CLIENT PROFILE

SOCIAL SE	CURITY	' NUI	MBEF	R (SSI	N)							_			_				
QUALITY O	F SSN							1											
□ Full SSN	reported		□ App SSN r			or parti	al	□ Clie	ent do	esn't k	now	□С	lient re	efused	d		□ Dat	a not coll	ected
CLIENT'S N	IAME																		N/A
Last																			
First																			
Middle																			
Suffix																			
QUALITY O	F NAMI	Ξ																	
□ Full name reported)		artial, ne rep			me, or	code		□ Clie	ent doe	esn't k	now	[□ Clie	nt ref	used		Data not	collected
DATE OF B	IRTH					Month		_	Da				Year					Age:	
QUALITY O	F DOB					MOTILIT			Da	<u>y</u>			i C ai						
□ Full DOB r		l		Appro tial D		ite or eported	d	□ CI	lient de	pesn't	know		Clie	nt refu	ısed			Data not	collected
GENDER																			
□ Female □ Male						□ Trar □ Trar □ Gen male c	is Male der No	e (FTI on-Co	M or F	emale	to Ma	ale)			lient i	doesn refuse ot coll	d	N	
RACE																			
□ White □ Black or A	African A	merio	can			□ Ame □ Nati □ Asia	ve Hav					sland	er		lient i	doesn refuse ot coll	d	N	
ETHNICITY																			
□ Non-Hispa □ Hispanic	anic														lient i	doesn refuse ot coll	d	N	
VETERAN S	STATUS																		
□ No □ Yes															lient i	doesn refuse ot coll	d	N	
OC OPTION	NAL QI	JEST	TION	IS															
Alias																			
Pronouns(s	s)		he/He e/Him		S								ey/The		neirs				

PROJECT ENROLLMENT

RELATIONSHIP TO HEAD OF HOUSEHOLD

 □ Self (head of household) □ Head of household's child □ Head of household's spouse or partner 		□ Head □ Other:					member	
PROJECT NAME								
PROJECT START DATE		_			_			
Connection with SOAR?	□ No					Client re	pesn't know fused t collected	
PRIOR LIVING SITUATION for <u>Street Outreach</u> Type of Residence 3.917A (Type of living arrangement							oject type	es .
		SITUATION		ig tills	ρισμοιή			
 □ Place not meant for habitation (e.g., a vehicle, an abar □ Emergency shelter, including hotel or motel paid for w □ Safe Haven 	ndoned builth emerg	uilding, bus ency shelte	s/train/s er voud					
	TITUTION	AL SITUA						
 □ Foster care home or foster care group home □ Hospital or other residential non-psychiatric medical fa □ Jail, prison or juvenile detention facility 	acility	□ Long-te□ Psychia□ Substan	itric ho	spital o	or other	psychiat		ter
TRANSITIONAL 8	PERMAI	NENT HOU	JSING	SITUA	TION			
 □ Residential project or halfway house with no homeless □ Hotel or motel paid for without emergency shelter voue □ Transitional housing for homeless persons (including Homeless Youth) □ Host Home (non-crisis) □ Staying or living in a friend's room, apartment or hous □ Staying or living in a family member's room, apartmen house □ Rental by client, with GPD TIP subsidy □ Rental by client, with VASH housing subsidy □ Permanent housing (other than RRH) for formerly hon persons 	cher e t, or	□ Renta□ Renta□ Renta□ Renta□ Owne	by clid by cli	ent, wirent in a ent in a ent, no ent, wirent, w ent, no t know d	th HCV a public ongoing th other of the ongo ongoing ongoing the ongo	voucher housing g housing ongoing ing hous	, .	project based) bsidy
Length of Stay in Prior Living Situation (How long a	go did the	client star	t stayir	ng in th	at Type			
☐ Two to six nights	90 days o	th or more or more, but or longer onal Situ	it less	than o	ne year		Client does Client refus Data not co	sed
Length of Stay Less than 90 days? (Indicate if the stay in the institutional setting they lived in less than 90 days)						□No)	□ Yes

