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): _____

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

Contact Information (Optional)

Phone Number			Phone Type	Contact Preference
Main: (___)___-______ x____ ☐ Leave message			☐ Home ☐ Work ☐ Cell ☐ Message Center	☐ Phone ☐ Alternate Phone ☐ Text ☐ Email
Alternate: (___)___-______ x____ ☐ Leave message			☐ Home ☐ Work ☐ Cell ☐ Message Center	
Email	______________@__________	Notes		

Demographics (All fields required unless otherwise noted)

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

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Relation (*to Head of Household*)	Gender:	
☐ Self	☐ Male	☐ Client Doesn't Know
☐ Head of Household's Child	☐ Female	☐ Client Refused
☐ Head of Household's Spouse or Partner	☐ Transgender Female to Male	☐ Data not Collected
☐ Head of Household's other Relation Member	☐ Transgender Male to Female	
☐ Other: Non-relation Member	☐ Other (Specify:_________________________)	

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?)	
☐ Yes	☐ Yes	☐ No Schooling Completed	☐ 12th Grade, no diploma
☐ No	☐ No	☐ Nursery School to 4th Grade	☐ High School Diploma
☐ Client Doesn't Know	☐ Client Doesn't Know	☐ 5th or 6th Grade	☐ GED
☐ Client Refused	☐ Client Refused	☐ 7th or 8th Grade	☐ Post-Secondary School
☐ Data not Collected	☐ Data not Collected	☐ 9th Grade	☐ 4-year College Degree
		☐ 10th Grade	☐ Graduate School
		☐ 11th Grade	☐ Unknown

Ethnicity	**Race** (check all that apply)	
☐ Non-Hispanic	☐ Asian	☐ Client Doesn't Know
☐ Hispanic	☐ Black or African American	☐ Client Refused
☐ Client Doesn't Know	☐ Native Hawaiian or Other Pacific Islander	☐ Data not Collected
☐ Client Refused	☐ American Indian or Alaska Native	
☐ Data not Collected	☐ White	

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
☐ No financial resources	$	☐	☐	☐	☐	☐	☐
☐ Earned Income *(employment wages / cash)*	$	☐	☐	☐	☐	☐	☐
☐ Unemployment Insurance	$	☐	☐	☐	☐	☐	☐
☐ Supplemental Security Income (SSI)	$	☐	☐	☐	☐	☐	☐
☐ Social Security Disability Income (SSDI)	$	☐	☐	☐	☐	☐	☐
☐ VA Service-Connected Disability Compensation	$	☐	☐	☐	☐	☐	☐
☐ VA Non-Service-Connected Disability Pension	$	☐	☐	☐	☐	☐	☐
☐ Private Disability Insurance	$	☐	☐	☐	☐	☐	☐
☐ Workers Compensation	$	☐	☐	☐	☐	☐	☐
☐ Temporary Assistance for Needy Families *(CalWORKs)*	$	☐	☐	☐	☐	☐	☐
☐ General Assistance (GA) *(General Relief (GR))*	$	☐	☐	☐	☐	☐	☐
☐ Retirement Income from Social Security	$	☐	☐	☐	☐	☐	☐
☐ Pension or retirement income from a former job	$	☐	☐	☐	☐	☐	☐
☐ Child Support	$	☐	☐	☐	☐	☐	☐
☐ Alimony or other spousal support	$	☐	☐	☐	☐	☐	☐
☐ Other Source (Specify:______________________)	$	☐	☐	☐	☐	☐	☐
☐ Client Doesn't Know							
☐ Client Refused							
☐ Data not Collected							

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Client Name / ID: ______________

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

Non-Cash Benefits (Check all that apply):			
☐ None	☐ Client Doesn't Know	☐ Client Refused	☐ Data not Collected
☐ Food Stamps (CalFresh) Amount: __________	☐ CalWorks Child Care	☐ Temporary Rental Assistance	
	☐ CalWorks Transportation	☐ Section 8 or Rental Assistance	☐ Medically Needy Amount: _________
☐ WIC	☐ Other CalWorks-Funded Services	☐ Other ___________________	

Health Insurance (Check all that apply):			
☐ No Health Insurance	☐ Client Doesn't Know	☐ Client Refused	☐ Data not Collected
☐ MEDICAID	☐ MEDICARE	☐ State Children's Health Ins.	☐ VA Medical Services
☐ Employer Provided Health Ins.	☐ COBRA Health Ins.	☐ Private Health Ins.	☐ MediCal

Client Note (Optional)

