



A Tradition of Stewardship
A Commitment to Service

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**

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

- | | |
|---|--|
| <input type="checkbox"/> Earned Income \$ _____ | <input type="checkbox"/> Social Security Disability Income (SSDI) \$ _____ |
| <input type="checkbox"/> Child Support \$ _____ | <input type="checkbox"/> Social Security Income (SSI) \$ _____ |
| <input type="checkbox"/> General Assistance \$ _____ | <input type="checkbox"/> Spousal Support \$ _____ |
| <input type="checkbox"/> TANF/CalWorks \$ _____ | <input type="checkbox"/> Unemployment Insurance \$ _____ |
| <input type="checkbox"/> Private Disability Insurance \$ _____ | <input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____ |
| <input type="checkbox"/> Retirement from Social Security \$ _____ | <input type="checkbox"/> VA Non-Service Connected Disability Compensation \$ _____ |
| <input type="checkbox"/> Pension from a Former Job \$ _____ | <input type="checkbox"/> Worker's Compensation \$ _____ |
| <input type="checkbox"/> Other Income \$ _____ Source: _____ | |

Non-Cash Benefits

- | | |
|--|--|
| <input type="checkbox"/> CalFresh (Food Stamps/SNAP) | <input type="checkbox"/> TANF/CalWorks Transportation Services |
| <input type="checkbox"/> TANF/CalWorks Childcare Services | <input type="checkbox"/> Other TANF/CalWorks-Funded Services |
| <input type="checkbox"/> WIC (Supplemental Nutrition for Women, Infants, and Children) | <input type="checkbox"/> Other Non-Cash Benefits – Source: _____ |

Health Insurance

- | | |
|--|---|
| <input type="checkbox"/> Employer Provided | <input type="checkbox"/> Obtained through COBRA |
| <input type="checkbox"/> Healthy Kids (CHI) (State Children's HIP) | <input type="checkbox"/> Private Pay Health Insurance |
| <input type="checkbox"/> Indian Health Services Program | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> Medical/Medicaid | <input type="checkbox"/> Veteran Administration (VA) Medical Services |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Other: Specify _____ |

SERVICES Provided

- | | | | |
|--|--|--------------------------|--------------------------|
| <input type="checkbox"/> Alcohol & Drug Services | <input type="checkbox"/> Mental Health | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Motel/Hotel Voucher | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Classes/Workshops | <input type="checkbox"/> Outreach/Engagement | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Parenting | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Deposit - Housing | <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Food | <input type="checkbox"/> Shelter | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REFERRALS Provided

- | | | | | |
|--|-------------------------|-----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Alcohol & Drug Services | Date of Referral: _____ | <input type="checkbox"/> Attained | <input type="checkbox"/> Not Attained | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Anger Management | Date of Referral: _____ | <input type="checkbox"/> Attained | <input type="checkbox"/> Not Attained | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Employment | Date of Referral: _____ | <input type="checkbox"/> Attained | <input type="checkbox"/> Not Attained | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Job Training | Date of Referral: _____ | <input type="checkbox"/> Attained | <input type="checkbox"/> Not Attained | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Mental Health | Date of Referral: _____ | <input type="checkbox"/> Attained | <input type="checkbox"/> Not Attained | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Rental Assistance | Date of Referral: _____ | <input type="checkbox"/> Attained | <input type="checkbox"/> Not Attained | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Safety | Date of Referral: _____ | <input type="checkbox"/> Attained | <input type="checkbox"/> Not Attained | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Security Deposit | Date of Referral: _____ | <input type="checkbox"/> Attained | <input type="checkbox"/> Not Attained | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Transportation | Date of Referral: _____ | <input type="checkbox"/> Attained | <input type="checkbox"/> Not Attained | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Employment Assistance | Date of Referral: _____ | <input type="checkbox"/> Attained | <input type="checkbox"/> Not Attained | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Medical Insurance | Date of Referral: _____ | <input type="checkbox"/> Attained | <input type="checkbox"/> Not Attained | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | Date of Referral: _____ | <input type="checkbox"/> Attained | <input type="checkbox"/> Not Attained | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | Date of Referral: _____ | <input type="checkbox"/> Attained | <input type="checkbox"/> Not Attained | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | Date of Referral: _____ | <input type="checkbox"/> Attained | <input type="checkbox"/> Not Attained | <input type="checkbox"/> Unknown |