2020 OC HMIS: PROJECT INTAKE FORM — RHY

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

OC OPTIONAL QUESTIONS

Alias	_____	
Pronouns(s)	☐ She/Her/Hers ☐ He/Him/His	☐ They/Them/Theirs ☐ Other: _____

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PROJECT ENROLLMENT

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

PROJECT NAME	
PROJECT START DATE	☐☐—☐☐—☐☐☐☐

PRIOR 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 habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
☐ Safe Haven

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

☐ Residential project or halfway house with no homeless criteria
☐ Hotel or motel paid for without emergency shelter voucher
☐ Transitional housing for homeless persons (including Homeless Youth)
☐ Host Home (non-crisis)
☐ Staying or living in a friend's room, apartment or house
☐ Staying or living in a family member's room, apartment, or house
☐ Rental by client, with GPD TIP subsidy
☐ Rental by client, with VASH housing subsidy
☐ Permanent housing (other than RRH) for formerly homeless persons
☐ Rental by client, with RRH or equivalent subsidy
☐ Rental by client, with HCV voucher (tenant or project based)
☐ Rental by client in a public housing unit
☐ Rental by client, no ongoing housing subsidy
☐ Rental by client, with other ongoing housing subsidy
☐ Owned by client, with ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy
☐ 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

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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 ☐ Two times	☐ Three times ☐ Four or more times	☐ Client doesn't know ☐ 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) ☐ Two Months ☐ Three Months ☐ Four Months ☐ Five Months	☐ Six Months ☐ Seven Months ☐ Eight Months ☐ Nine Months ☐ Ten Months	☐ Eleven Months ☐ Twelve Months ☐ More than 12 months ☐ Client doesn't know ☐ Client refused ☐ Data not collected

RHY BCP STATUS

Date of Status Determination	____/____/_____	
Youth Eligible for RHY Services	☐ No ☐ Yes	
If No for 'Youth Eligible for RHY Services', **Reason why services are not funded by BCP grant**	☐ Out of age range ☐ Ward of the State – Immediate Reunification ☐ Ward of the Criminal Justice System – Immediate Reunification ☐ Other	
If Yes for 'Youth Eligible for RHY Services', **Runaway youth**	☐ No ☐ Yes	☐ Client doesn't know ☐ 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

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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

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

MONTHLY INCOME AND SOURCES

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:_____)		

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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):_____	

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):_____	

RHY SPECIFIC YOUTH INFORMATION

Sexual Orientation	☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual	☐ Questioning/Unsure ☐ Other: Other Sexual Orientation_____ ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Last Grade Completed	☐ Less than Grade 5 ☐ Grades 5-6 ☐ Grades 7-8 ☐ Grades 9-11 ☐ Grade 12 ☐ School program does not have grade levels ☐ GED ☐ Some College	☐ Associates degree ☐ Bachelor's degree ☐ Graduate degree ☐ Vocational certification ☐ Client doesn't know ☐ Client refused ☐ Data not collected
School Status	☐ Attending school regularly ☐ Attending school irregularly ☐ Graduated from high school ☐ Obtained GED ☐ Dropped Out	☐ Suspended ☐ Expelled ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Employed	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

If No for Employed, **Why not employed?**	☐ Looking for work ☐ Unable to work ☐ Not looking for work		
If Yes for Employed, **What type of employment do you have?**	☐ Full-time ☐ Part-time ☐ Seasonal / sporadic (including day labor)		
General Health Status	☐ Excellent ☐ Very Good ☐ Good ☐ Fair	☐ Poor ☐ Client doesn't know ☐ Client refused ☐ Data not collected	
Dental Health Status	☐ Excellent ☐ Very Good ☐ Good ☐ Fair	☐ Poor ☐ Client doesn't know ☐ Client refused ☐ Data not collected	
Mental Health Status	☐ Excellent ☐ Very Good ☐ Good ☐ Fair	☐ Poor ☐ Client doesn't know ☐ Client refused ☐ Data not collected	
Are you pregnant? (Required for all females Head of Households)	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected	
If Yes for Pregnant, **What is your due date?**	____/____/_____		
Formerly a Ward of Child Welfare or Foster Care Agency	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected	
If Yes for 'Formerly a Ward of Child Welfare or Foster Care Agency', **Number of Years**	☐ Less than one year ☐ 1 to 2 years ☐ 3 to 5 or more years		
If 'Less than one year' for 'Number of Years', **Number of Months**	☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 5 ☐ 6 ☐ 7 ☐ 8	☐ 9 ☐ 10 ☐ 11
Formerly a Ward of Juvenile Justice System	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected	
If Yes for 'Formerly a Ward of the Juvenile Justice System', **Number of Years**	☐ Less than one year ☐ 1 to 2 years ☐ 3 to 5 or more years		
If 'Less than one year' for 'Number of Years', **Number of Months**	☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 5 ☐ 6 ☐ 7 ☐ 8	☐ 9 ☐ 10 ☐ 11

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FAMILY CRITICAL ISSUES

Select all the issues that any of the family members have experienced	☐ Unemployment - Family member ☐ Mental Health Issues-Family member ☐ Physical Disability- Family member ☐ Alcohol or Substance Abuse- Family member ☐ Insufficient Income to support youth - Family member ☐ Incarcerated Parent of Youth

REFERRAL SOURCE

Choose only one response to indicate the individual or organization through which the client was advised about, sent or direct to this project	☐ Self-Referral ☐ Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual ☐ Outreach Project ☐ Temporary Shelter ☐ Residential Project ☐ Hotline	☐ Child Welfare/CPS ☐ Juvenile Justice ☐ Law Enforcement/ Police ☐ Mental Hospital ☐ School ☐ Other Organization ☐ Client doesn't know ☐ Client refused ☐ Data not collected

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

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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	☐ Unemployed	☐ Client doesn't know
	☐ Part-Time	☐ Disabled	☐ Client Refused
	☐ Seasonal/Temporary Work	☐ Retired	☐ Data not collected

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): _____