OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

CLIENT PROFILE

SOCIAL SECURITY NUMBER (SSN)	___ — ___ — ____

QUALITY OF SSN

☐ Full SSN reported	☐ Approximate or partial SSN reported	☐ Client doesn't know	☐ Client refused	☐ Data not collected

CLIENT'S NAME		N/A
Last		☐
First		
Middle		☐
Suffix		☐

QUALITY OF NAME

☐ Full name reported	☐ Partial, street name, or code name reported	☐ Client doesn't know	☐ Client refused	☐ Data not collected

DATE OF BIRTH	__ __ — __ __ — __ __ __ __ Age:
	Month Day Year

QUALITY OF DOB

☐ Full DOB reported	☐ Approximate or partial DOB reported	☐ Client doesn't know	☐ Client refused	☐ Data not collected

GENDER

☐ Female ☐ Male	☐ Trans Female (MTF or Male to Female) ☐ Trans Male (FTM or Female to Male) ☐ Gender Non-Conforming (i.e. not exclusively male or female)	☐ Client doesn't know ☐ Client refused ☐ Data not collected

RACE

☐ White ☐ Black or African American	☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Asian	☐ Client doesn't know ☐ Client refused ☐ Data not collected

ETHNICITY

☐ Non-Hispanic ☐ Hispanic	☐ Client doesn't know ☐ Client refused ☐ Data not collected

VETERAN STATUS

☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD

☐ Self (head of household) ☐ Head of household's child ☐ Head of household's spouse or partner	☐ Head of household's other relation member ☐ Other: non-relation member

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PROJECT ENROLLMENT

PROJECT NAME	
PROJECT START DATE	☐☐—☐☐—☐☐☐☐
HOUSING MOVE-IN DATE *(For PSH, PH with no disability requirement, and RRH Projects: Record the date a client or household moves into a permanent housing unit)*	☐☐—☐☐—☐☐☐☐

LIVING SITUATION for Street Outreach, Emergency Shelter, or Safe Haven project types

Type of Residence 3.917A *(Type of living arrangement on the night before entering this project)*	
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

Length of Stay in Prior Living Situation *(How long ago did the client start staying in that Type of Residence)*		
☐ 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

If Client's Type of Residence is any of the *Institutional Situation* options:

Length of Stay Less than 90 days? *(Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)*	☐ No	☐ Yes

If 'Length of Stay Less than 90 days' is *YES*

On the night before – stayed on streets, ES or Safe Haven? *(On the night before the client's stay of less than 90 days in an institutional setting were they on the streets, in an Emergency Shelter, or in a Safe Haven?)*	☐ No	☐ Yes

Approximate Date Homelessness Started *(Approximate date the client's **current** episode of homelessness began)*
_____/_____/_____

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Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today *(Regardless of where they stayed last night)*		
☐ One time	☐ Three times	☐ Client doesn't know
☐ Two times	☐ Four or more times	☐ Client refused
		☐ Data not collected
Total number of months homeless on the streets, in ES, or SH in the past three years		
☐ One month (this time is the first month)	☐ Six Months	☐ Eleven Months
☐ Two Months	☐ Seven Months	☐ Twelve Months
☐ Three Months	☐ Eight Months	☐ More than 12 months
☐ Four Months	☐ Nine Months	☐ Client doesn't know
☐ Five Months	☐ Ten Months	☐ Client refused
		☐ Data not collected

LIVING SITUATION for project types ***other than*** Street Outreach, Emergency Shelter, or Safe Haven

Type of Residence 3.917B *(Type of living arrangement on the night before the entry into the project)*	
HOMELESS SITUATION	
☐ Place not meant for human habitation	☐ Safe Haven
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher	☐ Interim Housing
INSTITUTIONAL SITUATION	
☐ Foster care home or foster care group home	☐ Long-term care facility or nursing home
☐ Hospital or other residential non-psychiatric medical facility	☐ Psychiatric hospital or other psychiatric facility
☐ Jail, prison or juvenile detention facility	☐ Substance abuse treatment facility or detox center
TRANSITIONAL AND PERMANENT HOUSING SITUATION	
☐ Hotel or motel paid for without emergency shelter voucher	☐ Rental by client, with other housing subsidy (including RRH)
☐ Owned by client, no ongoing housing subsidy	☐ Residential project or halfway house with no homeless criteria
☐ Owned by client, with ongoing housing subsidy	☐ Staying or living in a family member's room, apartment, or house
☐ Permanent housing (other than RRH) for formerly homeless persons	☐ Staying or living in a friend's room, apartment or house
	☐ Transitional housing for homeless persons
☐ Rental by client, no ongoing housing subsidy	☐ Client doesn't know
☐ Rental by client, with VASH housing subsidy	☐ Client refused
☐ Rental by client, with GPD TIP subsidy	☐ Data not collected

Length of Stay in Prior Living Situation *(How long ago did the client start staying in that Type of Residence)*		
☐ 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

If Client's Type of Residence is any of the *Homeless Situation* options:

Approximate Date Homelessness Started *(Approximate date the client's **current** episode of homelessness began)*		
_____/_____/_____		
Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today *(Regardless of where they stayed last night)*		
☐ One time	☐ Three times	☐ Client doesn't know
☐ Two times	☐ Four or more times	☐ Client refused
		☐ Data not collected

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Total number of months homeless on the streets, in ES, or SH in the past three years		
☐ One month (this time is the first month)	☐ Six Months	☐ Eleven Months
☐ Two Months	☐ Seven Months	☐ Twelve Months
☐ Three Months	☐ Eight Months	☐ More than 12 months
☐ Four Months	☐ Nine Months	☐ Client doesn't know
☐ Five Months	☐ Ten Months	☐ Client refused
		☐ Data not collected

If Client's Type of Residence is any of the *Institutional Situation* options:

Length of Stay Less than 90 days? *(Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)*	☐ No	☐ Yes

If Client's Type of Residence is any of the *Transitional and Permanent Housing Situation* options:

Length of Stay Less than 7 nights? *(Indicate if the stay in the transitional or permanent housing setting they lived in immediately prior to project entry was less than 7 nights)*	☐ No	☐ Yes

If 'Length of Stay Less than 90 days' is *YES*—OR— If 'Length of Stay Less than 7 nights' is *YES*

On the night before – stayed on streets, ES or Safe Haven? *(On the night before the client's stay of less than 90 days in an institutional setting, or less than 7 nights in a transitional/permanent housing setting, were they on the streets, in an Emergency Shelter, or in a Safe Haven?)*	☐ No	☐ Yes

If 'On the night before – stayed on streets, ES, or Safe Haven' is *YES*

Approximate Date Homelessness Started *(Approximate date the client's **current** episode of homelessness began)*		
_____/_____/_____		
Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today *(Regardless of where they stayed last night)*		
☐ One time	☐ Three times	☐ Client doesn't know
☐ Two times	☐ Four or more times	☐ Client refused
		☐ Data not collected
Total number of months homeless on the streets, in ES, or SH in the past three years		
☐ One month (this time is the first month)	☐ Six Months	☐ Eleven Months
☐ Two Months	☐ Seven Months	☐ Twelve Months
☐ Three Months	☐ Eight Months	☐ More than 12 months
☐ Four Months	☐ Nine Months	☐ Client doesn't know
☐ Five Months	☐ Ten Months	☐ Client refused
		☐ Data not collected

DISABLING CONDITIONS AND BARRIERS

Do you have a disabling condition?

☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Do you have a physical disability?

☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

If yes for Physical Disability, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	□ No □ Yes	□ Client doesn't know □ Client refused □ Data not collected

Do you have a developmental disability?

□ No □ Yes		□ Client doesn't know □ Client refused □ Data not collected
If yes for Developmental Disability, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	□ No □ Yes	□ Client doesn't know □ Client refused □ Data not collected

Do you have a chronic health condition?

□ No □ Yes		□ Client doesn't know □ Client refused □ Data not collected
If yes for Chronic Health Condition, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	□ No □ Yes	□ Client doesn't know □ Client refused □ Data not collected

Have you been diagnosed with AIDS or have you tested positive for HIV?

□ No □ Yes		□ Client doesn't know □ Client refused □ Data not collected
If yes for tested positive for HIV/AIDS, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	□ No □ Yes	□ Client doesn't know □ Client refused □ Data not collected

Do you have a mental health problem?

□ No □ Yes		□ Client doesn't know □ Client refused □ Data not collected
If yes for Mental Health Problem, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	□ No □ Yes	□ Client doesn't know □ Client refused □ Data not collected

Do you have a substance abuse problem?

□ No □ Alcohol Abuse □ Drug Abuse □ Both Alcohol and Drug		□ Client doesn't know □ Client refused □ Data not collected
If you have any Substance Abuse Problem, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	□ No □ Yes	□ Client doesn't know □ Client refused □ Data not collected

Are you a survivor of domestic or intimate partner violence?

□ No □ Yes		□ Client doesn't know □ Client refused □ Data not collected

If Yes for survivor of domestic or intimate partner violence		
When did this experience occur?	☐ Within the past three months ☐ Three to six months ago (excluding six months exactly) ☐ From six to twelve months ago (excluding one year exactly) ☐ More than a year ago	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you currently fleeing?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

CASH INCOME FOR INDIVIDUAL

Income from Any Source	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY	
Income Source (Check all that apply)	**Monthly Amount**
☐ Earned Income	
☐ Unemployment Insurance	
☐ Worker's Compensation	
☐ Private Disability Insurance	
☐ VA Service-Connected Disability Compensation	
☐ Social Security Disability Income (SSDI)	
☐ Supplemental Security Income (SSI)	
☐ Retirement Income from Social Security	
☐ VA Non-Service-Connected Disability Pension	
☐ Pension or retirement income from a former job	
☐ Temporary Assistance for Needy Families (TANF)	
☐ General Assistance (GA)	
☐ Alimony or other spousal support	
☐ Child Support	
☐ Other Cash Income (Specify:_____)	

NON-CASH BENEFITS

Receiving Non-Cash Benefits?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

IF "YES" TO RECEIVING NON-CASH BENEFITS– INDICATE ALL SOURCES THAT APPLY	
☐ Supplemental Nutrition Assistance Program (SNAP)	☐ TANF Transportation Services
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐ Other TANF-funded services
☐ TANF Childcare Services	☐ Other Non-Cash Benefits (Specify Source):_____

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HEALTH INSURANCE

Covered by Health Insurance?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
IF "YES" TO COVERED BY HEALTH INSURANCE– INDICATE ALL SOURCES THAT APPLY		
☐ MEDICAID	☐ Insurance Obtained through COBRA	
☐ MEDICARE	☐ Private Pay Health Insurance	
☐ State Children's Health Insurance Program	☐ State Health Insurance for Adults	
☐ Veteran's Administration (VA) Medical Services	☐ Indian Health Services Program	
☐ Employer-provided Health Insurance	☐ Other Health Insurance (Specify Source):_____	

LAST PERMANENT ADDRESS

Prior City *The last city in which the client was permanently housed prior to entry into this project*	_____

OC CUSTOM QUESTIONS

What city were you in immediately prior to entry into this project?

The city in which the client spent the night prior to entry into this project

☐ Aliso Viejo	☐ Huntington Beach	☐ Newport Beach	☐ Westminster
☐ Anaheim	☐ Irvine	☐ Orange	☐ Yorba Linda
☐ Brea	☐ La Habra	☐ Placentia	☐ Unincorporated Orange County
☐ Buena Park	☐ La Palma	☐ Rancho Santa Margarita	☐ Outside Orange County, but in California
☐ Costa Mesa	☐ Laguna Beach	☐ San Clemente	☐ Outside of California
☐ Cypress	☐ Laguna Hills	☐ San Juan Capistrano	☐ Client doesn't know
☐ Dana Point	☐ Laguna Niguel	☐ Santa Ana	☐ Client Refused
☐ El Modena	☐ Laguna Woods	☐ Seal Beach	☐ Data not collected
☐ Fountain Valley	☐ Lake Forest	☐ Stanton	
☐ Fullerton	☐ Los Alamitos	☐ Tustin	
☐ Garden Grove	☐ Mission Viejo	☐ Villa Park	

Phone Number *(Optional)*	
Email Address *(Optional)*	

What state were you born in?

☐ AL - Alabama	☐ GA - Georgia	☐ MA - Massachusetts	☐ NM - New Mexico	☐ TN - Tennessee
☐ AL- Alaska	☐ HI - Hawaii	☐ MI - Michigan	☐ NY - New York	☐ TX - Texas
☐ AZ - Arizona	☐ ID - Idaho	☐ MN - Minnesota	☐ NC - North Carolina	☐ UT - Utah
☐ AR- Arkansas	☐ IL - Illinois	☐ MS - Mississippi	☐ ND - North Dakota	☐ VT - Vermont
☐ CA - California	☐ IN - Indiana	☐ MO - Missouri	☐ OH - Ohio	☐ VA - Virginia
☐ CO - Colorado	☐ IA - Iowa	☐ MT - Montana	☐ OK - Oklahoma	☐ WA - Washington
☐ CT- Connecticut	☐ KS - Kansas	☐ NE - Nebraska	☐ OR - Oregon	☐ WV - West Virginia
☐ DE - Delaware	☐ KY - Kentucky	☐ NV - Nevada	☐ PA - Pennsylvania	☐ WI - Wisconsin
☐ DC - District of Columbia	☐ LA - Louisiana	☐ NH - New Hampshire	☐ RI - Rhode Island	☐ WY - Wyoming
☐ FL - Florida	☐ ME - Maine	☐ NJ - New Jersey	☐ SC - South Carolina	☐ Client doesn't know
	☐ MD - Maryland		☐ SD - South Dakota	☐ Client Refused
				☐ Other

If 'Other' for State you were born, **Which country were you born in?**		_____	
Employment Status	☐ Full-Time ☐ Part-Time ☐ Seasonal/Temporary Work	☐ Unemployed ☐ Disabled ☐ Retired	☐ Client doesn't know ☐ Client Refused ☐ Data not collected

CFCOC ENTRY QUESTIONS

Is this client receiving services funded by the Children and Families Commission Orange County?	☐ No ☐ Yes
CFCOC Bed Night Start Date *The client's first bed night funded by CFCOC*	____/____/_____
CFCOC Bed Night End Date *The client's last bed night funded by CFCOC*	____/____/_____

I certify that the information above is correct to the best of my knowledge.

_____ _____
Client Signature Date

_____ _____
Agency Staff Signature Date

DO NOT ANSWER QUESTIONS BELOW – DATA ENTRY PERSONNEL ONLY (Optional):

Date entered into HMIS: _____/_____/_____

Question	Answer	Comments
Was the hard copy intake form completely filled out correctly?	☐ No ☐ Yes	

Staff Name (verifying completion of Data Entry): _____