HMIS Intake and Enrollment Form CoC/ESG/HP/RRH

Client ID: _____

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)

□ American Indian or Alaska Native
□ Asian
□ Black or African American
□ Native Hawaiian or Other Pacific Islander
□ White
□ Client Doesn't Know
□ Client Refused

Ethnicity

□ Hispanic/Latino
□ Non-Hispanic/ Non-Latino
□ Client Doesn't Know
□ Client Refused

Gender

□ 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

Relationship to Head of Household

□ 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

Veteran (Have you ever served in the U.S. Military?)

□ Yes □ No □ Client Doesn't Know □ Client Refused

Disabling Condition

□ Yes □ No □ Client Doesn't Know □ Client Refused

Housing Move in Date (All PH - HOH ONLY)

_____/_____/_____

Program Name:	
Case Manager:	
Program Start Date	

****Data Assessment for Living Situation: (FOR ALL PERSONS ENTERING EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH)** **go to page 2**

****Data Assessment for Living Situation: (FOR ALL PERSONS ENTERING ALL OTHER PROJECTS EXCEPT EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH)** **go to page 3**

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Client ID: _____

Staff Completing HMIS Form: _____

Universal Data Assessment		
Client Location: CA-510 – Turlock/ Modesto/ Stanislaus County CoC		
Living Situation: (FOR ALL PERSONS ENTERING EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH)		
Question	**Check One Answer**	
1. **What was the situation you were living in immediately prior to project entry? (The night before)** ***(Type of residence)***	□ Place not meant for habitation □ Emergency shelter, including hotel or motel paid for with emergency shelter □ Safe Haven □ Interim Housing □ Foster care home or 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 □ Hotel or motel paid for without emergency shelter voucher □ Owned by client, no ongoing housing subsidy □ Owned by client, with ongoing housing subsidy □ Permanent housing (Other than RRH) for formerly homeless persons □ Rental by client, no ongoing housing subsidy □ Rental by client, with VASH subsidy □ Rental by client, with GPD TIP subsidy □ Rental by client, with other ongoing housing subsidy (Including RRH) □ Residential project or halfway house with no homeless criteria □ Staying or living in a family member's room, apartment or house □ Staying or living in a friend's room, apartment or house □ Transitional housing for homeless persons (including homeless youth) □ Client doesn't know □ Client refused	
2. How long was the client staying in that place? ***(Length of stay in prior living situation)***	□ 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
3. What approximate date did you start living on the streets, emergency shelter, or safe haven? *(Approximate date homelessness started)*	_____/_____/_____	
Regardless of where they stayed last night number of times the client has been on the streets, in ES, or SH in the past three years including today	□ One Time □ Two Times □ Three Times	□ Four or more times □ Client Doesn't Know □ Client Refused
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 □ Client Doesn't Know □ Client Refused

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Client ID: _____

Staff Completing HMIS Form: _____

Universal Data Assessment

Living Situation: (FOR ALL PROJECTS EXCEPT EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH)

1. What was the type of residence you were living in immediately prior to project entry?(The night before?)	2. Length of stay in prior living situation?	3. Did the Client stay less than…
Literally Homeless Situations	***For literally homeless situations:***	**Not Applicable (Continue to questions 5-7)**
□ Place not meant for habitation	□ One night or less	
□ Emergency shelter, including hotel or motel paid for with emergency shelter	□ Two to six nights	
□ Safe Haven	□ One week or more, but less than one month	
□ Interim Housing	□ 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	

1. What was the living Situation you were living in immediately prior to project entry?	2. Did you stay less than…	3. Length of stay in prior living situation?
Institutional Situations	**90 Days**	***For institutional situations:***
□ Foster care home or foster care group home	□ Yes (Continue to questions 3-4)	□ One night or less
□ Hospital or other residential non-psychiatric medical facility	□ No (Enter Wellness Assessment)	□ Two to six nights
□ Jail, prison or juvenile detention facility		□ One week or more, but less than one month
□ Long-term care facility or nursing home		□ One month or more, but less than 90 days
□ Psychiatric hospital or other psychiatric facility		□ 90 days or more, but less than one year
□ Substance abuse treatment facility or detox center		□ One year or longer
		□ Client doesn't know
		□ Client refused

1. What was the living Situation you were living in immediately prior to project entry?	2. Did you stay less than…	3. Length of stay in prior living situation?
Transitional & Permanent Housing Situations	**7 Nights**	***Transitional & Permanent Housing Situations***
□ Hotel or motel paid for without emergency shelter voucher	□ Yes (Continue to questions 3-4)	□ One night or less
□ Owned by client, no ongoing housing subsidy	□ No (Answer 3 then continue to Wellness Assessment)	□ Two to six nights
□ Owned by client, with ongoing housing subsidy		□ One week or more, but less than one month
□ Permanent housing (Other than RRH) for formerly homeless persons		□ One month or more, but less than 90 days
□ Rental by client, no ongoing housing subsidy		□ 90 days or more, but less than one year
□ Rental by client, with VASH subsidy		□ One year or longer
□ Rental by client, with GPD TIP subsidy		□ Client doesn't know
□ Rental by client, with other ongoing housing subsidy (Including RRH)		□ Client refused
□ Residential project or halfway house with no homeless criteria		
□ Staying or living in a family member's room, apartment or house		
□ Staying or living in a friend's room, apartment or house		
□ Transitional housing for homeless persons (including homeless youth)		

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4. On the night before your current housing situation did you stay on the street, Emergency Shelter, or Safe Haven	□ Yes(Continue to questions 5-7) □ Client Doesn't Know	□ No (Continue with Wellness Assessment) □ Client Refused
5. What approximate date did you start living on the streets, emergency shelter, or safe haven? *(Approximate date homelessness started)*	_____/_____/_____	
6. 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
7. 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	$		