NorCal/DosRios 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 ☐ Yes ☐ No
Program Name	Release of Information (ROI) Signed ☐ Yes ☐ No

2. Household Information

Household Type	☐ Couple (parent & friend) & child(ren)	☐ Foster Parent(s) with child(ren)	☐ Other
	☐ Couple with no child(ren)	☐ Grandparent(s) with child(ren)	☐ Single Adult
	☐ Extended family unit	☐ Male Single Parent	☐ Two Parents with child(ren)
	☐ Female Single Parent	☐ Non-custodial Caregiver(s) w/child(ren)	

3. Client Information

First	Middle	Last	Suffix

Alias	Email Address

Address	Telephone

SSN	- -	**U.S. Military Veteran** *(adults only)*	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
SSN Data Quality	☐ Full Reported ☐ Partial/Approx. Reported ☐ Client doesn't know ☐ Client refused		
Date of Birth	Month Day Year	**Gender**	☐ Male ☐ Female ☐ Transgender male to female ☐ Transgender female to male ☐ Gender Non-conforming ☐ Client doesn't know ☐ Client refused
DOB Data Quality	☐ Full Reported ☐ Partial/Approx. Reported ☐ Client doesn't know ☐ Client refused		
Primary Race & Secondary Race	Pri Sec ☐ ☐ American Indian or Alaska Native ☐ ☐ Asian ☐ ☐ Black or African-American ☐ ☐ Native Hawaiian or Pacific Islander ☐ ☐ White ☐ ☐ Client doesn't know ☐ ☐ Client refused	**Ethnicity**	☐ Non-Hispanic/Latino ☐ Hispanic/Latino ☐ Client doesn't know ☐ Client refused
Relationship to Head of Household (HoH)	☐ Self (Head of Household) ☐ Head of Household's child ☐ Head of Household's spouse or partner ☐ Head of Household's other relation member ☐ Other (non-relation member)	**Disabling Condition?**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
Zip Code of Last Permanent Address		**Client Location (CoC) & Current County of Service**	☐ CA-516 ☐ CA-523 ☐ Del Norte ☐ Colusa ☐ Lassen ☐ Glenn ☐ Modoc ☐ Trinity ☐ Plumas ☐ Shasta ☐ Sierra ☐ Siskiyou
Zip Data Quality	☐ Full Reported ☐ Partial/Approx. Reported ☐ Client doesn't know ☐ Client refused		

NOTES:

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4. Homeless Determination

Prior Living Situation

--HOMELESS SITUATION--
- ☐ Place not meant for human habitation (car, abandoned building, bus or train station, etc.)
- ☐ Emergency shelter (incl. hotel/motel or campground paid for w/ES voucher, or RHY-funded Host Home Shelter) (ES)
- ☐ Safe Haven (SH)

--INSTITUTIONAL SITUATIONS--
- ☐ 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/detox

--TEMPORARY AND PERMANENT HOUSING SITUATIONS

Where did you spend last night? *(all adults & unaccompanied youth)*
- ☐ Residential project or halfway house w/no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (including homeless youth)*
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment or house
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Rental by client, with GPD TIP housing subsidy
- ☐ Rental by client, with VASH subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent subsidy
- ☐ Rental by client, with HCV voucher (tenant or project based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

--**OTHER**--
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data Not Collected

*If yes to Temporary/Permanent Housing or Institutional Situations:

On the night before, did you stay on the streets, ES or SH?
☐ Yes ☐ No

Length of stay in previous place	☐ 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	**Number of times client has been homeless (on the streets, in ES, or SH) in past three years including today**	☐ 1 time ☐ 2 times ☐ 3 times ☐ Four or more times ☐ Client doesn't know ☐ Client refused
Approximate date homelessness started	Month Day Year	**Total number of months homeless on the street in the past three years**	☐ 1 month (this time is the first month) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 months ☐ Client doesn't know ☐ Client refused

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	☐ Yes ☐ No	$	$	
Child Support	☐ Yes ☐ No	$	$	
Earned Income (wages)	☐ Yes ☐ No	$	$	
General Assistance (GA)	☐ Yes ☐ No	$	$	
Other	☐ Yes ☐ No	$	$	
Pension or retirement income from another job	☐ Yes ☐ No	$	$	
Private Disability Insurance	☐ Yes ☐ No	$	$	
Retirement Income from Social Security	☐ Yes ☐ No	$	$	
SSDI	☐ Yes ☐ No	$	$	
SSI	☐ Yes ☐ No	$	$	
TANF (including CalWORKs)	☐ Yes ☐ No	$	$	
Unemployment Insurance	☐ Yes ☐ No	$	$	

VA Non-Service Connected Disability Pension	☐ Yes ☐ No	$	$	
VA Service Connected Disability Compensation	☐ Yes ☐ No	$	$	
Worker's Compensation	☐ Yes ☐ 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)	☐ Yes ☐ No			
Special Supplemental Nutrition Program (WIC)	☐ Yes ☐ No			
TANF Child Care Services	☐ Yes ☐ No			
TANF Transportation Services	☐ Yes ☐ No			
Other TANF Funded Services (Sec.8/Public Housing/Rent Assist)	☐ Yes ☐ No			
Other Source	☐ Yes ☐ 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	☐ Yes ☐ No		
MEDICARE	☐ Yes ☐ No		
State Children's Health Insurance Program	☐ Yes ☐ No		
Veteran's Administration (VA) Medical Services	☐ Yes ☐ No		
Employer – Provided Health Insurance	☐ Yes ☐ No		
Health Insurance obtained through COBRA	☐ Yes ☐ No		
Private Pay Health Insurance	☐ Yes ☐ No		
State Health Insurance for Adults	☐ Yes ☐ No		
Indian Health Services Program	☐ Yes ☐ No		
Other	☐ Yes ☐ 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 Abuse	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused		
Both Alcohol and Drug Abuse	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused		
Chronic Health Condition	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused		
Developmental	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused		
Drug Abuse	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused		
HIV/AIDS	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused		
Mental Health Problem	☐ Yes ☐ No ☐ Client doesn't know	☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused		

	☐ Client refused			
Physical	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ Client doesn't know ☐ No ☐ Client refused		

9. Domestic Violence Questions

Are you a Domestic Violence Victim/Survivor?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
IF YES – When did the Domestic Violence experience occur?	☐ Within past 3 months ☐ 3-6 mo. Ago ☐ 6-12 mo. Ago ☐ More than a year ago ☐ Client doesn't know ☐ Client refused
	IF YES – Are you currently fleeing? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

10. Coordinated Entry Questions

Do you have a felony conviction?	☐ Yes ☐ No	**Registered sex offender?**	☐ Yes ☐ No
Have you ever been denied housing because of criminal convictions?	☐ Yes ☐ No	**Do you have any pets?**	☐ Yes ☐ No

11. Residential Move-In Date

If Yes, Date of Move-In	Month Day Year

NOTES: