2020 OC HMIS: PROJECT INTAKE FORM — VASH

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

If 'YES' to Veteran Status	
Year entered military service (year)	_____
Year separated from military service (year)	_____

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Theater of Operations: World War II	
☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Theater of Operations: Korean War	
☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Theater of Operations: Vietnam War	
☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Theater of Operations: Persian Gulf War	
☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Theater of Operations: Afghanistan	
☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Theater of Operations: Iraq (Operation Iraqi Freedom)	
☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Theater of Operations: Iraq (Operation New Dawn)	
☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	
☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Branch of the Military		
☐ Army ☐ Air Force ☐ Navy	☐ Marines ☐ Coast Guard	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Discharge Status		
☐ Honorable ☐ General under honorable conditions ☐ Other than honorable conditions (OTH)	☐ Bad Conduct ☐ Dishonorable ☐ Uncharacterized	☐ 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: _____

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	☐☐—☐☐—☐☐☐☐
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)*	☐☐—☐☐—☐☐☐☐

PRIOR 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 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 AND 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 *Homeless Situation* options:

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

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

LAST PERMANENT ADDRESS

Prior Street Address			**Prior City**		
Prior State			**Zip Code**		
Address Data Quality	☐ Full address reported	☐ Incomplete or estimated address reported	☐ Client doesn't know	☐ Client refused	☐ Data not collected

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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

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

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

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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

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:_____)	

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):_____	

ADDITIONAL INFORMATION

VAMC Station Number	_____	
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
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

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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	
☐ Costa Mesa	☐ Laguna Beach	☐ San Clemente	☐ Outside Orange County, but in California
☐ Cypress	☐ Laguna Hills	☐ San Juan Capistrano	
☐ Dana Point	☐ Laguna Niguel	☐ Santa Ana	☐ Outside of California
☐ El Modena	☐ Laguna Woods	☐ Seal Beach	☐ Client doesn't know
☐ Fountain Valley	☐ Lake Forest	☐ Stanton	☐ Client Refused
☐ Fullerton	☐ Los Alamitos	☐ Tustin	☐ Data not collected
☐ 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
	☐ ME - Maine		☐ SC - South Carolina	☐ Client doesn't know
☐ FL - Florida	☐ MD - Maryland	☐ NJ - New Jersey	☐ 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): _____