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

The Echigan of Stay Ecss than 50 days 15 TE				
On the night before – stayed on streets, ES or Safe (On the night before the client's stay of less than 90 days the streets, in an Emergency Shelter, or in a Safe Have	ys in an		□ No	□ Yes
Approximate Date Homelessness Started (Approxim	nate date	e the client's current enisode of hor	nelessness henar	1)
Approximate bate nomeressness started (Approximate	ale dale	o the cheft a current opisode of non	Tolossifess begai)
Number of times the client has been on the street	: F0	on Court House in the most three or		Al
Number of times the client has been on the streets, (Regardless of where they stayed last night)	In ES,	or Save Haven in the past three y	ears including to	aay
☐ One time	Three	times	☐ Client doesn'	
☐ Two times	☐ Four o	or more times	□ Client refused□ Data not colle	
Total number of months homeless on the streets, in	n ES, oı	SH in the past three years		
,	☐ Six Mo		☐ Eleven Month	-
		Months	☐ Twelve Mont	
	☐ Eight I		☐ More than 12	
	□ Nine N		□ Client doesn's□ Client refused	-
☐ Five Months	□ Ten M	iontns	□ Data not colle	
PRIOR LIVING SITUATION for project types <u>o</u> Haven Type of Residence 3.917B (Type of living arrangement)				
		ESS SITUATION	·	
 □ Place not meant for habitation (e.g., a vehicle, an aba □ Emergency shelter, including hotel or motel paid for v □ Safe Haven 		O .		,
INS	TITUTIO	ONAL SITUATION		
☐ Foster care home or foster care group home		□ Long-term care facility or nursing	•	
☐ Hospital or other residential non-psychiatric medical t	facility	☐ Psychiatric hospital or other psy		_
☐ Jail, prison or juvenile detention facility		☐ Substance abuse treatment faci	ity or detox cente	Γ
		RMANENT HOUSING SITUATION		
Residential project or halfway house with no homeles	SS	☐ Rental by client, with RRH or eq	•	
criteria	iohor	☐ Rental by client, with HCV vouc	, , , , , , , , , , , , , , , , , , , ,	ject based)
 ☐ Hotel or motel paid for without emergency shelter vot ☐ Transitional housing for homeless persons (including 		□ Rental by client in a public hous□ Rental by client, no ongoing hou	•	
Homeless Youth)		□ Rental by client, no ongoing not □ Rental by client, with other ongo		idv
☐ Host Home (non-crisis)		☐ Owned by client, with ongoing h	•	luy
☐ Staying or living in a friend's room, apartment or hou	se	☐ Owned by client, no ongoing ho	•	
☐ Staying or living in a family member's room, apartme	nt, or	☐ Client doesn't know	3 7	
house		□ Client refused		
Rental by client, with GPD TIP subsidy		□ Data not collected		
 □ Rental by client, with VASH housing subsidy □ Permanent housing (other than RRH) for formerly 				
homeless persons				
nomologo porcono				

Length of Stay in Prior Living Situation (How I	ong ago did the client start staying in that Type o	f Residence)	
☐ One night or less	☐ One month or more, but less than 90 days		oesn't know
☐ Two to six nights	\square 90 days or more, but less than one year	□ Client re	
☐ One week or more, but less than one month	☐ One year or longer	□ Data no	t collected
If Client's Type of Residence is any o	f the <i>Homeless Situation</i> options:		
Approximate Date Homelessness Started (Appr	roximate date the client's current episode of hom	nelessness began)
1 1			
Number of times the client has been on the stro	note in ES or Sava Havon in the nact three ve	pare including to	day
(Regardless of where they stayed last night)	eets, iii E3, of Save Haven iii tile past tillee ye	ars including to	uay
☐ One time	☐ Three times	☐ Client doesn't l	know
☐ Two times	☐ Four or more times	☐ Client refused	
		☐ Data not collect	ted
Total number of months homeless on the street	to in EC or CU in the next three years		
Total number of months homeless on the stree ☐ 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 r	
Four Months	☐ Nine Months	☐ Client doesn't k	
☐ Five Months	☐ Ten Months	☐ Client refused	WIOW
- 1 IVO MONUIS		☐ Data not collect	ted
If Client's Type of Residence is any o	f the <i>Institutional Situation</i> options:		
Length of Stay Less than 90 days? (Indicate if the stay in the institutional setting they less than 90 days)		□ No	□Yes
	f the <i>Transitional and Permanent Housing</i>	g Situation opti	ons:
Length of Stay Less than 7 nights? (Indicate if the stay in the transitional or permanen to project entry was less than 7 nights)	t housing setting they lived in immediately prior	□ No	□ Yes
If I anoth of Stoy I are than 00 days'	is VEC OR If I enough of Stay I ago than	7 nighto' in VCC	
	is <u>YES</u> —OR— If 'Length of Stay Less than	7 Hights is <u>TES</u>	
On the night before – stayed on streets, ES or 3 (On the night before the client's stay of less than 9 nights in a transitional/permanent housing setting, Shelter, or in a Safe Haven?)	0 days in an institutional setting, or less than 7	□No	□ Yes
If 'On the night before – stayed on s			
Approximate Date Homelessness Started (Appr	roximate date the client's current episode of hom	nelessness began)
Number of times the client has been on the strong (Regardless of where they stayed last night)	eets, in ES, or Save Haven in the past three ye	ears including to	day
☐ One time	☐ Three times	□ Client doesn't l	know
☐ Two times	☐ Four or more times	□ Client refused□ Data not collect	eted

