           □Place not meant for habitation: □Car/Truck/Van □Car/Tru	<b>Current Living Situa</b>	tion		
Place not meant for habitation:       Foster Care group home foster care group home medicar/ Track/Van Rev       Rental by client, with no ongoing housing subsidy         Rev       Hospital or other residential non-psychiatric medical facility       Rental by client, with other ongoing housing subsidy         Demographic meter paid for with meter paid for with emergency shelter voucher or Host Home shelter       Image: Staying or living in a family member's room, apartment or house       Staying or living in a friend's room, apartment, or house         *If selection made, continue to Contact       *If selection made, continue to question 2       *If selection made, continue to question 2       *If selection made, continue to question 2         Other :	1. Living Situation			
habitation:       foster care group home       persons (including homeless youth)       housing subsidy         Car/ Truck/Van       Pesidential non-psychiatric       Residential project or halfway       Renati by Clent, with other ongoing         Other       Diality       Persidential non-psychiatric       House with now homeless criteria       Housing subsidy         Including hotel or       Diality       Phote with now homeless criteria       Housing subsidy       Subsidy Type:         Including hotel or       Diality prison, or juvenile       Hotel or motel paid for without       Phote with now homeless criteria       Housing subsidy         Including hotel or       Diality prison, or juvenile       Hotel or motel paid for without       Phote mergency shelter voucher       Subsidy Type:         Including home       Diagrating or living in a family       Diagrating or living in a family       Phote Housing subsidy         Including home       Distance abuse       Distance abuse       Distance abuse       Distance abuse         Including home       Distance abuse       Tratemater or house       Distance abuse       Phote Housing Subsidy         Including home       Distance abuse       Tratemater, or house       Distance abuse       Phote Housing Subsidy         Including home       Distance abuse       Tratemater, or house       Phote Housing Subsidy       Dubi	Literally Homeless	Institutional Situations	Temporary Housing	Permanent Housing
Other:        Client doesn't know       Client prefers not to answer         2. Is client going to have to leave their current living situation within 14 days?         Yes (Continue to questions 3-6)       No (Continue to Contact Service)       Client doesn't know       Client prefers not to answer         3. Has a subsequent residence been identified?	habitation: Car/Truck/Van RV Other Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home shelter Safe Haven *If selection made, continue to Contact	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 *If selection made,	<ul> <li>persons (including homeless youth)</li> <li>Residential project or halfway</li> <li>house with now homeless criteria</li> <li>Hotel or motel paid for without</li> <li>emergency shelter voucher</li> <li>Host Home (non-crisis)</li> <li>Staying or living in a family</li> <li>member's room, apartment or</li> <li>house</li> <li>Staying or living in a friend's room,</li> <li>apartment, or house</li> <li>*If selection made, continue to</li> </ul>	housing subsidy  Rental by client, with other ongoing housing subsidy  Subsidy Type:  GPD TIP housing subsidy  VASH housing subsidy  RRH or equivalent subsidy  HCV voucher (tenant or project based) (not dedicated)  Public Housing Unit Rental by client, with other ongoing housing subsidy  Emergency Housing Voucher Family Unification Program Voucher (FUP) Foster Youth to Independence Initiative (FYI) Permanent Supportive Housing Other permanent housing dedicated for formerly homeless persons Owned by client, with ongoing housing subsidy Owned by client, no ongoing subsidy
2. Is client going to have to leave their current living situation within 14 days?         □Yes (Continue to questions 3-6)       □No (Continue to Contact Service)       □Client doesn't know       □Client prefers not to answer         3. Has a subsequent residence been identified?				
□Yes (Continue to questions 3-6) □No (Continue to Contact Service) □Client doesn't know □Client prefers not to answer 3. Has a subsequent residence been identified?			I	rs not to answer
3. Has a subsequent residence been identified?				w □Client prefers not to answer
-				
	-		refers not to answer	

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