# HMIS Intake and Enrollment Form – CoC/ESG

Client Name / ID: ______________

## *ACCOUNT PROFILE TAB*

### ACCOUNT INFORMATION

| First Name | Last Name |
|---|---|
| ______________________________ | ______________________________ |
| **Date of Birth (mm/dd/yyyy)** | **SSN** |
| _______/________/________ | ________-_______-___________ |
| **Personal Pronouns (Optional)** | |
| _______/________/________ **E.g.: She / her / hers; he / him / his** | |

### CONTACT INFORMATION (OPTIONAL)

| Primary Phone Number | Phone Type | |
|---|---|---|
| (______)_____-________ x______ | ☐ Home ☐ Mobile ☐ Work ☐ Other | ☐ Leave message |
| **Alternate Phone Number** | **PhoneType:** | |
| (______)_____-________ x______ | ☐ Home ☐ Mobile ☐ Work ☐ Other | ☐ Leave message |
| **Email Address** | **Contact Preference** | |
| ____________________________@_______________ | ☐ Phone ☐ Email | ☐ Text |

### LAST KNOWN PERMANENT ADDRESS

What is the address of the place you last lived for 90 days or more? (Not including emergency shelters or transitional housing)

| Address | County | Unit Type | Unit Number |
|---|---|---|---|
| ______________________________ | _____________ | _____________ | _____________ |

| ZIP Code | City | State |
|---|---|---|
| _____________ | _____________ | _____________ |

### NOTE

| Subject | Member | Note by |
|---|---|---|
| ______________________ | ______________________ | ______________________ |
| **Note Type:** | **Note Date** | **Expire Date** |
| ☐ Alert ☐ Information | _______/_______/_______ | _______/_______/_______ |

**Note:**

## *HH CONTACTS TAB (Optional)*

### EMERGENCY— Basic Information

| Relationship to Head of Household | | First Name | Middle Name | Last Name |
|---|---|---|---|---|
| ☐ Friend<br>☐ Neighbor<br>☐ Parent | ☐ Medical Doctor<br>☐ Babysitter | ______________________ | ______________________ | ______________________ |

| Email | Primary Phone | Phone Type | |
|---|---|---|---|
| ____________________________@_______________ | (____)____-______ | ☐ Home<br>☐ Work | ☐ Mobile<br>☐ Other |

### Address

| Address | County | Unit Type | Unit Number |
|---|---|---|---|
| ______________________________ | _____________ | _____________ | __________ |

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Client Name / ID: ______________

## APPLICATION TAB

### Applicant Information

| Program Name | Program Start Date |
|---|---|
| ______________________________ | ______/______/______ |
| **Case Manager** | **Application Consent** |
| ____________________ | ☐ System ☐ Region ☐ Organization ☐ Group ☐ Privately |
| **Comments** | |

## HOUSEHOLD (HH) MEMBERS TAB

### Edit Member

| Houshold Type | Household Size | Relationship to Head of Household |
|---|---|---|
| ☐ Housholds without children<br>☐ Households with at least one adult and one child<br>☐ Household with only children | Number of clients in Household:<br>____________________ | ☐ Self<br>☐ Head of household's child<br>☐ Head of household's spouse or partner<br>☐ Head of household's other relation member<br>☐ Other: Non-relation Member |

### Basic Information

| First Name | Middle Name | Last Name | Suffix | DOB |
|---|---|---|---|---|
| ____________________ | ____________________ | ____________________ | ☐ Sr ☐ Jr | ____/____/____ |

| SSN | Gender | Disabling Condition *(Physical, Developmental, Mental Health, Chronic Health Condition, HIV/AIDS, and/or Substance Use Disorder.)* | Veteran Status (Have you ever served in the U.S. Military?) |
|---|---|---|---|
| _____-_____-_____ | ☐ Female<br>☐ Male<br>☐ Trans Female (MTF or Male to Female)<br>☐ Trans Male (FTM or Female to Male)<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | ☐ No<br>☐ Yes<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | ☐ No<br>☐ Yes<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected |

### Additional Information

| **Education Level** (What is the highest level of education you've completed?) | | Ethnicity | Medical Insurance |
|---|---|---|---|
| ☐ Less than Grade 5<br>☐ Grades 5-6<br>☐ Grades 7-8<br>☐ Grades 9-11<br>☐ Grade 12 / High school Diploma<br>☐ GED<br>☐ School program does not have grade levels<br>☐ Some College | ☐ Associates degree<br>☐ Bachelor's degree<br>☐ Graduate degree<br>☐ Vocational Certification<br>☐ Client doesn't know<br>☐ Client Refused<br>☐ Data not collected | ☐ Non-Hispanic<br>☐ Hispanic<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | ☐ No<br>☐ Yes<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected |

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Client Name / ID: _______________

| Race (Choose as Many as Applied) | | | |
|---|---|---|---|
| ☐ Native Hawaiian or Other Pacific Islander<br>☐ Black or African American | ☐ White<br>☐ Client Doesn't Know | ☐ American Indian or Alaska Native<br>☐ Client Refused | ☐ Asian<br>☐ Data not Collected |

| Data Quality Codes | | | | | |
|---|---|---|---|---|---|
| **Name: Quality Code** | ☐ Full name reported | ☐ Partial, street name, or code name reported | ☐ Client doesn't know | ☐ Client refused | ☐ Data not collected |
| **Address: Quality Code** | ☐ Full address reported | ☐ Incomplete or estimated address reported | ☐ Client doesn't know | ☐ Client refused | ☐ Data not collected |
| **SSN: Quality Code** | ☐ Full SSN reported | ☐ Approximate or partial SSN reported | ☐ Client doesn't know | ☐ Client refused | ☐ Data not collected |
| **Data of Birth: Quality Code** | ☐ Full DOB reported | ☐ Approximate or partial DOB reported | ☐ Client doesn't know | ☐ Client refused | ☐ Data not collected |

## *ASSESSMENTS TAB*

### *CoC Entry Questions*

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

# HMIS Intake and Enrollment Form – CoC/ESG

Client Name / ID: ______________

## *HUD Questions—GENERAL*

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

**1. Type of Residence 3.917A**

HOMELESS SITUATION
- ☐ Place not meant for human habitation
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ 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

**2. Length of Stay in Prior Living Situation**

| | | |
|---|---|---|
| ☐ One night or less | ☐ One month or more, but less than 90 days | ☐ Client Doesn't Know |
| ☐ Two to six nights | ☐ 90 days or more, but less than one year | ☐ Client Refused |
| ☐ One week or more, but less than one month | ☐ One year or longer | ☐ Data not Collected |

**3. Approximate date homelessness started**

______/________/_____________

**4. (Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today**

| | | |
|---|---|---|
| ☐ One time | ☐ Three times | ☐ Client Doesn't Know |
| ☐ Two times | ☐ Four or more times | ☐ Client Refused |
| | | ☐ Data not Collected |

**5. Total number of months homeless on the street, in ES, or SH in the past three years**

| | | |
|---|---|---|
| ☐ One month (this time is the first month) | ☐ 7 | ☐ More than 12 months |
| ☐ 2 | ☐ 8 | ☐ Client Doesn't Know |
| ☐ 3 | ☐ 9 | ☐ Client Refused |
| ☐ 4 | ☐ 10 | ☐ Data not Collected |
| ☐ 5 | ☐ 11 | |
| ☐ 6 | ☐ 12 | |

**Proceed to CONTINUATION HUD QUESTIONS**

# HMIS Intake and Enrollment Form – CoC/ESG

Client Name / ID: ______________

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

**1. Type of residence 3.917B**

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

→ Proceed to **Question 5**

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

→ **2. Did you stay less than 90 days?**
- ☐ No → Proceed to **Question 8**
- ☐ Yes → **4. On the night before did you stay on the streets, ES or SH**
  - ☐ No → Proceed to **Question 8**
  - ☐ Yes → Proceed to **Question 5**

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. Did you stay less than 7 nights?**
- ☐ No → Proceed to **Question 8**
- ☐ Yes → **4. On the night before did you stay on the streets, ES or SH**
  - ☐ No → Proceed to **Question 8**
  - ☐ Yes → Proceed to **Question 5**

| 5. Approximate date homelessness started | | |
|---|---|---|
| _______/________/________ | | |

| 6. Total number of months homeless on the street, in ES, or SH in the past three years | | |
|---|---|---|
| ☐ One month (this time is the first month) | ☐ 7 | ☐ More than 12 months |
| ☐ 2 | ☐ 8 | ☐ Client Doesn't Know |
| ☐ 3 | ☐ 9 | ☐ Client Refused |
| ☐ 4 | ☐ 10 | ☐ Data not Collected |
| ☐ 5 | ☐ 11 | |
| ☐ 6 | ☐ 12 | |

| 7. (Regardless of where they stayed last night) Number of times the client has been on the streets, in ES, or SH in the past three years including today | | |
|---|---|---|
| ☐ One time | ☐ Three times | ☐ Client Doesn't Know |
| ☐ Two times | ☐ Four or more times | ☐ Client Refused |
| | | ☐ Data not Collected |

| 8. Length of Stay in Prior Living Situation | | |
|---|---|---|
| ☐ One night or less | ☐ One month or more, but less than 90 days | ☐ Client Doesn't Know |
| ☐ Two to six nights | ☐ 90 days or more, but less than one year | ☐ Client Refused |
| ☐ One week or more, but less than one month | ☐ One year or longer | ☐ Data not Collected |

## CONTINUATION HUD QUESTIONS

| Question | Check One Answer | | Comments |
|---|---|---|---|
| Do you have a physical disability? | ☐ No<br>☐ Yes | ☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | |
| Physical Disability: Expected to substantially impair ability to live independently?<br>**(Required if 'Yes' for Physical Disability)** | ☐ No<br>☐ Yes | ☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | |
| Do you have a developmental disability? | ☐ No<br>☐ Yes | ☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | |
| If Yes for "Developmental Disability" Expected to substantially impair ability to live independently?<br>**(Required if 'Yes' for Developmental Disability)** | ☐ No<br>☐ Yes | ☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | |
| Do you have a chronic health condition? | ☐ No<br>☐ Yes | ☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | |
| Chronic Health Condition: Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?<br>**(Required if 'Yes' for Chronic Health Condition)** | ☐ No<br>☐ Yes | ☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | |
| Have you been diagnosed with AIDS or have you tested positive for HIV? | ☐ No<br>☐ Yes | ☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | |
| If Yes for "HIV / AIDS" Expected to substantially impair ability to live independently?<br>**(Required if 'Yes' for HIV / AIDS)** | ☐ No<br>☐ Yes | ☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | |
| Do you feel you have a mental health problem? | ☐ No<br>☐ Yes | ☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | |

# HMIS Intake and Enrollment Form – CoC/ESG

Client Name / ID: ______________

| | | |
|---|---|---|
| If Yes for "Mental Health Problem" Expected to be of long–continued and indefinite duration AND substantially impair your ability to live independently?<br>**(Required if 'Yes' for Mental Health Problem)** | ☐ No<br>☐ Yes<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | |
| Do you have a drug or alcohol problem? | ☐ No<br>☐ Yes<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | |
| Substance Abuse: Expected to be of long–continued and indefinite duration AND substantially impair your ability to live independently?<br>**(Required if 'Yes' for Substance Abuse Problem)** | ☐ No<br>☐ Yes<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | |
| Are you a survivor of domestic or intimate partner violence? | ☐ No<br>☐ Yes<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | |
| If Yes for "Domestic Violence Victim/Survivor" When did this experience occurred?<br>**(Required if 'Yes' for Domestic Violence)** | ☐ Within the past three months<br>☐ Three to six months ago (excluding six months exactly)<br>☐ From six to twelve months ago (excluding one year exactly)<br>☐ More than a year ago<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | |
| Are you currently fleeing?<br>**(Required if 'Yes' for Domestic Violence)** | ☐ No<br>☐ Yes<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data not Collected | |
| **Permanent Housing — PSH, OPH, RRH** | | |
| If client was placed in permanent housing,<br>Housing Move-In Date:<br>**(Required for Permanent Supportive Housing, Other Permanent Supportive Housing and Rapid Re-Housing projects only)** | ____/____/______ | |

## *INCOME TAB*

### INCOME

| ☐ **Declare no income** | ☐ **Client doesn't know** | ☐ **Client refused** | ☐ **Data not collected** |
|---|---|---|---|

| **Income Source** (Check all that apply) | Frequency: Weekly | Every Other Week | Twice a Month | Monthly | Quarterly | Yearly | Stated Income |
|---|---|---|---|---|---|---|---|
| ☐ 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 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | $ |

# HMIS Intake and Enrollment Form – CoC/ESG

Client Name / ID: ______________

| ☐ Other Source (Specify:____________________) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | $ |
|---|---|---|---|---|---|---|---|

| **NON-CASH BENEFITS** (Check all that apply): | | |
|---|---|---|
| ☐ **None** | | |
| ☐ **Client doesn't know** | ☐ **Client Refused** | ☐ **Data not Collected** |
| ☐ SNAP Amount: __________________ | ☐ CalWorks Child Care | ☐ WIC |
| ☐ CalWorks Transportation | ☐ Other CalWorks-Funded Services | ☐ Other Amount: _________________ |

| **HEALTH INSURANCE** (Check all that apply): | | |
|---|---|---|
| ☐ **No Health Insurance** | | |
| ☐ **Client Doesn't Know** | ☐ **Client Refused** | ☐ **Data not Collected** |
| ☐ Medicaid___________________ | ☐ MEDICARE ____________________ | ☐ VA Medical Services |
| ☐ State Children's Health Insurance | ☐ Employer Provided Health Insurance | ☐ COBRA Health Ins. |
| ☐ Private Health Insurance | ☐ State Adult Health Insurance | ☐ Indian Health Services Program |
| ☐ Other______________________ | | |
| *Please select State Adult Health Insurance if the client receives MediCal | | |

**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?** | ☐ Yes<br>☐ No | | |

Staff Name (verifying completion of Data Entry): ____________________________________________