Total number of months homeless on the stre	ets, in ES, or SH in the past	three	years		
☐ One month (this time is the first month)☐ Two Months☐ Three Months	☐ Six Months☐ Seven Months☐ Eight Months			☐ Eleven N☐ Twelve N☐ More tha	
☐ Four Months ☐ Five Months	□ Nine Months□ Ten Months			□ Client do□ Client re□ Data not	fused
Date of Engagement (Date on which an interactive client relationship reassessment)	esults in a deliberate client				
Date of Status Determination (Date the PATH enrollment status for the client ha	as been determined)				
Client Became Enrolled in PATH?			□ No		□Yes
If client didn't became enrolled in PATH, Reason not Enrolled			☐ Client w		igible for PATH ed for other reason(s) nt
DISABLING CONDITIONS AND BARRIERS)				
Do you have a disabling condition?					
□No				☐ Client do	
□ Yes				□ Client ref□ Data not	
Do you have a physical disability?					
□No					esn't know
□Yes				□ Client ref□ Data not	
If yes for Physical Disability,		П	No		esn't know
Expected to be of long-continued and indefin			Yes	☐ Client ref	
substantially impairs ability to live independ	ently?		163	□ Data not	collected
Do you have a developmental disability?					
□No				□ Client do□ Client ref	esn't know
□ Yes				□ Client rei	
Do you have a chronic health condition?					
□No				☐ Client do	esn't know
□Yes				☐ Client ref	
If yes for Chronic Health Condition,			No	☐ Data not☐ Client do	collected esn't know
Expected to be of long-continued and indefin	nite duration and			□ Client ref	
substantially impairs ability to live independ			Yes	☐ Data not	

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

□ No				☐ Client doesn't know
				☐ Client refused
□ Yes				□ Data not collected
Do you have a mental healt	h nrohlem?			
□ No	ii problem.			☐ Client doesn't know
□ INO				☐ Client refused
□ Yes				☐ Data not collected
If yes for Mental Health Proble	em		□ No	☐ Client doesn't know
	onn, tinued and indefinite duration ar	nd		☐ Client refused
substantially impairs ability	to live independently?		□ Yes	☐ Data not collected
Do you have a substance al	huca problem?			
	buse problem:			☐ Client doesn't know
☐ Alcohol Abuse				☐ Client refused
☐ Drug Abuse				□ Data not collected
☐ Both Alcohol and Drug				- Bata Not conceted
If you have any Substance At	buse Problem		□ No	☐ Client doesn't know
	tinued and indefinite duration ar	nd		□ Client refused
substantially impairs ability			□ Yes	□ Data not collected
Are you a survivor of dome	stic or intimate partner violence	?		
	one of manage partner violence	•		☐ Client doesn't know
□ No				☐ Client refused
□ Yes				☐ Data not collected
If Yes for survivor of domestic	or intimate partner violence			- Bata not conceted
When did this experience	☐ Within the past three months			_ O!'
occur?	☐ Three to six months ago (exclu	uding six months	exactly)	☐ Client doesn't know
0004.1	☐ From six to twelve months ago	excluding one	year exactly)	☐ Client refused☐ Data not collected☐
	☐ More than a year ago			Data not collected
	□ No			☐ Client doesn't know
Are you currently fleeing?	□ Yes			☐ Client refused
				☐ Data not collected
MONTHLY INCOME AND	SOURCES			
Income from Any Source		□ No		☐ Client doesn't know
•		□ Yes		☐ Client refused☐ Data not collected
IE "VES" TO INCOME EDOM	ANY SOURCE – INDICATE ALL		T ADDI V	□ Data Not collected
Income Source (Check all th		COUNCLO IIIA		Monthly Amount
☐ Earned Income	11.41			,
☐ Unemployment Insurance				
☐ Worker's Compensation				
☐ Private Disability Insurance				
☐ VA Service-Connected Disa	bility Compensation			
☐ Social Security Disability Inc				