Client Note:	
Type: ☐ Information ☐ Alert	
Private Customer: ☐ Yes ☐ No	
Note Date: ____/____/____	

Emergency Contact Information (Optional)

Contact Type	Phone Number	Phone Type	Email
Alternate Contact *(Who is the best person to get in touch with you?)* Relationship: _______________ First Name: _______________ Last Name: _______________	(___)___-____ x______	☐ Home ☐ Cell ☐ Work ☐ Message Center	
Emergency *(In case of an emergency, who should we alert?)* ☐ Same as above Relationship: _______________ First Name: _______________ Last Name: _______________	(___)___-____ x______	☐ Home ☐ Cell ☐ Work ☐ Message Center	

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Client Name / ID: ______________

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

Program Name: ______________________________________ **Program Entry Date:** _____/_____/_____

Case Manager: ______________________________________

1. Where did you sleep last night?

- ☐ Emergency shelter
- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility*
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Jail, prison or juvenile detention facility*
- ☐ Long-term care facility or nursing home
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Permanent housing for formerly homeless persons
- ☐ Place not meant for habitation
- ☐ Psychiatric hospital or other psychiatric facility*
- ☐ 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
- ☐ Safe Haven
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Staying or living in a friend's room, apartment or house
- ☐ Substance abuse treatment facility or detox center*
- ☐ Transitional housing for homeless persons
- ☐ Other
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data not Collected

1a. If "Other" prior residence was selected, please specify (Required only if question #1 was answered as "Other")

2. How long was your stay?

- ☐ One day or less*
- ☐ Two days to one week*
- ☐ More than one week, but less than one month*
- ☐ One to three months*
- ☐ More than three months, but less than one year
- ☐ One year or longer
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data not Collected

3. Have you been continuously homeless for at least one year?

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data not Collected

4. How many times have you been homeless in the past three years?

- ☐ 0 (not homeless - Prevention only)
- ☐ 1 (homeless only this time)
- ☐ 2
- ☐ 3
- ☐ 4 or more
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data not Collected

4a. Total number of months homeless in the past three years (Required only if question #4 was answered as "4 or more")

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ More than 12 months
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data not Collected

5. Total number of months continuously homeless immediately prior to project entry

____________ Months

6. Status Documented

- ☐ Yes
- ☐ No

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

Question	Check One Answer	Comments
7. Where were you sleeping prior to entering the institutional setting mentioned above (in question #1)? **(Required if question #2 was answered as three months or less (*) AND question #1 was answered as one of the following (*):** **-"Hospital or other residential non-psychiatric medical facility"** **-"Jail, prison or juvenile detention facility"** **-"Psychiatric hospital or other psychiatric facility"** **-"Substance abuse treatment facility or detox center"**	☐ Emergency shelter ☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Hotel or motel paid for without emergency shelter voucher ☐ Jail, prison or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Permanent housing for formerly homeless persons ☐ Place not meant for habitation ☐ Psychiatric hospital or other psychiatric facility ☐ 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 ☐ Safe Haven ☐ Staying or living in a family member's room, apartment, or house ☐ Staying or living in a friend's room, apartment or house ☐ Substance abuse treatment facility or detox center ☐ Transitional housing for homeless persons ☐ Other ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	

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

Question	Check One Answer		Comments
8. Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ No ☐ Yes**	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
8a. Do you expect this to substantially impair your ability to live independently? **(Required if question 8 is 'Yes')**	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
8b. Do you have documentation of the disability and severity on file? **(Required if question 8 is 'Yes')**	☐ No	☐ Yes	
8c. Are you currently receiving services or treatment for this condition? **(Required if question 8 is 'Yes')**	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
9. Do you have a chronic health condition?	☐ No ☐ Yes**	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
9a. Do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently? **(Required if question 9 is 'Yes')**	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	

