

# 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): \_\_\_\_\_ Pronouns (Optional): \_\_\_ / \_\_\_ / \_\_\_

E.g. She / her / hers

Name Data Quality:		Physical Description (Optional):		Last Known Permanent Address:	
Did the client provide their full name?				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: _____	
Date of Birth:		SSN:		State: _____	
_____ / _____ / _____ <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		Zip: _____	
				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"/> Phone	
		<input type="checkbox"/> Cell	<input type="checkbox"/> Message Center	<input type="checkbox"/> Alternate Phone	
Alternate: (____)____-____ x____ <input type="checkbox"/> Leave message		<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Text	
		<input type="checkbox"/> Cell	<input type="checkbox"/> Message Center	<input type="checkbox"/> Email	
Email	_____@_____	Notes			

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

Household Type	Relationship to Head of Household
<input type="checkbox"/> Households without children <input type="checkbox"/> Households with at least one adult and one child <input type="checkbox"/> Household with only children	<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

# HMIS Intake and Enrollment Form - General

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

Gender	Disabled <i>(Physical, Developmental, Mental Health, Chronic Health Condition, HIV/AIDS, and/or Substance Use Disorder.)</i>	Veteran <i>(Have you ever served in the U.S. Military?)</i>
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	<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	<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

Education Level <i>(What is the highest level of education you've completed?)</i>	Marital Status	Ethnicity	Medical Insurance
<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	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Never married/annulled <input type="checkbox"/> Unknown	<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"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected

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

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

Income Source <i>(Check all that apply)</i>	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 ( <i>employment wages / cash</i> )	\$	<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 ( <i>CalWORKs</i> )	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> General Assistance (GA) ( <i>General Relief (GR)</i> )	\$	<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"/>

# HMIS Intake and Enrollment Form - General

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

<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							

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"/> Medically Needy	
<input type="checkbox"/> WIC	<input type="checkbox"/> CalWorks Transportation	<input type="checkbox"/> Other _____	Amount: _____
	<input type="checkbox"/> Other CalWorks-Funded Services		

Health Insurance (Check all that apply):		
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data not Collected
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> MEDICARE	<input type="checkbox"/> VA Medical Services
<input type="checkbox"/> MediCal	<input type="checkbox"/> Employer Provided Health Ins.	<input type="checkbox"/> COBRA Health Ins.
<input type="checkbox"/> State Children's Health Ins.	<input type="checkbox"/> State Adult Health Insurance	<input type="checkbox"/> Indian Health Services Program
<input type="checkbox"/> Private Health Ins.		
<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> (Who is the best person to get in touch with you?) 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> (In case of an emergency, who should we alert?) <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 Start** (All fields required unless otherwise noted)

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

Program Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Program Status:  Applied  Pending

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

1. Type of Residence	
<b>HOMELESS SITUATION</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 (other than RRH) for formerly homeless persons
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<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>INSTITUTIONAL SITUATION</b>	<input type="checkbox"/> Rental by client, with other housing subsidy (including RRH)
<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"/> Client Doesn't Know
<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Client Refused
<b>TRANSITIONAL &amp; PERMANENT HOUSING SITUATION</b>	<input type="checkbox"/> Data not Collected
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	
<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 ->

# HMIS Intake and Enrollment Form - General

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 (other than RRH) 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 housing subsidy (including RRH)
- 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

- 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

- 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

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

- No
- Yes

Proceed to **Question 5**

Proceed to **Question 4**

Proceed to **Question 8**

Proceed to **Question 4**

Proceed to **Question 8**

# HMIS Intake and Enrollment Form - General

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

<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"/> No <input type="checkbox"/> Yes	

# HMIS Intake and Enrollment Form - General

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

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

Question	Check One Answer	Comments
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	
Physical Disability: Expected to substantially impair ability to live independently? <b>(Required if 'Yes' for Physical Disability)</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	
Do you have a 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	
Developmental Disability: Expected to substantially impair ability to live independently? <b>(Required if 'Yes' for Developmental Disability)</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	
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	
Chronic Health Condition: Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? <b>(Required if 'Yes' for Chronic Health Condition)</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	
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	
If Yes for "HIV / AIDS" Expected to substantially impair ability to live independently? <b>(Required if 'Yes' for HIV / AIDS)</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	
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	
Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently? <b>(Required if 'Yes' for Mental Health Problem)</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	
Do you <i>currently</i> have a substance abuse 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	
Substance Abuse: Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently? <b>(Required if 'Yes' for Substance Abuse Problem)</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	
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	
When did this experience occurred? <b>(Required if 'Yes' for Domestic Violence)</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)	

# HMIS Intake and Enrollment Form - General

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

	<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	
Are you currently fleeing? <b>(Required if 'Yes' for Domestic Violence)</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
Are you currently employed?	<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
If yes, What type of employment do you have? <b>(Required if 'Currently Employed' is Yes)</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal / sporadic (including day labor)	
If no, Why are you not employed? <b>(Required if 'Currently Employed' is No)</b>	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work	

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

Question	Check One Answer	Comments
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
What is your due date? <b>(Required if 'Pregnancy' is Yes)</b>	____/____/____	

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

Question	Check One Answer	Comments
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

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

Question	Check One Answer	Comments
When did you enter military service?	____/____/____ <input type="checkbox"/> Doesn't Know	
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
What type of discharge status 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	

# HMIS Intake and Enrollment Form - General

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

	<input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
When did you separate from military service?	____/____/____ <input type="checkbox"/> Doesn't Know	
Household Income as a Percentage of AMI <b>(Required only for Head of Households in Homeless Prevention and Rapid Re-Housing Projects)</b>	<input type="checkbox"/> Less than 30% <input type="checkbox"/> 30% to 50% <input type="checkbox"/> Greater than 50%	
VAMC Station Score <b>(Required only for Head of Households in Homeless Prevention, Rapid Re-Housing and Permanent Supportive Housing Projects)</b>	_____	

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

World War II <i>Dec. 1941 – Dec. 1946</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	
Korean War <i>Jun. 1950 – Jan. 1955</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	
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	
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	
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	
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	
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	
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
<b>ASSESSOR ONLY – DO NOT ASK:</b> Is the client chronically homeless?  <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>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

# HMIS Intake and Enrollment Form - General

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

**PERMANENT HOUSING** – Required for ALL Permanent Housing Projects ONLY

Question	Check One Answer	Comments
If client was placed in permanent housing, date of Housing Move-In Date:	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	

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 intake form completely filled out correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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