

HMIS Intake and Enrollment Form - SSVF

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____		<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/> Leave message	
Alternate Phone Number		PhoneType:	
(____)____-____x____		<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/> Leave message	
Email Address		Contact Preference	
____@____		<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> 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
_____		_____	_____
ZIP Code	City	State	
_____	_____	_____	
NOTE			
Subject		Member	Note by
_____		_____	_____
Note Type:		Note Date	Expire Date
<input type="checkbox"/> Alert <input type="checkbox"/> Information		____/____/____	____/____/____
Note:			

HH CONTACTS TAB (Optional)

EMERGENCY— Basic Information			
Relationship to Head of Household		First Name	Middle Name
<input type="checkbox"/> Friend <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Neighbor <input type="checkbox"/> Babysitter		_____	_____
			Last Name

Email		Primary Phone	Phone Type
____@____		(____)____-____	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Other
Address			
Address		County	Unit Type
_____		_____	_____
			Unit Number

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APPLICATION TAB

Applicant Information	
Program Name	Program Start Date
_____	____/____/____
Case Manager	Application Consent
_____	<input type="checkbox"/> System <input type="checkbox"/> Group <input type="checkbox"/> Region <input type="checkbox"/> Privately <input type="checkbox"/> Organization
Comments	

HOUSEHOLD (HH) MEMBERS TAB

Edit Member		
Household Type	Household Size	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	Number of clients in Household: _____	<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

Basic Information				
First Name	Middle Name	Last Name	Suffix	DOB
_____	_____	_____	<input type="checkbox"/> Sr <input type="checkbox"/> Jr	____/____/____
SSN	Gender	Disabling Condition	Veteran Status	
____-____-____	<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	<i>(Physical, Developmental, Mental Health, Chronic Health Condition, HIV/AIDS, and/or Substance Use Disorder.)</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	(Have you ever served in the U.S. Military?) <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	

Additional Information			
Education Level (What is the highest level of education you've completed?)		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"/> 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

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

Data Quality Codes					
Name: Quality Code	<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: Quality Code	<input type="checkbox"/> Full address reported	<input type="checkbox"/> Incomplete or estimated address reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
SSN: Quality Code	<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
Data of Birth: Quality Code	<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

ASSESSMENTS TAB

CoC Entry Questions

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

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HUD Questions—GENERAL

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

1. Type of Residence 3.917A		
HOMELESS SITUATION		
<input type="checkbox"/> Place not meant for human habitation	<input type="checkbox"/> Owned by client, with ongoing housing subsidy	
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons	
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Rental by client, no ongoing housing subsidy	
<input type="checkbox"/> Interim Housing	<input type="checkbox"/> Rental by client, with VASH housing subsidy	
INSTITUTIONAL SITUATION	<input type="checkbox"/> Rental by client, with GPD TIP subsidy	
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, with other housing subsidy (including RRH)	
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Residential project or halfway house with no homeless criteria	
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Staying or living in a family member's room, apartment, or house	
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Staying or living in a friend's room, apartment or house	
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Transitional housing for homeless persons	
<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Client Doesn't Know	
TRANSITIONAL & PERMANENT HOUSING SITUATION	<input type="checkbox"/> Client Refused	
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Data not Collected	
<input type="checkbox"/> Owned by client, no ongoing housing subsidy		
2. Length of Stay in Prior Living Situation		
<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> 90 days or more, but less than one year	<input type="checkbox"/> Client Refused
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One year or longer	<input type="checkbox"/> Data not Collected
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		
<input type="checkbox"/> One time	<input type="checkbox"/> Three times	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Two times	<input type="checkbox"/> Four or more times	<input type="checkbox"/> Client Refused
		<input type="checkbox"/> Data not Collected
5. Total number of months homeless on the street, in ES, or SH in the past three years		
<input type="checkbox"/> One month (this time is the first month)	<input type="checkbox"/> 7	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> Client Refused
<input type="checkbox"/> 4	<input type="checkbox"/> 10	<input type="checkbox"/> Data not Collected
<input type="checkbox"/> 5	<input type="checkbox"/> 11	
<input type="checkbox"/> 6	<input type="checkbox"/> 12	

