HMIS Intake and Enrollment Form
BBP Service Only

HMIS Client ID: _____

Project Start Date: _____

Staff Completing HMIS Form: _____

Identification *- All fields required unless otherwise noted*

Completed HMIS Consent Form		No (Refused)		Signed

First Name _____ **Middle Name** _____

Last Name **Suffix**

Name Data Quality: Did the client provide their full name?	**Social Security Number (SSN)**	**Birth Date (DOB)**
□ Full Name Reported □ Partial, street name, or code name reported □ Client Doesn't Know □ Client Refused	_____-_____-_____ □ Full SSN reported □ Approximate or partial SSN reported □ Client Doesn't Know □ Client Refused	_____/_____/_____ □ Approximate or partial DOB reported □ Full DOB reported □ Client Doesn't Know □ Client Refused

Basic Demographics – All fields required unless otherwise noted

Race (Check all that apply)	**Ethnicity**
□ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White □ Client Doesn't Know □ Client Refused	□ Hispanic/Latino □ Non-Hispanic/ Non-Latino □ Client Doesn't Know □ Client Refused

Gender	**Relationship to Head of Household**
□ Male □ Female □ Trans Male (Female to Male) □ Trans Female (Male to Female) □ Non-Conforming (Not exclusively male or Female) □ Client Doesn't Know □ Client Refused	□ Self □ Head of Household's Child □ Head of Household's Spouse or Partner □ Head of Household's other Relation Member (Other relation to head of household) □ Other: Non-relation Member Name of Head of Household: _____

Are you currently working with an Outreach Team?	**Veteran** (Have you ever served in the U.S. Military?)
□ Yes (If yes enter Case Manager name below) □ No □ Client Doesn't Know □ Client Refused	□ Yes □ No □ Client Doesn't Know □ Client Refused **Disabling Condition** □ Yes □ No □ Client Doesn't Know □ Client Refused

Name of Case Manager: _____

Universal Data Assessment

Living Situation:

1. What was the type of residence you were living in immediately prior to project entry?(The night before?)

Literally Homeless Situations

□ Place not meant for habitation
□ Emergency shelter, including hotel or motel paid for with emergency shelter
□ Safe Haven

2. Length of stay in prior living situation?

For literally homeless situations:

□ 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

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3. What approximate date did you start living on the streets, emergency shelter, or safe haven? *(Approximate date homelessness started)*	_____/_____/_____	
4. 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
5. How many months, in total, have the client has been homeless on the street, in an emergency shelter, or Safe Haven over the past three years?	□ One Month (this time is the first month) □ 2-12 (_____ months)	□ More than 12 □ Client Doesn't Know □ Client Refused

Wellness Assessment

Health Insurance

□ Yes (Enter the Source) □ No □ Client Doesn't Know □ Client Refused

Health Insurance Sources

□ Private Pay Health Insurance
□ Medicare
□ MEDICAID
□ State Children's Health Insurance(SCHIP)
□ 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 Abuse	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Chronic Health Condition	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Development Disability	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Drug Abuse	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
HIV/AIDS	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Mental health	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Physical Disability	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused

Domestic Violence

Is the client a domestic violence victim/survivor?	□ Yes (Answer questions below) □ No □ Client Doesn't Know □ Client Refused
If yes, How long ago did you have this experience?	□ Within the past 3 months □ 3 months to 6 months ago □ 6 months to one year □ One year ago or more □ Client Doesn't Know □ Client Refused
If yes, are you currently fleeing?	□ Yes □ No □ Client Doesn't Know □ Client Refused

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Financial Assessment			
Check all that Apply and Enter amount			
Income Source (Check all that apply) □ Yes (Check all Sources that Apply) □ No □ Client Doesn't Know □ Client Refused	**Stated Income (Monthly)**	**Non-Cash Resources** (Check all that apply) □ Yes (Check all Sources that Apply) □ No □ Client Doesn't Know □ Client Refused	**Stated Amounts (Monthly)**
□ Earned Income *(employment wages / cash)*	$	□ Special Supplemental nutritional Program Women and Children	$
□ Unemployment Insurance	$	□ Food Stamps (CalFresh) SNAP	$
□ Supplemental Security Income (SSI)	$	□ CalWorks Child Care/TANF Child Care Services	$
□ Social Security Disability Income (SSDI)	$	□ CalWorks Transportation (TANF)	$
□ Private Disability Insurance	$	□ Other CalWorks-Funded Services (TANF)	$
□ Workers Compensation	$	□ Other	$
□ VA Service-Connected Disability Compensation	$		
□ VA Non-Service-Connected Disability Pension	$		
□ Pension or Retirement income from a job	$		
□ TANF	$		
□ General Assistance	$		
□ Retirement (Social Security)	$		
□ Child Support	$		
□ Alimony or other Spousal Support	$		
□ Other Income	$		

Pets – *Please indicate the number of each type of pet.*

Dogs _____ Cats _____ Other _____

Location where you first became homeless?

_____

Notes: