Client Name / ID	•
CHELLINALIE / IL	

ACCOUNT PROFILE TAB						
ACCOUNT INFORMATION						
First Name			Last Na	me		
Date of Birth (mm/dd/yyyy)			SSN			
1 1						
Personal Pronouns (Optional)						
			L!-			
	E.g.: She / her / he	ers; ne / nim / i	nis			
CONTACT INFORMATION (OP	TIONAL)		Disassa T			
Primary Phone Number			Phone T		lobile	
(X			☐ Home ☐ Work	□ IVI		☐ Leave message
Alternate Phone Number			PhoneTy		uici	
			☐ Home		lobile	
(x			□ Work	□ 0		□ Leave message
Email Address				Preference		
	@		☐ Phone	!	□ Email	□ Text
LAST KNOWN PERMANENT A						
What is the address of the place	you last lived for 90	days or more				
Address			County	Unit	t Type	Unit Number
ZIP Code City	State			I		
NOTE						
Subject	Me	mber		1	Note by	
·					•	
Note Type:		te Date		ŀ	Expire Date	
□ Alert □ Informa				_		
Note:						
HH CONTACTS TAB (Option	al)					
EMERGENCY — Basic Informa	tion		_			
Relationship to Head of Household	First Name		Middle Nan	ne	Last Nar	ne
☐ Friend ☐ Medical						
□ Neighbor Doctor						
☐ Parent ☐ Babysitter			Drive are a Div	000	Dhana T	1100
Email			Primary Ph	one	Phone T	ype ☐ Mobile
	@		()	<u> </u>	□ Home	□ Mobile □ Other
Address					I — WOLK	
Address		County		Unit Type		Unit Number
	_		_			

Client Name / ID:

APPLICATION TAB							
Applicant Information							
Program Name			Program Start I	Date			
Case Manager			Application Co	nsent			
			□ System	□G	roup		
			□ Region	□P	rivately		
Comments			☐ Organization				
Comments							
HOUSEHOLD (HH) MEMBERS	TAB						
Edit Member							
Houshold Type		Household Size		Relations	ship to Head	l of Household	
☐ Housholds without children				□ Self	•		
☐ Households with at least one ad	ult and one	Number of clients	s in Household:	□ Head o	f household's	s child	
child						s spouse or partner	
☐ Household with only children						s other relation member	
				☐ Other: I	Non-relation	Member	
Basic Information							
First Name	Middle Name	9	Last Name		Suffix	DOB	
					□ Sr □ Jr		
SSN	Gender		Disabling Condition		Veteran St	tatus	
	☐ Female		(Physical, Developme	ntal, Mental	(Have you ever served in the U.S.		
-	□ Male		Health, Chronic Health Condition, HIV/AIDS, and/or Substance Use		Military?)		
		ale (MTF or Male	Disorder.)				
	to Female)		□No		□ No		
	☐ Trans Male	e (FTM or Female	□ No □ Yes		□ Yes		
	☐ Trans Male to Male)	•	□ No □ Yes □ Client Doesn't k	Know	☐ Yes ☐ Client Do	pesn't Know	
	□ Trans Male to Male) □ Client Doe:	sn't Know	□ No □ Yes □ Client Doesn't h □ Client Refused		☐ Yes ☐ Client Do ☐ Client Re	efused	
	□ Trans Male to Male) □ Client Doe: □ Client Refu	sn't Know ised	□ No □ Yes □ Client Doesn't k		☐ Yes ☐ Client Do	efused	
Additional Information	□ Trans Male to Male) □ Client Doe:	sn't Know ised	□ No □ Yes □ Client Doesn't h □ Client Refused		☐ Yes ☐ Client Do ☐ Client Re	efused	
Additional Information Education Level (What is the high	☐ Trans Male to Male) ☐ Client Doe: ☐ Client Refu	sn't Know Ised ollected	□ No □ Yes □ Client Doesn't h □ Client Refused □ Data not Collect	ted	☐ Yes ☐ Client Do ☐ Client Re	efused Collected	
Additional Information Education Level (What is the high	☐ Trans Male to Male) ☐ Client Doe: ☐ Client Refu	sn't Know Ised ollected	□ No □ Yes □ Client Doesn't h □ Client Refused □ Data not Collect		☐ Yes ☐ Client Do ☐ Client Re	efused	
	☐ Trans Male to Male) ☐ Client Doe: ☐ Client Refu ☐ Data not C	sn't Know Ised ollected	□ No □ Yes □ Client Doesn't h □ Client Refused □ Data not Collect	Ethnicity Non-Hispa	□ Yes □ Client Do □ Client Re □ Data not	efused Collected Medical Insurance	
Education Level (What is the high	☐ Trans Male to Male) ☐ Client Doe: ☐ Client Refu ☐ Data not C	sn't Know used ollected ucation you've com sociates degree chelor's degree	□ No □ Yes □ Client Doesn't h □ Client Refused □ Data not Collect	Ethnicity Non-Hispa Hispanic	☐ Yes☐ Client Do☐ Client Re☐ Data not	efused Collected Medical Insurance No Yes	
Education Level (What is the high ☐ Less than Grade 5 ☐ Grades 5-6 ☐ Grades 7-8	☐ Trans Male to Male) ☐ Client Doe: ☐ Client Refu ☐ Data not Conest level of ed: ☐ Ba ☐ Grain Grain Conest Income	sn't Know used ollected ucation you've com sociates degree chelor's degree aduate degree	□ No □ Yes □ Client Doesn't h □ Client Refused □ Data not Collect pleted?)	Ethnicity Non-Hispa Hispanic Client Does	☐ Yes☐ Client Do☐ Client Re☐ Data not☐	Medical Insurance No Yes Client Doesn't Know	
Education Level (What is the high ☐ Less than Grade 5 ☐ Grades 5-6 ☐ Grades 7-8 ☐ Grades 9-11	□ Trans Male to Male) □ Client Doe: □ Client Refu □ Data not C nest level of ed: □ As: □ Ba □ Gra □ Vo	sn't Know used ollected ucation you've com sociates degree chelor's degree aduate degree cational Certification	□ No □ Yes □ Client Doesn't h □ Client Refused □ Data not Collect pleted?)	Ethnicity Non-Hispa Hispanic Client Doe:	☐ Yes☐ Client Do☐ Client Re☐ Data not☐	Medical Insurance No Yes Client Doesn't Know Client Refused	
Education Level (What is the high □ Less than Grade 5 □ Grades 5-6 □ Grades 7-8 □ Grades 9-11 □ Grade 12 / High school Diploma	☐ Trans Male to Male) ☐ Client Doe: ☐ Client Refu ☐ Data not C □ est level of ed: ☐ As: ☐ Ba ☐ Gra ☐ Vo ☐ Client	sn't Know used ollected ucation you've com sociates degree chelor's degree aduate degree cational Certification ent doesn't know	□ No □ Yes □ Client Doesn't h □ Client Refused □ Data not Collect pleted?)	Ethnicity Non-Hispa Hispanic Client Does	☐ Yes☐ Client Do☐ Client Re☐ Data not☐	Medical Insurance No Yes Client Doesn't Know	
Education Level (What is the high Less than Grade 5 Grades 5-6 Grades 7-8 Grades 9-11 Grade 12 / High school Diploma GED	□ Trans Male to Male) □ Client Doe □ Client Refu □ Data not C nest level of ed □ Asa □ Gra □ Vo □ Client Client Refu □ Client Refu □ Client Refu □ Client Refu □ Client Refu	sn't Know used ollected ucation you've com sociates degree chelor's degree aduate degree cational Certification ent doesn't know ent Refused	□ No □ Yes □ Client Doesn't h □ Client Refused □ Data not Collect pleted?)	Ethnicity Non-Hispa Hispanic Client Doe:	☐ Yes☐ Client Do☐ Client Re☐ Data not☐	Medical Insurance No Yes Client Doesn't Know Client Refused	
Education Level (What is the high □ Less than Grade 5 □ Grades 5-6 □ Grades 7-8 □ Grades 9-11 □ Grade 12 / High school Diploma	□ Trans Male to Male) □ Client Doe □ Client Refu □ Data not C nest level of ed □ Asa □ Gra □ Vo □ Client Client Refu □ Client Refu □ Client Refu □ Client Refu □ Client Refu	sn't Know used ollected ucation you've com sociates degree chelor's degree aduate degree cational Certification ent doesn't know	□ No □ Yes □ Client Doesn't h □ Client Refused □ Data not Collect pleted?)	Ethnicity Non-Hispa Hispanic Client Doe:	☐ Yes☐ Client Do☐ Client Re☐ Data not☐	Medical Insurance No Yes Client Doesn't Know Client Refused	

Client Name / ID:	
Client Name / ID.	

Race (Choose as N	lany as Applied)					
□ Native Hawaiian or Other Pacific□ WhiteIslander□ Client Doesn't Know		 □ American Indian or Alaska □ Asian □ Data not Collected □ Client Refused 				
Data Quality Codes	3					
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 T						
CoC Entry Questi	ons					
Question		Check One Answer				
What city were you prior to entry into thi	residing in immediately s project?	□ Aliso Viejo □ Anaheim □ Atwood □ Balboa □ Brea □ Buena Park □ Capistrano Beach □ Corona del Mar □ Costa Mesa □ Coto de Caza □ Cypress □ Dana Point	□ El Modena □ Fountain Valley □ Fullerton □ Garden Grove □ Huntington Beach □ Irvine □ La Habra □ La Palma □ Laguna Beach □ Laguna Hills □ Laguna Woods	□ Lemon Heights □ Los Alamitos □ Midway City □ Mission Viejo □ Newport Beach □ Orange □ Placentia □ Rancho Santa Margarita □ San Clemente	□ Santa Ana □ Seal Beach □ Stanton □ Sunset Beach □ Tustin □ Villa Park □ Westminster □ Yorba Linda □ Outside Orange County □ Client Doesn't Know □ Client Refused □ Data not Collected	
Coordinated Entry? (Required for Perm Housing, Other Pe	red to this project through nanent Supportive rmanent Supportive If Re-Housing projects	□ Yes □ No				

Client Name /	ID:	

HUD Questions—GENERAL

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

Living oftaation gacotions for of	noot oathoadii, i	Emorgonay onlone,	or ours march risjects	
1. Type of Residence 3.917A				
HOMELESS SITUATION		☐ Owned by client, with o	ngoing housing subsidy	
□ Place not meant for human habitation		□ Permanent housing (other than RRH) for formerly homeless		
☐ Emergency shelter, including hotel or motel paid for with		persons		
emergency shelter voucher		☐ Rental by client, no ong	joing housing subsidy	
□ Safe Haven		☐ Rental by client, with V	ASH housing subsidy	
□ Interim Housing		☐ Rental by client, with G	PD TIP subsidy	
INSTITUTIONAL SITUATION		☐ Rental by client, with ot	her housing subsidy (including RRH)	
☐ Foster care home or foster care group hom			alfway house with no homeless criteria	
☐ Hospital or other residential non-psychiatric	medical facility	□ Staying or living in a far	mily member's room, apartment, or house	
☐ Jail, prison or juvenile detention facility		☐ Staying or living in a frie	end's room, apartment or house	
☐ Long-term care facility or nursing home		□ Transitional housing for	homeless persons	
☐ Psychiatric hospital or other psychiatric faci		□ Client Doesn't Know		
☐ Substance abuse treatment facility or detox		□ Client Refused		
TRANSITIONAL & PERMANENT HOUSING		□ Data not Collected		
☐ Hotel or motel paid for without emergency s				
☐ Owned by client, no ongoing housing subsi	dy			
2. Length of Stay in Prior Living Situation				
☐ One night or less	☐ One month or mo	ore, 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	☐ One year or long	er	☐ Data not Collected	
month	, ,			
3. Approximate date homelessness started	k			
4. (Regardless of where they stayed last n	ight) Number of time	es the client has been on t	he streets, in ES, or SH in the past three	
years including today	.g,			
□ One time	☐ Three times		☐ Client Doesn't Know	
☐ Two times	☐ Four or more time	es	□ Client Refused	
	• •		□ Data not Collected	
5. Total number of months homeless on th	e street. in ES. or S	H in the past three years	_ Data not conceed	
☐ One month (this time is the first month)		······································	☐ More than 12 months	
	□ 8		☐ Client Doesn't Know	
	□ 9		☐ Client Refused	
□ 4	□ 1 0		☐ Data not Collected	
□ 5	□ 10 □ 11		LI Data Hot Collected	
□ 5 □ 6	□ 11 □ 12			
D	 			

Proceed to INCOME TAB

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 Proceed to ☐ Emergency Shelter **Question 5** ☐ Safe Haven □ Interim Housing INSTITUTIONAL SITUATION ☐ Foster care home or foster care group home 2. Did you ☐ Hospital or other residential non-psychiatric stay less than medical facility 90 days? Proceed to ☐ Jail, prison or juvenile detention facility **Question 8** ☐ Long-term care facility or nursing home □ No ☐ Psychiatric hospital or other psychiatric facility 4. On the night before ☐ Substance abuse treatment facility or detox ☐ Yes did you stay on the center streets, ES or SH Proceed to **Question 8** \sqcap No ☐ Yes Proceed to TRANSITIONAL & PERMANENT HOUSING **Question 5 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 3. Did you stay less than 7 ☐ Rental by client, no ongoing housing subsidy nights? ☐ Rental by client, with VASH housing subsidy Proceed to ☐ Rental by client, with GPD TIP subsidy **Question 8** □ No ☐ Rental by client, with other housing subsidy (including RRH) 4. On the night before □ Yes ☐ Residential project or halfway house with no did you stay on the homeless criteria streets, ES or SH ☐ Staying or living in a family member's room, Proceed to apartment, or house **Question 8** □ No ☐ Staying or living in a friend's room, apartment, or house ☐ Yes Proceed to ☐ Transitional housing for homeless persons Question 5 ☐ Client Doesn't Know □ Client Refused □ Data not Collected

Client Name / ID:

5. Approximate date homelessness started								
6. Total number of months homeless on the	e street, in ES,	or SH in th	ne past three y	ears				
☐ 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 n	ot Collecte	d	
	□ 11							
□ 6 □ 12						4.41		
7. (Regardless of where they stayed last nivers including today	ght) Number of	times the	client has bee	en on the s	treets, in	ES, or SH I	n the pa	st three
☐ One time	□ Three tim	nes			□ Client	Doesn't Kn	ΟW	
☐ Two times	☐ Four or m				□ Client		011	
	_ 1	1010 1111100				ot Collecte	d	
8. Length of Stay in Prior Living Situation								
☐ One night or less	☐ One mon	th or more	, but less than	90 days	☐ Client	Doesn't Kn	ow	
☐ Two to six nights	□ 90 days o	or more, bu	it less than one	year	□ Client	Refused		
☐ One week or more, but less than one month	n □ One year	or longer			□ Data n	ot Collecte	d	
INCOME TAR								
INCOME TAB								
INCOME	ooon't know		Client refused	<u> </u>		Data not oc	llootod	
□ Declare no income □ Client doesn't know						Stated		
Income Source		Every Other Twice a					Olaloa	
			Every Other	Twice a				Income
(Check all that apply)		Weekly	Every Other Week	Twice a Month	Monthly	Quarterly	Yearly	Income
		Weekly	_		Monthly	Quarterly	Yearly	Income
(Check all that apply)		Weekly	_		Monthly	Quarterly	Yearly	Income \$
(Check all that apply) □ No financial resources		,	Week	Month	,	,	Yearly	
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash)			Week	Month			Yearly	\$
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash) □ Unemployment Insurance □ Supplemental Security Income (SSI)			Week	Month				\$
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash) □ Unemployment Insurance	tion		Week	Month				\$ \$ \$
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash) □ Unemployment Insurance □ Supplemental Security Income (SSI) □ Social Security Disability Income (SSDI)			Week	Month				\$ \$ \$ \$
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash) □ Unemployment Insurance □ Supplemental Security Income (SSI) □ Social Security Disability Income (SSDI) □ VA Service-Connected Disability Compensa			Week	Month				\$ \$ \$ \$
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash) □ Unemployment Insurance □ Supplemental Security Income (SSI) □ Social Security Disability Income (SSDI) □ VA Service-Connected Disability Compensa □ VA Non-Service-Connected Disability Pension			Week	Month				\$ \$ \$ \$ \$
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash) □ Unemployment Insurance □ Supplemental Security Income (SSI) □ Social Security Disability Income (SSDI) □ VA Service-Connected Disability Compensa □ VA Non-Service-Connected Disability Pensio	on		Week	Month				\$ \$ \$ \$ \$ \$
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash) □ Unemployment Insurance □ Supplemental Security Income (SSI) □ Social Security Disability Income (SSDI) □ VA Service-Connected Disability Compensa □ VA Non-Service-Connected Disability Pension □ Private Disability Insurance □ Workers Compensation	on CalWORKs)		Week	Month				\$ \$ \$ \$ \$ \$ \$
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash) □ Unemployment Insurance □ Supplemental Security Income (SSI) □ Social Security Disability Income (SSDI) □ VA Service-Connected Disability Compensa □ VA Non-Service-Connected Disability Pension □ Private Disability Insurance □ Workers Compensation □ Temporary Assistance for Needy Families (6)	on CalWORKs)		Week	Month				\$ \$ \$ \$ \$ \$ \$ \$
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash) □ Unemployment Insurance □ Supplemental Security Income (SSI) □ Social Security Disability Income (SSDI) □ VA Service-Connected Disability Compensa □ VA Non-Service-Connected Disability Pensic □ Private Disability Insurance □ Workers Compensation □ Temporary Assistance for Needy Families (Control of the control of the	CalWORKs)		Week	Month				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash) □ Unemployment Insurance □ Supplemental Security Income (SSI) □ Social Security Disability Income (SSDI) □ VA Service-Connected Disability Compensa □ VA Non-Service-Connected Disability Pension □ Private Disability Insurance □ Workers Compensation □ Temporary Assistance for Needy Families (Google General Assistance (GA) (General Relief (Google Retirement Income from Social Security	CalWORKs)		Week	Month				