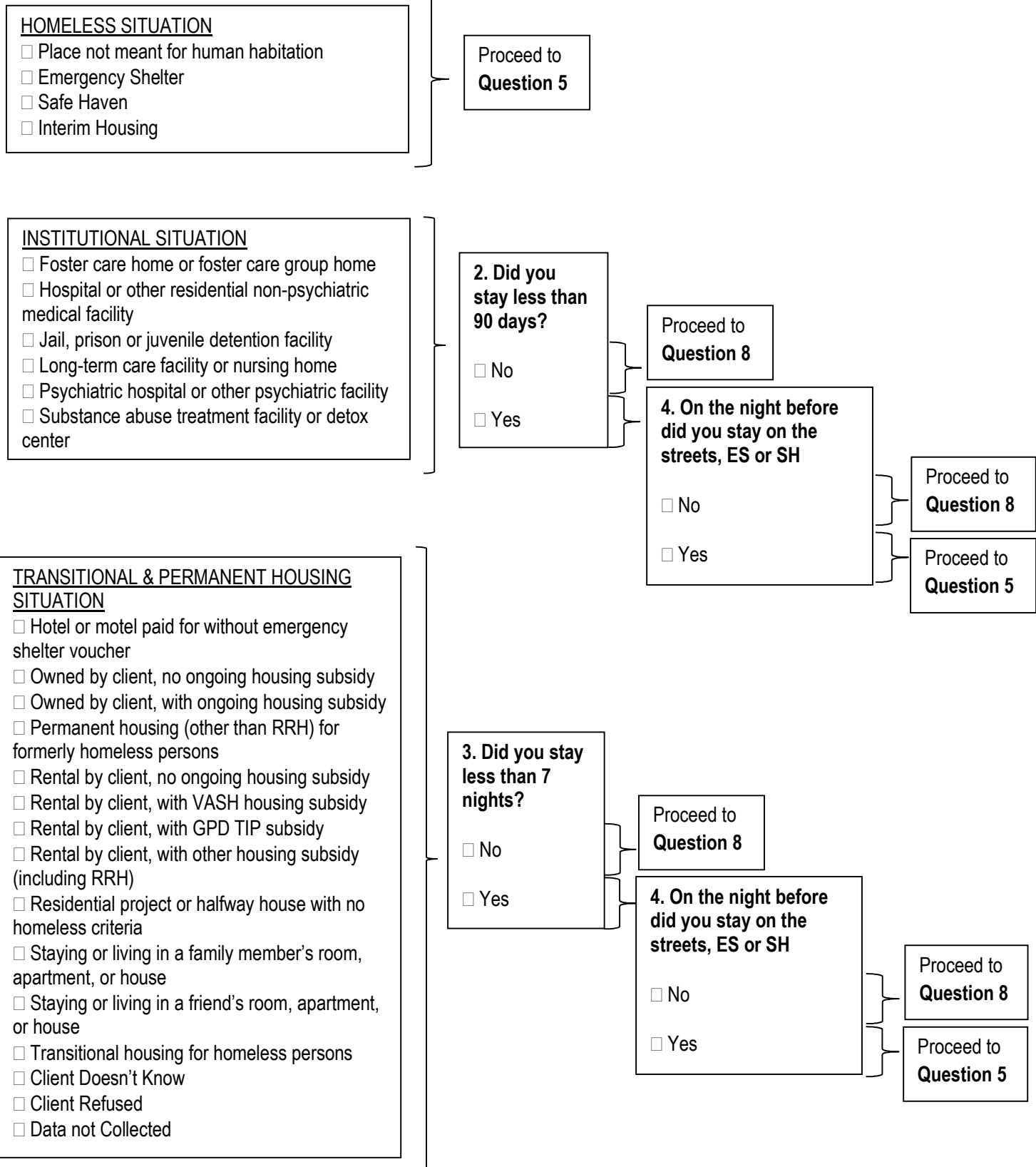
Proceed to CONTINUATION HUD QUESTIONS

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

1. Type of residence 3.917B



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

CONTINUATION HUD QUESTIONS

Permanent Housing — PSH, OPH, RRH		
If client was placed in permanent housing, Housing Move-In Date: (Required for Permanent Supportive Housing, Other Permanent Supportive Housing and Rapid Re-Housing projects only)	____/____/____	

