|  |  |  |  |
| --- | --- | --- | --- |
| **\*Project Enrollment Date**: |  | **Project Name:** |  |

\*For **ES/TH/PSH Projects** this is the first date of occupancy in the project.

\*For **RRH & Non-Residential Projects**, this is the date the client began receiving services

|  |  |  |  |
| --- | --- | --- | --- |
| **Head of Household**: |  | **Staff Completing Intake**: |  |

Complete a separate form for each Child. [All Clients = Adults & Children]

**Please carefully READ the instructions before answering these questions.**

|  |  |
| --- | --- |
| **CURRENT NAME** [*All Clients]* | **N/A** |
| Last  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | *[ ]*  |
| Suffix |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | *[ ]*  |
| Alias |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | *[ ]*  |
| **QUALITY OF CURRENT NAME** *[All Clients]* |
| *[ ]*  | Full name reported | *[ ]*  | Client doesn’t know |
| *[ ]*  | Partial, street name, or code name reported | *[ ]*  | Client refused |

**SOCIAL SECURITY NUMBER** *[All Clients]*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  *-* |  |  |  *-* |  |  |  |  |  |
| **QUALITY OF SOCIAL SECURITY** |
| *[ ]*  | Full SSN reported | *[ ]*  | Client doesn’t know |
| *[ ]*  | Approximate or partial SSN reported | *[ ]*  | Client refused |

**DATE OF BIRTH** *[All Clients]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  *-* |  |  |  *-* |  |  |  |  |
| Month | *Day* | *Year* |
| **QUALITY OF DATE OF BIRTH** |
| *[ ]*  | Full DOB reported | *[ ]*  | Client doesn’t know |
| *[ ]*  | Approximate or partial DOB reported | *[ ]*  | Client refused |

**GENDER** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | Female | *[ ]*  | Transgender female to male |
| *[ ]*  | Male | *[ ]*  | Client doesn’t know |
| *[ ]*  | Transgender male to female | *[ ]*  | Client refused |
| *[ ]*  | Doesn’t Identify As Male, Female, Or Transgender |

**RACE** (select ALL that apply) *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | White | *[ ]*  | Native Hawaiian or Other Pacific Islander |
| *[ ]*  | Black or African American | *[ ]*  | Client doesn’t know |
| *[ ]*  | Asian | *[ ]*  | Client refused |
| *[ ]*  | American Indian or Alaskan Native |

**ETHNICITY** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
|  *[ ]*  | Non-Hispanic Non-Latino | *[ ]*  | Client doesn’t know |
|  *[ ]*  | Hispanic/Latino | *[ ]*  | Client refused |

|  |  |
| --- | --- |
| **Zip Code of Last Permanent Address** *[All Clients]* |  |
| *[ ]*  | Full ZIP reported | *[ ]*  | Client doesn’t know |
| *[ ]*  | Approximate or partial ZIP reported | *[ ]*  | Client refused |

|  |  |
| --- | --- |
| **Language** (Primary Language Spoken) |  |

**RELATIONSHIP TO HEAD OF HOUSEHOLD** *[All Clients]*

|  |  |
| --- | --- |
| *[ ]*  | Self (Head of the Household) |
| *[ ]*  | **Head of Household’s Child** |
| *[ ]*  | **Head of Household’s Spouse or Partner** |
| *[ ]*  | **Head of Household’s Other Relation Member** |
| *[ ]*  | **Other: Non-Relation Member** |

**ENROLLMENT**

**HOUSING STATUS AT ENTRY** *[ALL Clients]*

*Please review the description of all categories in* ***HMIS Data Standards Manual*** *before responding.*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | Category 1 – Homeless (Client slept in an Emergency Shelter or Place Not Meant For Habitation) | *[ ]*  | Stably Housed |
| *[ ]*  | Category 2 - At Imminent Risk of Losing Housing | *[ ]*  | At-risk of homelessness | *[ ]*  | Data Not Collected |
| *[ ]*  | Fleeing domestic violence | *[ ]*  | Client Doesn’t Know | *[ ]*  | Client Refused |

**RESIDENTIAL MOVE-IN DATE (ESG and RRH Programs *ONLY*)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HAS THE CLIENT MOVED INTO PERMANENT HOUSING? | *[ ]*  | No | *[ ]*  | Yes |
| If “YES”, Date Of Residential Move-In: |  |  | / |  |  | / |  |  |  |  |

**Pregnant**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *[ ]*  | Yes | *[ ]*  | No | *[ ]*  | Doesn’t Know | *[ ]*  | Refused | *[ ]*  | N/A | *If “YES” Expected Due Date:* |  |

**DISABLING CONDITIONS AND BARRIERS**

**PHYSICAL DISABILITY** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
|  *[ ]*  | No | *[ ]*  | Client doesn’t know |
|  *[ ]*  | Yes | *[ ]*  | Client refused |
| **IF “YES” TO PHYSICAL DISABILITY – SPECIFY**  |
| Receiving services for physical disability | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| Is the physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **Documentation of the disability and severity on file** | *[ ]*  | No | *[ ]*  | Yes |

**DEVELOPMENTAL DISABILITY** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
|  *[ ]*  | No | *[ ]*  | Client doesn’t know |
|  *[ ]*  | Yes | *[ ]*  | Client refused |
| **IF “YES” TO DEVELOPMENTAL DISABILITY – SPECIFY** |
| Receiving services for developmental disability | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| Is the developmental disability expected to substantially impair ability to live independently? | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **Documentation of the disability and severity on file** | *[ ]*  | No | *[ ]*  | Yes |

