

# HMIS Intake and Enrollment Form - General

Client Name / ID: \_\_\_\_\_

## **Identification** (All fields required unless otherwise noted)

HMIS consent?  No (refused)  Signed Consent Form

First Name: \_\_\_\_\_ Middle Name (Optional): \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix (Optional): \_\_\_\_\_

<b>Name Data Quality:</b> Did the client provide their full name?	<b>Physical Description (Optional):</b>	<b>Last Known Permanent Address:</b> Where have you last lived for 90 days or more? (Not including emergency shelters and transitional housing)
<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, street name, or code name reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected		Address: _____ City: _____ County: _____ State: _____ Zip: _____
<b>Date of Birth:</b>	<b>SSN:</b>	
_____ / _____ / _____ <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or partial DOB reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	_____ - _____ - _____ <input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	Address Data Quality: <input type="checkbox"/> Full address reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Incomplete or estimated address reported <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected

## **Contact Information** (Optional)

Phone Number	Phone Type	Contact Preference
Main: (____)____-____ x____ <input type="checkbox"/> Leave message	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message Center	<input type="checkbox"/> Phone <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Text <input type="checkbox"/> Email
Alternate: (____)____-____ x____ <input type="checkbox"/> Leave message	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message Center	
<b>Email</b>	_____@_____	<b>Notes</b>

## **Demographics** (All fields required unless otherwise noted)

<b>Housing Status:</b>	<b>Family Type:</b>
<input type="checkbox"/> Category 1 - Homeless <input type="checkbox"/> Category 2 - At Imminent Risk of Losing Housing (within 14 days or less) <input type="checkbox"/> Category 3 - Homeless only under other Federal Statutes <input type="checkbox"/> Category 4 - Fleeing Domestic Violence <input type="checkbox"/> At Risk of Homelessness <input type="checkbox"/> Stably Housed	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected <input type="checkbox"/> Unaccompanied <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Adults No children

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Relation (to Head of Household)	Gender:
<input type="checkbox"/> Self <input type="checkbox"/> Head of Household's Child <input type="checkbox"/> Head of Household's Spouse or Partner <input type="checkbox"/> Head of Household's other Relation Member <input type="checkbox"/> Other: Non-relation Member	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Doesn't identify as male, female, or transgender <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected

Disabled? (Physical, Developmental, Mental Health, Chronic Health Condition, HIV/AIDS, and/or Substance Use Disorder.)	Veteran (Have you ever served in the U.S. Military?)	Education Level (What is the highest level of education you've completed?)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12 / High school Diploma <input type="checkbox"/> GED <input type="checkbox"/> School program does not have grade levels <input type="checkbox"/> Some College <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational Certification <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected

Ethnicity	Race (check all that apply)
<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected

**Income and Insurance (All fields required unless otherwise noted)**

Income Source (Check all that apply)	Stated Income	Pay Interval					
		Weekly	Every Other Week	Twice A Month	Monthly	Quarterly	Yearly
<input type="checkbox"/> No financial resources							
<input type="checkbox"/> Earned Income (employment wages / cash)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Workers Compensation	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Temporary Assistance for Needy Families (CalWORKs)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> General Assistance (GA) (General Relief (GR))	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Retirement Income from Social Security	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pension or retirement income from a former job	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Support	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alimony or other spousal support	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Source (Specify: _____)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Client Doesn't Know							
<input type="checkbox"/> Client Refused							
<input type="checkbox"/> Data not Collected							

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Income Documentation (Optional):	Comments (Optional):
<input type="checkbox"/> GR Form	
<input type="checkbox"/> CalWORKS Forms	
<input type="checkbox"/> Pension Letter/Stub	
<input type="checkbox"/> Pay Stub	
<input type="checkbox"/> Unemployment Insurance Forms	
<input type="checkbox"/> Unemployment Forms	
<input type="checkbox"/> Utility Allowance	
<input type="checkbox"/> W-2 Forms	
<input type="checkbox"/> Self Declaration	
<input type="checkbox"/> Child Support Forms	
<input type="checkbox"/> SSDI Form	
<input type="checkbox"/> Employer Printout/Letter	
<input type="checkbox"/> Social Security Forms	
<input type="checkbox"/> Workmans Comp	
<input type="checkbox"/> VA Documentation	
<input type="checkbox"/> SSI Forms	
<input type="checkbox"/> Self Employment Docs	

