

# FY 2022 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

## CLIENT PROFILE

<b>SOCIAL SECURITY NUMBER (SSN)</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%; text-align: center;">-</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%; text-align: center;">-</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>				-			-			
			-			-					

**QUALITY OF SSN**

<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
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<b>CLIENT'S NAME</b>	<b>N/A</b>
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<b>Last</b>																	<input type="checkbox"/>
<b>First</b>																	
<b>Middle</b>																	<input type="checkbox"/>
<b>Suffix</b>																	<input type="checkbox"/>

**QUALITY OF NAME**

<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
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<b>DATE OF BIRTH</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">-</td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">-</td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> <tr> <td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td></td><td style="text-align: center;">Year</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			-			-												Month	Day		Year													
		-			-																														
Month	Day		Year																																

**QUALITY OF DOB**

<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
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**GENDER (Select all that apply)**

<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> A gender that is not singularly 'Female' or 'Male' <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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**RACE (Select all that apply)**

<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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**ETHNICITY**

<input type="checkbox"/> Non-Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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**VETERAN STATUS**

<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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**OC OPTIONAL QUESTIONS**

<b>Alias</b>	_____	
<b>Pronouns(s)</b>	<input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His	<input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other: _____

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## PROJECT ENROLLMENT

### RELATIONSHIP TO HEAD OF HOUSEHOLD

<input type="checkbox"/> Self (head of household) <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
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<b>PROJECT NAME</b>										
<b>PROJECT START DATE</b>	<table border="1"> <tr> <td></td><td></td><td>—</td><td></td><td></td><td>—</td><td></td><td></td><td></td> </tr> </table>			—			—			
		—			—					
<b>HOUSING MOVE-IN DATE</b> <i>(For PSH, PH with no disability requirement, and RRH Projects: Record the date a client or household moves into a permanent housing unit)</i>	<table border="1"> <tr> <td></td><td></td><td>—</td><td></td><td></td><td>—</td><td></td><td></td><td></td> </tr> </table>			—			—			
		—			—					

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

<b>Type of Residence 3.917A</b> <i>(Type of living arrangement on the night before entering this project)</i>		
<b>HOMELESS SITUATION</b>		
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe Haven		
<b>INSTITUTIONAL SITUATION</b>		
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility		
<input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center		
<b>TRANSITIONAL &amp; PERMANENT HOUSING SITUATION</b>		
<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including Homeless Youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons		
<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected		
<b>Length of Stay in Prior Living Situation</b> <i>(How long ago did the client start staying in that Type of Residence)</i>		
<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month		
<input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer		
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected		

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

<b>Length of Stay Less than 90 days?</b> <i>(Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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# FY 2022 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

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

<b>On the night before – stayed on streets, ES or Safe Haven?</b> <i>(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?)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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<b>Approximate Date Homelessness Started</b> <i>(Approximate date the client's current episode of homelessness began)</i>
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\_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today</b> <i>(Regardless of where they stayed last night)</i>
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- |                                    |   |  |
|------------------------------------|---|--|
| <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  |

<b>Total number of months homeless on the streets, in ES, or SH in the past three years</b>
---

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> One month (this time is the first month) | <input type="checkbox"/> Six Months   | <input type="checkbox"/> Eleven Months       |
| <input type="checkbox"/> Two Months                               | <input type="checkbox"/> Seven Months | <input type="checkbox"/> Twelve Months       |
| <input type="checkbox"/> Three Months                             | <input type="checkbox"/> Eight Months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> Four Months                              | <input type="checkbox"/> Nine Months  | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Five Months                              | <input type="checkbox"/> Ten Months   | <input type="checkbox"/> Client refused      |
|   |                                       | <input type="checkbox"/> Data not collected  |

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

<b>Type of Residence 3.917B</b> <i>(Type of living arrangement on the night before the entry into the project)</i>
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### 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

- |   |   |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home                     | <input type="checkbox"/> Long-term care facility or nursing home            |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison or juvenile detention facility                    | <input type="checkbox"/> Substance abuse treatment facility or detox center |