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash) □ Unemployment Insurance □ Supplemental Security Income (SSI) □ Social Security Disability Income (SSDI) □ VA Service-Connected Disability Compensa □ VA Non-Service-Connected Disability Pensic □ Private Disability Insurance □ Workers Compensation □ Temporary Assistance for Needy Families (Guide Retirement Income from Social Security □ Pension or retirement income from a former □ Child Support □ Alimony or other spousal support	CalWORKs)		Week	Month				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash) □ Unemployment Insurance □ Supplemental Security Income (SSI) □ Social Security Disability Income (SSDI) □ VA Service-Connected Disability Compensa □ VA Non-Service-Connected Disability Pensic □ Private Disability Insurance □ Workers Compensation □ Temporary Assistance for Needy Families (Compensal Assistance (GA) (General Relief (Gome Retirement Income from Social Security □ Pension or retirement income from a former □ Child Support	CalWORKs)		Week	Month				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash) □ Unemployment Insurance □ Supplemental Security Income (SSI) □ Social Security Disability Income (SSDI) □ VA Service-Connected Disability Compensa □ VA Non-Service-Connected Disability Pensic □ Private Disability Insurance □ Workers Compensation □ Temporary Assistance for Needy Families (Guide Retirement Income from Social Security □ Pension or retirement income from a former □ Child Support □ Alimony or other spousal support □ Other Source (Specify:	on CalWORKs) R)) job		Week	Month				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash) □ Unemployment Insurance □ Supplemental Security Income (SSI) □ Social Security Disability Income (SSDI) □ VA Service-Connected Disability Compensa □ VA Non-Service-Connected Disability Pensic □ Private Disability Insurance □ Workers Compensation □ Temporary Assistance for Needy Families (Guide Retirement Income from Social Security □ Pension or retirement income from a former □ Child Support □ Alimony or other spousal support	on CalWORKs) R)) job		Week	Month				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash) □ Unemployment Insurance □ Supplemental Security Income (SSI) □ Social Security Disability Income (SSDI) □ VA Service-Connected Disability Compensa □ VA Non-Service-Connected Disability Pensic □ Private Disability Insurance □ Workers Compensation □ Temporary Assistance for Needy Families (Council General Assistance (GA) (General Relief (Gounce) Retirement Income from Social Security □ Pension or retirement income from a former □ Child Support □ Alimony or other spousal support □ Other Source (Specify: ■ NON-CASH BENEFITS (Check all that apply) ■ None	on CalWORKs) R)) job		Week	Month				\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
(Check all that apply) □ No financial resources □ Earned Income (employment wages / cash) □ Unemployment Insurance □ Supplemental Security Income (SSI) □ Social Security Disability Income (SSDI) □ VA Service-Connected Disability Compensa □ VA Non-Service-Connected Disability Pension □ Private Disability Insurance □ Workers Compensation □ Temporary Assistance for Needy Families (Compensation Income Incom	on CalWORKs) R)) job	ed	Week	Month	ta not Col			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Client Name / ID:	
CHELLINALIE / ID.	

HEALTH INSURANCE (Check all that apply):			
☐ No Health Insurance			
☐ Client Doesn't Know	□ Client Re	efused	□ Data not Collected
□ Medicaid		RE	□ VA Medical Services
☐ State Children's Health Insurance	□ Employer	Provided Health Insurance	☐ COBRA Health Ins.
☐ Private Health Insurance	□ State Adu	ult Health Insurance	□ Indian Health Services Program
□ Other			
*Please select State Adult Health Insurance if the client	receives Medi(Cal	
I certify that the information above is correct to	the best of	mv knowledge.	
. co y u. c c u.c u.c u.c		,ou.go.	
Client Signature		Site	Date
Agency Staff Signature		Site	Date
•			
DO NOT WRITE IN BOX BELOW – DATA EN	ITRY PERS	ONNEL ONLY (Optional):	
Data automaticata LIMICo			
Date entered into HMIS://			
Question	Answer	Initials of Staff	Comments
4	7	completion	
Was the hard copy intake form	□ Yes	,	
completely filled out correctly?	□No		
	1		1
Staff Name (verifying completion of Data Entry	۸۰		
Stan Marie (Vernying Completion of Data Entry	′)·		