Question	Response		
9b. Do you have documentation of the disability and severity on file? **(Required if question 9 is 'Yes')**	☐ No	☐ Yes	
9c. Are you currently receiving services or treatment for this condition? **(Required if question 9 is 'Yes')**	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
10. Do you have a physical disability?	☐ No ☐ Yes**	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
10a. Do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently? **(Required if question 10 is 'Yes')**	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
10b. Do you have documentation of the disability and severity on file? **(Required if question 10 is 'Yes')**	☐ No	☐ Yes	
10c. Are you currently receiving services or treatment for this condition? **(Required if question 10 is 'Yes')**	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
11. Do you *currently* have a drug or alcohol problem?	☐ No ☐ Alcohol** ☐ Drug** ☐ Both**	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
11a. Do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently? **(Required if question 11 is 'Alcohol', 'Drug', or 'Both')**	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
11b. Do you have documentation of the disability and severity on file? **(Required if question 11 is 'Alcohol', 'Drug', or 'Both')**	☐ No	☐ Yes	
11c. Are you currently receiving services or treatment for this condition? **(Required if question 11 is 'Alcohol', 'Drug', or 'Both')**	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
12. Have you ever been told you have a learning disability or developmental disability?	☐ No ☐ Yes**	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
12a. Do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently? **(Required if question 12 is 'Yes')**	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
12b. Do you have documentation of the disability and severity on file? **(Required if question 12 is 'Yes')**	☐ No	☐ Yes	
12c. Are you currently receiving services or treatment for this condition? **(Required if question 12 is 'Yes')**	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
13. Do you feel you currently have a mental health problem?	☐ No ☐ Yes**	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
13a. Do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently? **(Required if question 13 is 'Yes')**	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
13b. Do you have documentation of the disability and severity on file? **(Required if question 13 is 'Yes')**	☐ No	☐ Yes	

13c. Are you currently receiving services or treatment for this condition? **(Required if question 13 is 'Yes')**	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
14. Have you been a victim of domestic violence or a victim of intimate partner violence?	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
14a. How long ago did you have this experience? **(Required if question 14 is 'Yes')**	☐ Within the past three months ☐ Three to six months ago (excluding six months exactly) ☐ From six to twelve months ago (excluding one year exactly) ☐ More than a year ago ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	

EMPLOYMENT: *For adults18 and older or Head of Household < 18 years old, required questions shaded*

Question	Check One Answer	Comments
15. Are you currently employed?	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused	
15a. Why are you not employed? **(Required if question 15 is 'No')**	☐ Looking for work ☐ Unable to work ☐ Not looking for work	
15b. What type of employment do you have? **(Required if question 15 is 'Yes')**	☐ Full-time ☐ Part-time ☐ Seasonal / sporadic (including day labor)	

INCOME *- Adults aged 18 and older having **NO** financial resources only*

Question	Check One Answer	Comments
16. If you do not have an income, and are unable to receive general relief, what's the reason why?	☐ Sanctioned ☐ Other ☐ Time Limits ☐ Employment	

PREGNANCY *- Women aged 15 and older only*

Question	Check One Answer	Comments
17. Are you pregnant?	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused	
17a. What is your due date? **(Required if question 17 is 'Yes')**	____/____/_______	

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

Question	Check One Answer	Comments
19. Which branch of the military did you serve in?	☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
20. What type of discharge did you receive?	☐ Honorable ☐ General under honorable conditions ☐ Other than honorable conditions (OTH)	

	☐ Bad Conduct ☐ Dishonorable ☐ Uncharacterized ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
21. When did you enter military service?	_____/_____/_______ ☐ Doesn't Know	
22. When did you separate from military service?	_____/_____/_______ ☐ Doesn't Know	
23. Household Income as a Percentage of AMI	☐ Less than 30% ☐ 30% to 50% ☐ Greater than 50%	

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

24. World War II *Dec. 1941 – Dec. 1946*	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused ☐ Data not Collected	
25. Korean War *Jun. 1950 – Jan. 1955*	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused ☐ Data not Collected	
26. Vietnam War *Feb. 1961 – May 1975*	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused ☐ Data not Collected	
27. Persian Gulf War (Operation Desert Storm) *Aug. 1990 – April 1991*	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused ☐ Data not Collected	
28. Afghanistan (Operation Enduring Freedom) *Oct. 2001 - Present*	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused ☐ Data not Collected	
29. Iraq (Operation Iraqi Freedom) *Mar. 2003 – Aug. 2010*	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused ☐ Data not Collected	
30. Iraq (Operation New Dawn) *Sept. 2010 – Dec. 2011*	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused ☐ Data not Collected	
31. Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused ☐ 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
ASSESSOR ONLY – DO NOT ASK: **32.** Is the client chronically homeless? *To be chronically homeless, the client must be an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless* for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time.*	☐ No ☐ Yes	

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

Question	Check One Answer	Comments
33. In Permanent Housing?	☐ No ☐ Yes	
34. If yes to previous question, date of move-in: **(Required if question 33 is 'Yes')**	____/____/_______	

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?	☐ Yes ☐ No		

Staff Name (verifying completion of Data Entry): ____