



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

HMIS Intake Form

**Housing Programs
(TH, RRH, PSH)**

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 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

Marital Status: Single (Never Married) Single (Divorced) Married Separated/Trial Separation/Partner Left
 Illness Widowed/Death Living with Partner/New Live-In-Partner Other
 Client Doesn't Know Refused

Parental Status: Single Custodial Parent of Dependent Children Parent of Non-Dependent Children
 Parent in Two Parent Family with Dependent Children
 Not Parent (No Children) Non-Custodial Parent of Dependent children
 Client Doesn't Know Refused

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

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

PROGRAM INTAKE (Enrollment in Clarity/HMIS) QUESTIONS

Complete Housing Move-In Date When Client Moves Into a Permanent Housing Unit

Housing Move-In Date: _____ REQUIRED

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 Prior Living Situation? (Living situation marked above)

- 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 (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?

- | | | | |
|---|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> 1 month (this time is the first month) | <input type="checkbox"/> 5 months | <input type="checkbox"/> 9 months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 2 months | <input type="checkbox"/> 6 months | <input type="checkbox"/> 10 months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 7 months | <input type="checkbox"/> 11 months | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> 4 months | <input type="checkbox"/> 8 months | <input type="checkbox"/> 12 months | <input type="checkbox"/> 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 above 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

If Yes, 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?

- | | | | |
|---|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> 1 month (this time is the first month) | <input type="checkbox"/> 5 months | <input type="checkbox"/> 9 months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 2 months | <input type="checkbox"/> 6 months | <input type="checkbox"/> 10 months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 7 months | <input type="checkbox"/> 11 months | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> 4 months | <input type="checkbox"/> 8 months | <input type="checkbox"/> 12 months | <input type="checkbox"/> 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 above 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 this living situation, did client stay on the streets, Emergency Shelter or Safe Haven?

- Yes No Client Doesn’t Know Refused Data not collected

If yes, 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?

- | | | | |
|---|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> 1 month (this time is the first month) | <input type="checkbox"/> 5 months | <input type="checkbox"/> 9 months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 2 months | <input type="checkbox"/> 6 months | <input type="checkbox"/> 10 months | <input type="checkbox"/> Client doesn’t know |
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 7 months | <input type="checkbox"/> 11 months | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> 4 months | <input type="checkbox"/> 8 months | <input type="checkbox"/> 12 months | <input type="checkbox"/> 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

Monthly 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 \$ _____	<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

Non-Cash Benefits from Any Source? Yes No Client Doesn't Know Refused Data not collected

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

Health Insurance

Health Insurance from Any Source? Yes No Client Doesn't Know Refused Data not collected

<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 _____

ONLY FOR THOSE PROGRAMS THAT NEED TO REPORT/TRACK SERVICES/REFERRALS

SERVICES Provided		REFERRALS Provided	
<input type="checkbox"/> Alcohol & Drug Services	<input type="checkbox"/>	<input type="checkbox"/> Alcohol & Drug Services	<input type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/> Anger Management	<input type="checkbox"/>
<input type="checkbox"/> Classes/Workshops	<input type="checkbox"/>	<input type="checkbox"/> Health Care	<input type="checkbox"/>
<input type="checkbox"/> Counseling	<input type="checkbox"/>	<input type="checkbox"/> Employment	<input type="checkbox"/>
<input type="checkbox"/> Deposit - Housing	<input type="checkbox"/>	<input type="checkbox"/> Employment Training	<input type="checkbox"/>
<input type="checkbox"/> Food	<input type="checkbox"/>	<input type="checkbox"/> Rental Assistance	<input type="checkbox"/>
<input type="checkbox"/> Life Skills	<input type="checkbox"/>	<input type="checkbox"/> Safety	<input type="checkbox"/>
<input type="checkbox"/> Mental Health	<input type="checkbox"/>	<input type="checkbox"/> Security Deposit	<input type="checkbox"/>
<input type="checkbox"/> Motel/Hotel Voucher	<input type="checkbox"/>	<input type="checkbox"/> Transportation	<input type="checkbox"/>
<input type="checkbox"/> Outreach/Engagement	<input type="checkbox"/>	<input type="checkbox"/> Other: List them	<input type="checkbox"/>
<input type="checkbox"/> Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: List them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>