Napa County Continuum of Care
HMIS Intake Form

For HMIS Staff ONLY
Is this the HoH? ☐ Yes ☐No
If no, client's HMIS ID of HoH: _____
Data entered in HMIS on _____ by _____

Program(s)
Name: _____ Case Worker/Intake Person: _____

Date Client Started
in your Program: _____

CLIENT PROFILE

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Social Security No. _____ ☐Full SSN ☐Partial SSN ☐Client Doesn't Know ☐Refused

Birth Date: _____ ☐Full DOB Reported ☐Partial DOB ☐Client Doesn't Know ☐Refused

*If client is already in the system, skip to **Program Intake** section. If client is not in the system, answer the following questions.*

Is this the Head of Household? ☐ Yes ☐No

Relationship to Head of Household: (Check only one) ☐Self
   ☐Husband ☐Daughter ☐Father ☐Sister ☐Roommate ☐Aunt ☐Niece ☐Grandparent ☐Domestic Partner
   ☐Wife   ☐Son   ☐Mother ☐Brother ☐Grandchild ☐Uncle ☐Nephew ☐Significant Other ☐Spouse ☐Other

Client Release of Information (ROI) ☐Signed Consent on File ☐Verbal Consent ☐Client Refused Consent

Gender: ☐Male ☐Female ☐Trans Female (MTF or Male to Female) ☐Trans Male (FTM or Female to Male)
      ☐Gender Non-Conforming (i.e. not exclusively male or female)☐Client Doesn't Know ☐Refused ☐Data not collected

Race: what best describes you? *Indicate clients' self-identification of one or more of five different racial categories.*
      ☐American Indian or Alaskan Native ☐Asian ☐Black/African-American
      ☐Native Hawaiian/Pacific Islander   ☐White ☐Client Doesn't Know ☐Refused

Ethnicity: ☐Non-Hispanic/Non-Latino ☐Hispanic Latino ☒Client Doesn't Know ☐Refused

Have you ever served in the US Military? (U.S. Military Veteran?) ☐ Yes ☐No If yes, answer the following questions:

Year Entered Military Service: _____ **Separated Year:** _____
Theater of Operation:
      ☐Afghanistan ☐Iraq (Iraqi Freedom) ☐Iraq (New Dawn) ☐Persian Gulf War
      ☐Korean War ☐Vietnam War   ☐World War II   ☐Other Operations ☐Client Doesn't Know ☐Refused
Branch of Military: ☐Army ☐Air Force ☐Navy ☐Marines ☐Coast Guard
      ☐Client Doesn't Know ☐Refused ☐Data not collected
Discharge Status: ☐Honorable   ☐Bad Conduct   ☐ Client Doesn't Know
      ☐General under honorable conditions   ☐Dishonorable   ☐Refused
      ☐General other than honorable conditions ☐Uncharacterized ☐Data not collected

PROJECT INTAKE QUESTIONS (*Enrollment in Clarity/HMIS*)

Complete Housing Move-In Date When Client Moves Into a Permanent Housing Unit (RRH, PH, PSH)

Housing Move-In Date: _____ REQUIRED for RRH, PSH, PH Projects

*Living Situation – ANSWER **ONLY ONE** SECTION: **A** or **B** or **C***

Type of Residence/Living Situation prior to Program Start Date:

A - *Homeless Living Situations*
☐Place not meant for habitation (*e.g., Vehicle, river, camp, abandoned building, or anywhere outside*).
☐Emergency Shelter, including hotel or motel paid for with emergency shelter
☐Safe Haven
☐Interim Housing

Length of Stay in Homeless Living Situation?
☐One night or less   ☐2 to 6 nights   ☐1 week or more, but less than one month
☐1 month or more, but less than 90 days   ☐90 days or more, but less than one year   ☐One year or longer

Approximate date homelessness started? _____ REQUIRED

Number of times on the streets, in Emergency Shelter, or Safe Haven in the past 3 years?
☐0 (Not Homeless-Prevention Only) ☐1 (Homeless only this time) ☐2 ☐3 ☐4 or more
☐Client Doesn't Know ☐Refused ☐Data not collected

Total number of months homeless on the street or in Emergency Shelter in the past 3 years?