Non-Cash Benefits (Check all that apply):			
<input type="checkbox"/> None	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data not Collected
<input type="checkbox"/> Food Stamps (CalFresh) Amount: _____	<input type="checkbox"/> CalWorks Child Care	<input type="checkbox"/> Temporary Rental Assistance	
<input type="checkbox"/> WIC	<input type="checkbox"/> CalWorks Transportation	<input type="checkbox"/> Section 8 or Rental Assistance	<input type="checkbox"/> Medically Needy Amount: _____
	<input type="checkbox"/> Other CalWorks-Funded Services	<input type="checkbox"/> Other _____	

Health Insurance (Check all that apply):			
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data not Collected
<input type="checkbox"/> MediCal	<input type="checkbox"/> MEDICARE	<input type="checkbox"/> State Children's Health Ins.	<input type="checkbox"/> VA Medical Services
<input type="checkbox"/> Employer Provided Health Ins.	<input type="checkbox"/> COBRA Health Ins.	<input type="checkbox"/> Private Health Ins.	<input type="checkbox"/> Indian Health Services Program
<input type="checkbox"/> Other _____			

## Client Note (Optional)

Client Note:	
Type: <input type="checkbox"/> Information <input type="checkbox"/> Alert	
Private Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Note Date: ___/___/___	

## Emergency Contact Information (Optional)

Contact Type	Phone Number	Phone Type	Email
<b>Alternate Contact</b> <i>(Who is the best person to get in touch with you?)</i> Relationship: _____ First Name: _____ Last Name: _____	( ) - x	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message Center	
<b>Emergency</b> <i>(In case of an emergency, who should we alert?)</i> <input type="checkbox"/> Same as above Relationship: _____ First Name: _____ Last Name: _____	( ) - x	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message Center	

# HMIS Intake and Enrollment Form - General

Client Name / ID: \_\_\_\_\_

**Program Entry (All fields required unless otherwise noted)**

Program Name: \_\_\_\_\_

Program Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Case Manager: \_\_\_\_\_

## Living Situation Questions for Street Outreach, Emergency Shelter, or Safe Haven Projects

1. Type of Residence	
<b><u>HOMELESS SITUATION</u></b>	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Place not meant for human habitation	<input type="checkbox"/> Permanent housing for formerly homeless persons
<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Rental by client, with VASH housing subsidy
<input type="checkbox"/> Interim Housing	<input type="checkbox"/> Rental by client, with GPD TIP subsidy
<b><u>INSTITUTIONAL SITUATION</u></b>	<input type="checkbox"/> Rental by client, with other (non-VASH) ongoing housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Staying or living in a family member's room, apartment, or house
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Transitional housing for homeless persons
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Other
<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Client Doesn't Know
<b><u>TRANSITIONAL &amp; PERMANENT HOUSING SITUATION</u></b>	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Data not Collected
<input type="checkbox"/> Owned by client, no ongoing housing subsidy	

2. Length of Stay in Prior Living Situation		
<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> 90 days or more, but less than one year	<input type="checkbox"/> Client Refused
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One year or longer	<input type="checkbox"/> Data not Collected

Proceed to Question 5 ->

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Client Name / ID: \_\_\_\_\_

Living Situation Questions for All Project Types excluding Street Outreach, Emergency Shelter, or Safe Haven Projects

## 1. Type of residence

**HOMELESS SITUATION**

- Place not meant for human habitation
- Emergency Shelter
- Safe Haven
- Interim Housing

**INSTITUTIONAL SITUATION**

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

**TRANSITIONAL & PERMANENT HOUSING SITUATION**

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing for formerly homeless persons
- Rental by client, no ongoing housing subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with GPD TIP subsidy
- Rental by client, with other (non-VASH) ongoing housing subsidy
- Residential project or halfway house with no homeless criteria
- Staying or living in a family member's room, apartment, or house
- Staying or living in a friend's room, apartment, or house
- Transitional housing for homeless persons
- Client Doesn't Know
- Client Refused
- Data not Collected

## 3. Length of stay in prior living situation

- One night or less
- Two to six nights
- One week or more, but less than one month
- One 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
- Client Refused
- Data not Collected

**2a. Did you stay less than 90 days?**

- No
- Yes

- One night or less
- Two to six nights
- One week or more, but less than one month
- One 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
- Client Refused
- Data not Collected

**2b. Did you stay less than 7 nights?**

- No
- Yes

- One night or less
- Two to six nights
- One week or more, but less than one month
- One 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
- Client Refused
- Data not Collected

Proceed to **Question 5**

Proceed to **Question 4**

Proceed to **Question 8**

Proceed to **Question 4**

Proceed to **Question 8**

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<b>4. On the night before your current housing situation, did you stay on the streets, ES, or SH?</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes

<b>5. Approximate date started</b>
____ / ____ / ____

<b>6. Number of times the client has been on the streets, in ES, or SH in the past three years including today.</b>
<input type="checkbox"/> Never in three years <input type="checkbox"/> Three times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> One time <input type="checkbox"/> Four or more times <input type="checkbox"/> Client Refused <input type="checkbox"/> Two times <input type="checkbox"/> Data not Collected

