



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

HMIS Intake Form

ABODE * Nightingale * NPD
Shelter & Street Outreach Programs

Check all those apply at this intake

HRC SNS WS SO WPC

For HMIS Staff ONLY
Is this the HoH? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, client's HMIS ID of HoH: _____
Data entered in HMIS on _____ by _____

Program 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

Alias or AKA Name: _____ **Client's Phone Number:** _____

Client's Email Address: _____

Emergency Contact Name: _____ **Emergency Phone Number:** _____

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)

- 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

Does Client Give Consent to Enroll in Whole Person Care Program? Yes No

Signed Consent 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:

***A Veteran is someone who has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.*

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)

Shelter & Street Outreach Information

Date of Engagement: _____ **For Street Outreach Only.** Date of Engagement means the date on which an interactive client relationship results in a deliberate client assessment.

Marital Status: Single Domestic Relationship
 Other

Do you have children? None Child or children under 18 Child or children over 18

Do your children live with you? Yes No

Home Town: American Canyon Angwin Calistoga City of Napa Lake Barryesa Lake County Mexico
 Oakville Other California Other County Other U.S. Rutherford St. Helena Solano County Yountville

Last Known Address: (permanent address) _____ City _____ Zip Code _____

Is Client a Farmworker? Yes No If yes, currently doing farm-work? Yes No

Is client formerly a Ward of Child Welfare or Foster Care Agency? Yes No

Currently on Probation? Yes No If yes, Probation County: _____ Probation Officer: _____

Currently on Parole? Yes No If yes, Parole County: _____ Parole Officer: _____

Client has a vehicle? Yes No

Client Health Status - MANDATORY

In general, how would you rate your overall health?

Excellent Very Good Good Fair Poor

In general, how would you rate your overall mental or emotional health?

Excellent Very Good Good Fair Poor

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

Type of living arrangement of the client the night before his/her entry into the program:

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
- Client Doesn't Know Refused Data not collected

Approximate date homelessness started? _____ REQUIRED (Date of when last instance of homelessness started)

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
- Client Doesn't Know Refused Data not collected

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 (Date of when last instance of homelessness started)

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
- Client Doesn't Know Refused Data not collected

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 (Date of when last instance of homelessness started)

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:

Physical Disability Yes No Client Doesn't Know Refused Data not collected

If Yes, is the Physical Disability expected substantially impairs ability to live independently?

Yes No Client Doesn't Know Refused Data not collected

Developmental Disability Yes No Client Doesn't Know Refused Data not collected

If yes, is the Developmental Disability expected to substantially impair ability to live independently?

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, is the Chronic Health Condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? Yes No Client Doesn't Know Refused Data not collected

HIV - AIDS Yes No Client Doesn't Know Refused Data not collected

If yes, is the HIV-AIDS expected to substantially impair ability to live independently?

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, is the Mental Health Problem expected to be of long-continued and indefinite duration and substantially impedes a client's ability to live independently? 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

If yes, is the Substance Abuse Problem expected to be of long-continued and indefinite duration and substantially impedes a client's ability to live independently? Yes No Client Doesn't Know Refused Data not collected

Does client have a disabling condition? Yes No Answer Yes if client answer Yes to any of the above conditions/barriers

Is Client a Domestic Violence Victim/Survivor? Yes No Client Doesn't Know Refused Data not collected

If yes, how long ago did client have the most recent experience?

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: _____