☐1 month (this time is the first month)	☐8 months	☐11 months		☐Client doesn't know
☐2 months ☐4 months ☐6 months	☐9 months	☐12 months		☐Client Refused
☐3 months ☐5 months ☐7 months	☐10 months	☐More than 12 months		☐Data not collected

B - *Institutional Living Situations*
☐Foster Care home or foster care group home
☐Hospital or other residential non-psychiatric medical facility
☐Jail, prison, or juvenile detention center
☐Long-term care facility or nursing home
☐Psychiatric hospital or other psychiatric facility
☐Substance abuse treatment facility or detox center

Length of Stay in Homeless Living Situation?
☐One night or less   ☐2 to 6 nights   ☐1 week or more, but less than one month
☐1 month or more, but less than 90 days   ☐90 days or more, but less than one year   ☐One year or longer

Was length of stay less than 90 days? ☐ Yes** ☐No* ☐Client Doesn't Know ☐Refused ☐Data not collected
* If the answer is NO, you do not need to answer the below questions.

** If YES – On the night before, did client stay on the streets, Emergency Shelter or Safe Haven?
☐ Yes ☐No ☐Client Doesn't Know ☐Refused ☐Data not collected

Approximate date homelessness started? _____ REQUIRED

Number of times on the streets, in Emergency Shelter, or Safe Haven in the past 3 years?
☐0 (Not Homeless-Prevention Only) ☐1 (Homeless only this time) ☐2 ☐3 ☐4 or more
☐Client Doesn't Know ☐Refused ☐Data not collected

Total number of months homeless on the street or in Emergency Shelter in the past 3 years?

☐1 month (this time is the first month)	☐8 months	☐11 months		☐Client doesn't know
☐2 months ☐4 months ☐6 months	☐9 months	☐12 months		☐Client Refused
☐3 months ☐5 months ☐7 months	☐10 months	☐More than 12 months		☐Data not collected

C – *Transitional OR Permanent Housing Living Situations*
☐Hotel or motel paid for without emergency shelter voucher
☐Owned by client – no housing subsidy
☐Owned by client – with ongoing housing subsidy
☐Permanent housing (other than Rapid Re-Housing) for formerly homeless persons
☐Rental by client – No ongoing housing subsidy

☐Rental by client – VASH housing subsidy (Veterans Affairs Supportive Housing)
☐Rental by client with GPD TIP (Grant and Per Diem Transitional in Place)
☐Rental by client – with other ongoing housing subsidy (including Rapid Re-Housing)
☐Residential project or halfway house with no homeless criteria
☐Staying or living in family member's room, apartment, or house
☐Staying or living in friend's room, apartment, or house
☐Transitional Housing for homeless persons (including homeless youth)
☐Client doesn't know
☐Client Refused
☐Data not collected

Length of Stay in Homeless Living Situation?
☐One night or less   ☐2 to 6 nights   ☐1 week or more, but less than one month
☐1 month or more, but less than 90 days   ☐90 days or more, but less than one year   ☐One year or longer

Was length of stay less than 7 days? ☐ Yes** ☐No* ☐Client Doesn't Know ☐Refused ☐Data not collected
If the answer is NO, you do not need to answer the below questions.

** If YES – On the night before, did client stay on the streets, Emergency Shelter or Safe Haven?
  ☐ Yes ☐No ☐Client Doesn't Know ☐Refused ☐Data not collected

Approximate date homelessness started? _____ REQUIRED

Number of times on the streets, in Emergency Shelter, or Safe Haven in the past 3 years?
☐0 (Not Homeless-Prevention Only) ☐1 (Homeless only this time) ☐2 ☐3 ☐4 or more
☐Client Doesn't Know ☐Refused ☐Data not collected

Total number of months homeless on the street or in Emergency Shelter in the past 3 years?

☐1 month (this time is the first month)		☐8 months	☐11 months		☐Client doesn't know
☐2 months	☐4 months	☐6 months	☐9 months	☐12 months	☐Client Refused
☐3 months	☐5 months	☐7 months	☐10 months	☐More than 12 months	☐Data not collected

Disabling Conditions and Barriers

Does client have a disabling condition? ☐ Yes ☐No   A disabling condition is one or more of the following:

  Physical Disability ☐ Yes ☐No ☐Client Doesn't Know ☐Refused ☐Data not collected
   If yes, will Physical Disability be Long Term? ☐ Yes ☐No ☐Client Doesn't Know ☐Refused ☐Data not collected

  Developmental Disability ☐ Yes ☐No ☐Client Doesn't Know ☐Refused ☐Data not collected
   If yes, does Developmental Disability substantially impairs independence?
   ☐ Yes ☐No ☐Client Doesn't Know ☐Refused ☐Data not collected

  Chronic Health Condition ☐ Yes ☐No ☐Client Doesn't Know ☐Refused ☐Data not collected
   If yes, will Physical Disability be Long Term? ☐ Yes ☐No ☐Client Doesn't Know ☐Refused ☐Data not collected