<b>7. Total number of months homeless on the streets, in ES, or SH in the past three years.</b>
<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 7 <input type="checkbox"/> 12 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> More than 12 months <input type="checkbox"/> 3 <input type="checkbox"/> 9 <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> 4 <input type="checkbox"/> 10 <input type="checkbox"/> Client Refused <input type="checkbox"/> 5 <input type="checkbox"/> 11 <input type="checkbox"/> Data not Collected <input type="checkbox"/> 6

**HOMELESSNESS** - Adults aged 18 and older and Head of Household < 18 years old, required questions are shaded

Question	Check One Answer	Comments
<b>8. What city were you residing in immediately prior to entry into this project?</b>	<input type="checkbox"/> Aliso Viejo <input type="checkbox"/> Irvine <input type="checkbox"/> San Clemente <input type="checkbox"/> Anaheim <input type="checkbox"/> La Habra <input type="checkbox"/> San Juan <input type="checkbox"/> Atwood <input type="checkbox"/> La Palma      Capistrano <input type="checkbox"/> Balboa <input type="checkbox"/> Laguna Beach <input type="checkbox"/> Santa Ana <input type="checkbox"/> Brea <input type="checkbox"/> Laguna Hills <input type="checkbox"/> Seal Beach <input type="checkbox"/> Buena Park <input type="checkbox"/> Laguna Niguel <input type="checkbox"/> Stanton <input type="checkbox"/> Capistrano Beach <input type="checkbox"/> Laguna Woods <input type="checkbox"/> Sunset Beach <input type="checkbox"/> Corona del Mar <input type="checkbox"/> Lake Forest <input type="checkbox"/> Tustin <input type="checkbox"/> Costa Mesa <input type="checkbox"/> Las Flores <input type="checkbox"/> Villa Park <input type="checkbox"/> Coto de Caza <input type="checkbox"/> Lemon Heights <input type="checkbox"/> Westminster <input type="checkbox"/> Cypress <input type="checkbox"/> Los Alamitos <input type="checkbox"/> Yorba Linda <input type="checkbox"/> Dana Point <input type="checkbox"/> Midway City <input type="checkbox"/> Outside Orange <input type="checkbox"/> El Modena <input type="checkbox"/> Mission Viejo      County <input type="checkbox"/> Fountain Valley <input type="checkbox"/> Newport Beach <input type="checkbox"/> Client Doesn't <input type="checkbox"/> Fullerton <input type="checkbox"/> Orange      Know <input type="checkbox"/> Garden Grove <input type="checkbox"/> Placentia <input type="checkbox"/> Client Refused <input type="checkbox"/> Huntington Beach <input type="checkbox"/> Rancho Santa <input type="checkbox"/> Data not Collected <input type="checkbox"/> Margarita	
<b>9. Was the client referred to this project through Coordinated Entry? (Required for PSH, OPH, and RRH projects only)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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**WELLNESS** – All clients, required questions are shaded

Question	Check One Answer	Comments
10. Have you been diagnosed with AIDS or have you tested positive for HIV?	<input type="checkbox"/> No <input type="checkbox"/> Yes** <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
10a. Do you expect this to substantially impair your ability to live independently? <b>(Required if question 10 is 'Yes')</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
10b. Do you have documentation of the disability and severity on file? <b>(Required if question 10 is 'Yes')</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
10c. Are you currently receiving services or treatment for this condition? <b>(Required if question 10 is 'Yes')</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
11. Do you have a chronic health condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes** <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
11a. Do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently? <b>(Required if question 11 is 'Yes')</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
11b. Do you have documentation of the disability and severity on file? <b>(Required if question 11 is 'Yes')</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
11c. Are you currently receiving services or treatment for this condition? <b>(Required if question 11 is 'Yes')</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
12. Do you have a physical disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes** <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
12a. Do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently? <b>(Required if question 12 is 'Yes')</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
12b. Do you have documentation of the disability and severity on file? <b>(Required if question 12 is 'Yes')</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
12c. Are you currently receiving services or treatment for this condition? <b>(Required if question 12 is 'Yes')</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
13. Do you <i>currently</i> have a drug or alcohol problem?	<input type="checkbox"/> No <input type="checkbox"/> Alcohol** <input type="checkbox"/> Drug** <input type="checkbox"/> Both** <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
13a. Do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently? <b>(Required if question 13 is 'Alcohol', 'Drug', or 'Both')</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
13b. Do you have documentation of the disability and severity on file?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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<b>(Required if question 13 is 'Alcohol', 'Drug', or 'Both')</b>		
13c. Are you currently receiving services or treatment for this condition? <b>(Required if question 13 is 'Alcohol', 'Drug', or 'Both')</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected
14. Have you ever been told you have a learning disability or developmental disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected
14a. Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently? <b>(Required if question 14 is 'Yes')</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected
14b. Do you have documentation of the disability and severity on file? <b>(Required if question 14 is 'Yes')</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
14c. Are you currently receiving services or treatment for this condition? <b>(Required if question 14 is 'Yes')</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected
15. Do you feel you currently have a mental health problem?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected
15a. Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently? <b>(Required if question 15 is 'Yes')</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected
15b. Do you have documentation of the disability and severity on file? <b>(Required if question 15 is 'Yes')</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
15c. Are you currently receiving services or treatment for this condition? <b>(Required if question 15 is 'Yes')</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected
16. Have you been a victim of domestic violence or a victim of intimate partner violence?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected
16a. How long ago did you have this experience? <b>(Required if question 16 is 'Yes')</b>	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> From six to twelve months ago (excluding one year exactly) <input type="checkbox"/> More than a year ago <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
16b. Are you currently fleeing? <b>(Required if question 16 is 'Yes')</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected

**EMPLOYMENT:** For adults 18 and older or Head of Household < 18 years old, required questions shaded

Question	Check One Answer	Comments
17. Are you currently employed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

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17a. Why are you not employed? (Required if question 17 is 'No')	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work	
17b. What type of employment do you have? (Required if question 17 is 'Yes')	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal / sporadic (including day labor)	

**PREGNANCY** – Females who are head of household, 18 and over, or are an unaccompanied youth only

Question	Check One Answer	Comments
18. Are you pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
18a. What is your due date? (Required if question 18 is 'Yes')	____/____/____	

**YOUTH** - Head of Households aged 17 and under only

Question	Check One Answer	Comments
19. Did you run away from home or a foster care home?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

**VETERAN** - US Veterans only, required questions are shaded

Question	Check One Answer	Comments
20. Which branch of the military did you serve in?	<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
21. What type of discharge did you receive?	<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Other than honorable conditions (OTH) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
22. When did you enter military service?	____/____/____ <input type="checkbox"/> Doesn't Know	

*NOTE: The following questions are required for SSVF programs, but HIGHLY recommended to be completed for all veterans.*

23. When did you separate from military service?	____/____/____ <input type="checkbox"/> Doesn't Know	
24. Household Income as a Percentage of AMI	<input type="checkbox"/> Less than 30% <input type="checkbox"/> 30% to 50% <input type="checkbox"/> Greater than 50%	
25. VAMC Station Score	_____	

**Did you serve in any of the following wars/war eras?**

26. World War II Dec. 1941 – Dec. 1946	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
27. Korean War Jun. 1950 – Jan. 1955	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	

# HMIS Intake and Enrollment Form - General

Client Name / ID: \_\_\_\_\_

28. Vietnam War <i>Feb. 1961 – May 1975</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
29. Persian Gulf War (Operation Desert Storm) <i>Aug. 1990 – April 1991</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
30. Afghanistan (Operation Enduring Freedom) <i>Oct. 2001 - Present</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
31. Iraq (Operation Iraqi Freedom) <i>Mar. 2003 – Aug. 2010</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
32. Iraq (Operation New Dawn) <i>Sept. 2010 – Dec. 2011</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
33. Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	

**CHRONIC HOMELESSNESS** - Adults aged 18 and older and Head of Household < 18 years old, required questions are shaded

Question	Check One Answer	Comments
<p><b>ASSESSOR ONLY – DO NOT ASK:</b></p> <p>34. Is the client chronically homeless?</p> <p><i>To be chronically homeless, the client must be a homeless individual or a family with an adult head of household (or if there is no adult in the family, a minor head of household) with a disability who lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and has been homeless continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions equal at least 12 months</i></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

**RAPID RE-HOUSING** – Required for Rapid Re-housing clients ONLY

Question	Check One Answer	Comments
35. If client was placed in permanent housing, date of move-in:	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 5px;">/ /</div>	

I certify that the information above is correct to the best of my knowledge.

\_\_\_\_\_  
Client Signature Site Date

\_\_\_\_\_  
Agency Staff Signature Site Date

**DO NOT WRITE IN BOX BELOW – DATA ENTRY PERSONNEL ONLY (Optional):**

Date entered into HMIS: \_\_\_\_/\_\_\_\_/\_\_\_\_

Question	Answer	Initials of Staff completion	Comments
Was the hard copy exit form completely filled out correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Staff Name (verifying completion of Data Entry): \_\_\_\_\_