

NorCal HMIS Intake Form – Adult

1. Intake Summary					
Agency Case No:			Service Point Client No:		
Intake Date	Month	Day	Year	Intake Staff Name	
Case Manager			Staff Direct Phone Line		
Agency Name			Notice of Privacy Practices Acknowledgement signed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Program Name			Release of Information (ROI) Signed <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Household Information					
Household Type	<input type="checkbox"/> Couple (parent & friend) & child(ren) <input type="checkbox"/> Foster Parent(s) with child(ren) <input type="checkbox"/> Other <input type="checkbox"/> Couple with no child(ren) <input type="checkbox"/> Grandparent(s) with child(ren) <input type="checkbox"/> Single Adult <input type="checkbox"/> Extended family unit <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Two Parents with child(ren) <input type="checkbox"/> Female Single Parent <input type="checkbox"/> Non-custodial Caregiver(s) w/child(ren)				
3. Client Information					
First		Middle		Last	
Suffix					
Alias			Email Address		
Address				Telephone	
SSN	- -		U.S. Military Veteran <i>(adults only)</i>		
SSN Data Quality	<input type="checkbox"/> Full Reported <input type="checkbox"/> Partial/Approx. Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused				
Date of Birth	Month	Day	Year	Gender	
DOB Data Quality	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused				
Primary Race & Secondary Race		Pri Sec <input type="checkbox"/> <input type="checkbox"/> American Indian or Alaska Native, or Indigenous <input type="checkbox"/> <input type="checkbox"/> Asian, or Asian American <input type="checkbox"/> <input type="checkbox"/> Black or African American, or African <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> <input type="checkbox"/> White <input type="checkbox"/> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> <input type="checkbox"/> Client refused		Ethnicity	
Relationship to Head of Household (HoH)		<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member <input type="checkbox"/> Other (non-relation member)		Disabling Condition?	
Zip Code of Last Permanent Address		Client Location (CoC) & Current County of Service		<input type="checkbox"/> CA-516 <input type="checkbox"/> Del Norte <input type="checkbox"/> Lassen <input type="checkbox"/> Modoc <input type="checkbox"/> Plumas <input type="checkbox"/> Shasta <input type="checkbox"/> Sierra <input type="checkbox"/> Siskiyou	
Zip Data Quality					
NOTES:					

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4. Homeless Determination

<p>Prior Living Situation</p> <p>Where did you spend last night? <i>(all adults & unaccompanied youth)</i></p>	<p>--HOMELESS SITUATION--</p> <p><input type="checkbox"/> Place not meant for human habitation (car, abandoned building, bus or train station, etc.)</p> <p><input type="checkbox"/> Emergency shelter (incl. hotel/motel or campground paid for w/ES voucher, or RHY-funded Host Home Shelter) (ES)</p> <p><input type="checkbox"/> Safe Haven (SH)</p> <p>--INSTITUTIONAL SITUATIONS--</p> <p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison, or juvenile detention facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility/detox</p> <p>--TEMPORARY AND PERMANENT HOUSING SITUATIONS</p> <p><input type="checkbox"/> Residential project or halfway house w/no homeless criteria</p> <p><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</p> <p><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</p> <p><input type="checkbox"/> Host Home (non-crisis)</p> <p><input type="checkbox"/> Staying or living in a friend's room, apartment or house</p> <p><input type="checkbox"/> Staying or living in a family member's room, apartment or house</p> <p><input type="checkbox"/> Rental by client, with GPD TIP housing subsidy</p> <p><input type="checkbox"/> Rental by client, with VASH subsidy</p> <p><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons</p> <p><input type="checkbox"/> Rental by client, with RRH or equivalent subsidy</p> <p><input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)</p> <p><input type="checkbox"/> Rental by client in a public housing unit</p> <p><input type="checkbox"/> Rental by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, with ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, no ongoing housing subsidy</p> <p>--OTHER--</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data Not Collected</p>	<p>*If yes to Temporary/Permanent Housing or Institutional Situations:</p> <p>On the night before, did you stay on the streets, ES, or SH?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Length of stay in previous place</p>	<p><input type="checkbox"/> One night or less</p> <p><input type="checkbox"/> Two to six nights</p> <p><input type="checkbox"/> One week or more, but less than one month</p> <p><input type="checkbox"/> One month or more, but less than 90 days</p> <p><input type="checkbox"/> 90 days or more, but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p>	<p>Number of times client has been homeless (on the streets, in ES, or SH) in past three years including today</p> <p><input type="checkbox"/> 1 time</p> <p><input type="checkbox"/> 2 times</p> <p><input type="checkbox"/> 3 times</p> <p><input type="checkbox"/> Four or more times</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p>
<p>Approximate date homelessness started</p> <p>Month Day Year</p>	<p>Total number of months homeless on the street in the past three years</p> <p><input type="checkbox"/> 1 month (this time is the first month)</p> <p><input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11</p> <p><input type="checkbox"/> 12 <input type="checkbox"/> More than 12 months</p> <p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused</p>	

5. Monthly Income

Income from any source: Yes No Client doesn't know Client refused

Source of Income:	Receiving Income Source	Amount Received	Additional Household Members	Notes
Alimony or Other Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Earned Income (wages)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
General Assistance (GA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Pension or retirement income from another job	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Private Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Retirement Income from Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
TANF (including CalWORKs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	

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VA Non-Service-Connected Disability Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
VA Service-Connected Disability Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Worker’s Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	

6. Non-Cash Benefits

Non-cash benefit from any source: Yes No Client doesn’t know Client refused

Source of Non-cash benefit:	Receiving Benefit	Type Received	Additional Household Members	Notes
SNAP including CalFresh (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Supplemental Nutrition Program (WIC)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
TANF Child Care Services	<input type="checkbox"/> Yes <input type="checkbox"/> No			
TANF Transportation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other TANF Funded Services (Sec.8/Public Housing/Rent Assist)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Source	<input type="checkbox"/> Yes <input type="checkbox"/> No			

7. Health Insurance

Covered by Health Insurance: Yes No Client doesn’t know Client refused

Health Insurance type:	Covered?	Start date	Insurance Notes
MEDICAID/MEDI-CAL	<input type="checkbox"/> Yes <input type="checkbox"/> No		
MEDICARE	<input type="checkbox"/> Yes <input type="checkbox"/> No		
State Children’s Health Insurance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Veteran’s Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer – Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
State Health Insurance for Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Indian Health Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		

8. Disabilities

Disability Type:	Disability Determination	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	Start date	Disability Notes
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Both Alcohol and Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Mental Health Problem	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn’t know	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn’t know	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> No <input type="checkbox"/> Client refused		

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9. Domestic Violence Questions

Are you a Domestic Violence Victim/Survivor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
IF YES – When did the Domestic Violence experience occur?	<input type="checkbox"/> Within past 3 months <input type="checkbox"/> 3-6 mo. Ago <input type="checkbox"/> 6-12 mo. Ago <input type="checkbox"/> More than a year ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
	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 refused

10. Coordinated Entry Questions

Do you have a felony conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied housing because of criminal convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Residential Move-In Date

If Yes, Date of Move-In	Month	Day	Year
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12. Street Outreach Only	Date of Engagement:
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