□ 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		
THOM CASH BENEFITS	Τ	Client decent trees.
Receiving Non-Cash Benefits?	□ No	☐ Client doesn't know
	□Yes	☐ Client refused
IF "YES" TO RECEIVING NON-CASH BENEFITS- INDICAT		☐ Data not collected
Supplemental Nutrition Assistance Program (SNAP)	☐ TANF Transportation Services	
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐ Other TANF-funded services	
Illiants, and Children (WIC)	☐ Other Non-Cash Benefits	
☐ TANF Childcare Services	(Specify Source):	
17 17 Offition Convices	(opecity deares).	
	1	
HEALTH MICHEANICE		
HEALTH INSURANCE		
Covered by Health Insurance?	□No	☐ Client doesn't know
Oovered by freakfi insurance:		☐ Client refused
	□ Yes	☐ Data not collected
IF "YES" TO COVERED BY HEALTH INSURANCE-INDICA		
	☐ Insurance Obtained through C	OBRA
☐ MEDICARE	☐ Private Pay Health Insurance	
☐ State Children's Health Insurance Program	☐ State Health Insurance for Adu	ults
☐ Veteran's Administration (VA) Medical Services	☐ Indian Health Services Program	m
- Franks (as are vide of Llealth Incomence	☐ Other Health Insurance	
☐ Employer-provided 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 The city in which the clie			· · · · · · · · · · · · · · · · · · ·	•			
□ Aliso Viejo		☐ Huntington Bead	ch	□ Newport	Beach		estminster
□ Anaheim		□ Irvine		□ Orange			orba Linda
□ Brea		□ La Habra		□ Placentia			nincorporated Orange
☐ Buena Park		□ La Palma			Santa Margarita	Cour	•
☐ Costa Mesa		☐ Laguna Beach		□ San Cler			itside Orange County,
☐ Cypress		□ Laguna Hills			n Capistrano		n California
□ Dana Point		☐ Laguna Niguel		□ Santa Ar			utside of California
☐ El Modena		☐ Laguna Woods		☐ Seal Bea	ach		ent doesn't know
☐ Fountain Valley		☐ Lake Forest		☐ Stanton			ent Refused
□ Fullerton		☐ Los Alamitos		☐ Tustin		⊔ ⊔а	ata not collected
☐ Garden Grove		☐ Mission Viejo		□ Villa Parl	K		
Phone Number (Option	nal)						
Email Address (Option	nal)						
What state were you b	orn in?						
☐ AL - Alabama		Georgia	□ MA - Mas		□ NM - New Mexi	СО	□ TN - Tennessee
☐ AL- Alaska		- Hawaii	☐ MI - Mich	•	□ NY - New York		☐ TX - Texas
☐ AZ - Arizona		- Idaho	☐ MN - Min		□ NC - North Care		□ UT - Utah
☐ AR- Arkansas		· Illinois	☐ MS - Mis		□ ND - North Dak	ota	□ VT - Vermont
☐ CA - California		- Indiana	☐ MO - Mis		☐ OH - Ohio		□ VA - Virginia
□ CO - Colorado		- lowa	□ MT - Mor		☐ OK - Oklahoma		☐ WA - Washington
☐ CT- Connecticut	_	- Kansas	□ NE - Neb		□ OR - Oregon		☐ WV - West Virginia
☐ DE - Delaware		- Kentucky	□ NV - Nev		□ PA - Pennsylva		☐ WI - Wisconsin
□ DC - District of		- Louisiana	□ NH - New	1	□ RI - Rhode Isla		□ WY - Wyoming
Columbia		- Maine	Hampshire	. In many .	□ SC - South Car	-	☐ Client doesn't know
☐ FL - Florida	⊔ ML) - Maryland	□ NJ - New	Jersey	☐ SD - South Dak	ota	☐ Client Refused
15 (01) 15 01 1							□ Other
If 'Other' for State you w							· · · · · · · · · · · · · · · · · · ·
Which country were yo	ou born						
Employment Status		□ Full-Time		□ Unemplo	•		ient doesn't know
		□ Part-Time		□ Disabled		_	ient Refused
		☐ Seasonal/Temp	orary	□ Retired		□ Da	ata not collected
		Work					

Client Signature		Date	
Agency Staff Signature		Date	
DO NOT ANSWER QUESTIONS BELOV	V – DATA ENTR	Y PERSONNEL ONLY (Optional):	
DO NOT ANSWER QUESTIONS BELOVED	V – DATA ENTR	Y PERSONNEL ONLY (Optional):	
	V – DATA ENTR	Y PERSONNEL ONLY (Optional): Comments	
Date entered into HMIS://			