



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care HMIS Child Intake Form

For HMIS Staff ONLY
HoH HMIS ID: _____
Data entered in HMIS on _____ by _____

Program(S) _____ Date Client Started
Name: _____ Case Worker/Intake Person: _____ 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.

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

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

PROGRAM INTAKE (Enrollment in Clarity/HMIS) QUESTIONS

Complete if child is housed in a RRH or Permanent Housing Program

Housing Move-In Date: _____

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

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 _____

Education

Is child enrolled in school? Yes No

If child is not enrolled in school, barriers to enrolling child in school?

None Residency requirements Availability of school records Transportation
 Birth certificates Legal guardianship requirements Lack of available preschool programs
 Immunization requirements Physical examination records Other
 Client doesn't know Client refused Data not collected

School Status? Attending school regularly Attending school irregularly Graduated from high school
 Obtained GED Dropped out Suspended Expelled
 Client doesn't know Client refused Data not collected

Type of school? Public school Parochial or other private school Client doesn't know Client refused

Name of school: _____

HUD Homeless Liaison: Yes No Client doesn't know Client refused

Last Date of Enrollment: _____