PATH — Homelessness Prevention and Rapid Re-Housing		
Question	Check One Answer	Comments
Connection with SOAR? (Required for Head of Households and Adults only)	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	

VA:SSVF		
Question	Check One Answer	Comments
Year entered military service?	_____	
Year separated from military service?	_____	
Theatre of Operations: 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"/> Client Doesn't Know <input type="checkbox"/> Yes <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"/> Client Doesn't Know <input type="checkbox"/> Yes <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"/> Client Doesn't Know <input type="checkbox"/> Yes <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"/> Client Doesn't Know <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	

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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	
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	
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 <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected		
Household Income as a Percentage of AMI (Required only for Head of Households in Homeless Prevention and Rapid Re-Housing Projects)	<input type="checkbox"/> Less than 30% <input type="checkbox"/> 30% to 50% <input type="checkbox"/> Greater than 50%		
VAMC Station Number (Required only for Head of Households in Homeless Prevention, Rapid Re-Housing and Permanent Supportive Housing Projects)	_____		

SSVF/VASH — Homelessness Prevention

Question	Check One Answer	Comments
Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation.	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes	
Current housing loss expected within...	<input type="checkbox"/> 0 – 6 Days <input type="checkbox"/> 14 – 21 Days <input type="checkbox"/> 7 – 13 Days <input type="checkbox"/> More than 21 Days (0 points)	
Current household income is \$0	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes	
Annual household gross income amount	<input type="checkbox"/> 0-14% of Area Median Income (AMI) for household size <input type="checkbox"/> 15-30% of AMI for household size	

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	<input type="checkbox"/> More than 30% of AMI for household size (0 points)	
Sudden and significant decrease in cash income (employment and/or cash benefits) AND/OR unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes	
Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes	
Rental Evictions within the Past 7 Years	<input type="checkbox"/> 4 or more prior rental evictions <input type="checkbox"/> 2-3 prior rental evictions <input type="checkbox"/> 1 prior rental eviction <input type="checkbox"/> No prior rental evictions (0 points)	
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes	
History of Literal Homelessness (street/shelter/transitional housing)	<input type="checkbox"/> 4 or more times or total of at least 12 months in past three years <input type="checkbox"/> 2-3 times in past three years <input type="checkbox"/> 1 time in past three years <input type="checkbox"/> None (0 points)	
Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes	
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes	
Registered sex offender	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes	
At least one dependent child under age 6	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes	
Single parent with minor child(ren)	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes	
Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes	
Any Veteran in household served in Iraq or Afghanistan	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes	
Female Veteran	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes	
HP applicant total points (integer)	_____	
Grantee targeting threshold score (integer)	_____	

INCOME TAB

INCOME							
<input type="checkbox"/> Declare no income	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected				
Income Source (Check all that apply)	Frequency						Stated Income
	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"/>	\$

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<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"/>	\$
<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"/>	\$
<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"/>	\$
<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"/>	\$
<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"/>	\$
<input type="checkbox"/> Temporary Assistance for Needy Families (CalWORKs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> General Assistance (GA) (General Relief (GR))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<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"/>	\$
<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"/>	\$
<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"/>	\$
<input type="checkbox"/> Alimony or other spousal support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<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"/>	\$

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"/> SNAP Amount: _____	<input type="checkbox"/> CalWorks Child Care	<input type="checkbox"/> WIC
<input type="checkbox"/> CalWorks Transportation	<input type="checkbox"/> Other CalWorks-Funded Services	<input type="checkbox"/> Other Amount: _____

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"/> Medicaid _____	<input type="checkbox"/> Employer Provided Health Insurance	<input type="checkbox"/> COBRA Health Ins.
<input type="checkbox"/> State Children's Health Insurance	<input type="checkbox"/> State Adult Health Insurance	<input type="checkbox"/> Indian Health Services Program
<input type="checkbox"/> Private Health Insurance		
<input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Staff Name (verifying completion of Data Entry): _____