**CHRONIC HEALTH CONDITION** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
|  *[ ]*  | No | *[ ]*  | Client doesn’t know |
|  *[ ]*  | Yes | *[ ]*  | Client refused |
| **IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY**  |
| Currently receiving services/treatment for this condition | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **Documentation of the disability and severity on file** | *[ ]*  | No | *[ ]*  | Yes |

**HIV-AIDS** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **IF “YES” TO HIV-AIDS – SPECIFY**  |
| Currently receiving services/treatment for this condition | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| Is the condition expected to substantially impair ability to live independently? | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **Documentation of the disability and severity on file** | *[ ]*  | No | *[ ]*  | Yes |

**MENTAL HEALTH PROBLEMS** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **IF “YES” TO MENTAL HEALTH PROBLEMS – SPECIFY** |
| Currently receiving services/treatment for this condition | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **Documentation of the disability and severity on file** | *[ ]*  | No | *[ ]*  | Yes |

**SUBSTANCE ABUSE PROBLEMS** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | No | *[ ]*  | Both alcohol and drug abuse |
| *[ ]*  | Alcohol abuse | *[ ]*  | Client doesn’t know |
| *[ ]*  | Drug abuse | *[ ]*  | Client refused |
| **IF “YES” TO ALCOHOL ABUSE, DRUG ABUSE OR BOTH – SPECIFY** |
| Currently receiving services/treatment for this condition | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **Documentation of the disability and severity on file** | *[ ]*  | No | *[ ]*  | Yes |

**DISABLING CONDITION** *[All Clients] (See Definition Below)*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |

**DISABLING CONDITION** *[All Clients] This data element is to be used with other information to identify whether a client meets the criteria for chronic homelessness. Record whether the client has a disabling condition based on one or more of the following:*

*• A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:*

*(1) Is expected to be long-continuing or of indefinite duration;*

*(2) Substantially impedes the individual's ability to live independently; and*

*(3) Could be improved by the provision of more suitable housing conditions.*

*• A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or*

* *The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).*

**COVERED BY HEALTH INSURANCE** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **IF “YES” TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS** |
| *[ ]*  | MEDICAID (aka Medi-Cal) | *[ ]*  | Obtained through COBRA |
| *[ ]*  | MEDICARE | *[ ]*  | Private Pay Health Insurance |
| *[ ]*  | VA Medical | *[ ]*  | Indian Health Services Program |
| *[ ]*  | Employer Provided | *[ ]*  | Other: (Specify) |  |

**EMPLOYMENT**

*[All Clients,* ***For Age 16 & Over****]*

|  |
| --- |
| **IS CLIENT EMPLOYED** |
| *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **If “Yes” To Employed** |
| *[ ]*  | Permanent | *[ ]*  | Client Doesn’t Know |
| *[ ]*  | Temporary | *[ ]*  | Client Refused |
| *[ ]*  | Seasonal | Hours Worked Last Week: |  |
| **If “No” To Employed – Are You Seeking Employment?** |
| *[ ]*  | Yes | *[ ]*  | Client Doesn’t Know |
| *[ ]*  | No | *[ ]*  | Client Refused |

**EDUCATION**

*[All Clients,* ***For Age 5 & over****]*

|  |
| --- |
| **IS CLIENT CURRENTLY ENROLLED IN SCHOOL** |
| *[ ]*  | Yes | *[ ]*  | Client doesn’t know |
| *[ ]*  | No | *[ ]*  | Client refused |
| **Highest Educational Level Completed:** |
| *[ ]*  | No School Completed | *[ ]*  | 10th Grade | *[ ]*  | Postsecondary School |
| *[ ]*  | Nursery School to 4th Grade | *[ ]*  | 11th Grade | *[ ]*  | Client Doesn’t Know |
| *[ ]*  | 5th or 6th Grade | *[ ]*  | 12th Grade, No Diploma | *[ ]*  | Client Refused |
| *[ ]*  | 7th or 8th Grade | *[ ]*  | High School Diploma | *[ ]*  |  |
| *[ ]*  | 9th Grade | *[ ]*  | GED | *[ ]*  |  |
| **Name of School Enrolled:** |  |
| **Type of School:** | *[ ]*  | Public | *[ ]*  | Parochial or Other Private School |
| **Is Child Connected To The Homeless Liaison?** |
| *[ ]*  | Yes | *[ ]*  | Client doesn’t know |
| *[ ]*  | No | *[ ]*  | Client refused |

|  |
| --- |
| **IF NOT ENROLLED** |
| Date Of Their Last Enrollment: |  |
| **Barrier To Enrolling Child In School:****:** |
| *[ ]*  | None | *[ ]*  | Lack Of An Available Preschool Program |
| *[ ]*  | Residency Requirements | *[ ]*  | Immunization Requirements |
| *[ ]*  | Availability Of School Records | *[ ]*  | Physical Examination Records |
| *[ ]*  | Birth Certificate | *[ ]*  | Other |
| *[ ]*  | Legal Guardianship Required | *[ ]*  | Don’t Know |
| *[ ]*  | Transportation | *[ ]*  | Refused |