  HIV - AIDS ☐ Yes ☐No ☐Client Doesn't Know ☐Refused ☐Data not collected
   If yes, does Developmental Disability substantially impairs independence?
   ☐ Yes ☐No ☐Client Doesn't Know ☐Refused ☐Data not collected

  Mental Health Problem ☐ Yes ☐No ☐Client Doesn't Know ☐Refused ☐Data not collected
   If yes, will Physical Disability be Long Term? ☐ Yes ☐No ☐Client Doesn't Know ☐Refused ☐Data not collected

  Substance Abuse Problem ☐No ☐Alcohol Abuse ☐Drug Abuse ☐Both Alcohol and Drug Abuse
                ☐Client Doesn't Know ☐Refused ☐Data not collected

Is Client a Domestic Violence Victim/Survivor? ☐ Yes ☐No ☐Client Doesn't Know ☐Refused ☐Data not collected
  If yes, last occurrence? ☐Within the past 3 months ☐3-6 months ago ☐6-12 months ago ☐One year ago or more
                ☐Client Doesn't Know ☐Refused ☐Data not collected
  Is client currently fleeing? ☐ Yes ☐No ☐Client Doesn't Know ☐Refused ☐Data not collected

Cash Income for Individual

Income from Any Source? ☐ Yes ☐No ☐Client Doesn't Know ☐Refused ☐Data not collected

☐Earned Income $ _____ ☐Social Security Disability Income (SSDI) $ _____
☐Child Support $ _____ ☐Social Security Income (SSI) $ _____
☐General Assistance $ _____ ☐Spousal Support $ _____
☐TANF/CalWorks $ _____ ☐Unemployment Insurance $ _____
☐Private Disability Insurance $ _____ ☐ VA Service-Connected Disability Compensation $ _____
☐Retirement from Social Security $_____ ☐ VA Non-Service Connected Disability Compensation $ ____
☐Pension from a Former Job $ _____ ☐Worker's Compensation $ _____
☐Other Income $ _____   Source: _____

Non-Cash Benefits

☐CalFresh (Food Stamps/SNAP) ☐ TANF/CalWorks Transportation Services
☐TANF/CalWorks Childcare Services ☐ Other TANF/CalWorks-Funded Services
☐WIC (Supplemental Nutrition for Women, Infants, and Children) ☐ Other Non-Cash Benefits – Source: _____

Health Insurance

☐Employer Provided ☐ Obtained through COBRA
☐Healthy Kids (CHI) (State Children's HIP) ☐ Private Pay Health Insurance
☐Indian Health Services Program ☐ State Health Insurance for Adults
☐Medical/Medicaid ☐ Veteran Administration (VA) Medical Services
☐Medicare ☐ Other: Specify _____

SERVICES *Provided*

☐ Alcohol & Drug Services	☐ Mental Health	☐	☐
☐ Case Management	☐ Motel/Hotel Voucher	☐	☐
☐ Classes/Workshops	☐ Outreach/Engagement	☐	☐
☐ Counseling	☐ Parenting	☐	☐
☐ Deposit - Housing	☐ Rental Assistance	☐	☐
☐ Food	☐ Shelter	☐	☐
☐ Life Skills	☐		☐

REFERRALS *Provided*

☐ Alcohol & Drug Services	Date of Referral: _____	☐Attained	☐Not Attained	☐Unknown
☐ Anger Management	Date of Referral: _____	☐Attained	☐Not Attained	☐Unknown
☐ Employment	Date of Referral: _____	☐Attained	☐Not Attained	☐Unknown
☐ Job Training	Date of Referral: _____	☐Attained	☐Not Attained	☐Unknown
☐ Mental Health	Date of Referral: _____	☐Attained	☐Not Attained	☐Unknown
☐ Rental Assistance	Date of Referral: _____	☐Attained	☐Not Attained	☐Unknown
☐ Safety	Date of Referral: _____	☐Attained	☐Not Attained	☐Unknown
☐ Security Deposit	Date of Referral: _____	☐Attained	☐Not Attained	☐Unknown
☐ Transportation	Date of Referral: _____	☐Attained	☐Not Attained	☐Unknown
☐ Employment Assistance	Date of Referral: _____	☐Attained	☐Not Attained	☐Unknown
☐ Medical Insurance	Date of Referral: _____	☐Attained	☐Not Attained	☐Unknown
☐	Date of Referral: _____	☐Attained	☐Not Attained	☐Unknown
☐	Date of Referral: _____	☐Attained	☐Not Attained	☐Unknown
☐	Date of Referral: _____	☐Attained	☐Not Attained	☐Unknown