### TRANSITIONAL AND PERMANENT HOUSING SITUATION

- |   |   |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria       | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy             |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher            | <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) |
| <input type="checkbox"/> Transitional housing for homeless persons (including Homeless Youth) | <input type="checkbox"/> Rental by client in a public housing unit                    |
| <input type="checkbox"/> Host Home (non-crisis)   | <input type="checkbox"/> Rental by client, no ongoing housing subsidy                 |
| <input type="checkbox"/> Staying or living in a friend's room, apartment or house             | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy         |
| <input type="checkbox"/> Staying or living in a family member's room, apartment, or house     | <input type="checkbox"/> Owned by client, with ongoing housing subsidy                |
| <input type="checkbox"/> Rental by client, with GPD TIP subsidy                               | <input type="checkbox"/> Owned by client, no ongoing housing subsidy                  |
| <input type="checkbox"/> Rental by client, with VASH housing subsidy                          | <input type="checkbox"/> Client doesn't know  |
| <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons     | <input type="checkbox"/> Client refused   |
|   | <input type="checkbox"/> Data not collected   |

<b>Length of Stay in Prior Living Situation</b> <i>(How long ago did the client start staying in that Type of Residence)</i>
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- |  |   |  |
|--|---|--|
| <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  |

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

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

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

<b>Length of Stay Less than 90 days?</b> (Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If Client's Type of Residence is any of the Transitional and Permanent Housing Situation options:

<b>Length of Stay Less than 7 nights?</b> (Indicate if the stay in the transitional or permanent housing setting they lived in immediately prior to project entry was less than 7 nights)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If 'Length of Stay Less than 90 days' is YES—OR— If 'Length of Stay Less than 7 nights' is YES

<b>On the night before – stayed on streets, ES or Safe Haven?</b> (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?)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If 'On the night before – stayed on streets, ES, or Safe Haven' is YES

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

# FY 2022 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

## DISABLING CONDITIONS AND BARRIERS

**Do you have a disabling condition?**

<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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**Do you have a physical disability?**

<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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*If yes for Physical Disability,*  
**Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

<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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**Do you have a developmental disability?**

<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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**Do you have a chronic health condition?**

<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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*If yes for Chronic Health Condition,*  
**Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

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

<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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**Do you have a mental health problem?**

<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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*If yes for Mental Health Problem,*  
**Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

<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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**Do you have a substance abuse problem?**

<input type="checkbox"/> No <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Both Alcohol and Drug	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> 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?**

<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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Are you a survivor of domestic or intimate partner violence?

<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
<i>If Yes for survivor of domestic or intimate partner violence</i>		
<b>When did this experience occur?</b>	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> From six to twelve months ago (excluding one year exactly) <input type="checkbox"/> More than a year ago	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Are you currently fleeing?</b>	<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

## MONTHLY INCOME AND SOURCES

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

## NON-CASH BENEFITS

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

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## HEALTH INSURANCE

<b>Covered by Health Insurance?</b>	<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
<b>IF "YES" TO COVERED BY HEALTH INSURANCE- INDICATE ALL SOURCES THAT APPLY</b>		
<input type="checkbox"/> MEDICAID	<input type="checkbox"/> Insurance Obtained through COBRA	
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> State Children's Health Insurance Program	<input type="checkbox"/> State Health Insurance for Adults	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Indian Health Services Program	
<input type="checkbox"/> Employer-provided Health Insurance	<input type="checkbox"/> Other Health Insurance (Specify Source): _____	

## WELL-BEING (For Heads of Households in CoC funded PSH projects only)

<b>Client perceives their life has value and worth.</b>	
<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Strongly agree
<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Client refused
<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Data not collected
<b>Client perceives they have support from others who will listen to problems.</b>	
<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Strongly agree
<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Client refused
<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Data not collected
<b>Client perceives they have a tendency to bounce back after hard times.</b>	
<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Strongly agree
<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Client refused
<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Data not collected
<b>Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.</b>	
<input type="checkbox"/> Not at all	<input type="checkbox"/> At least every day
<input type="checkbox"/> Once a month	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Several times a month	<input type="checkbox"/> Client refused
<input type="checkbox"/> Several times a week	<input type="checkbox"/> Data not collected

## LAST PERMANENT ADDRESS

<b>Prior City</b> <i>The last city in which the client was permanently housed prior to entry into this project</i>	_____
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## OC CUSTOM QUESTIONS

<b>What city were you in immediately prior to entry into this project?</b> <i>The city in which the client spent the night prior to entry into this project</i>
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<input type="checkbox"/> Aliso Viejo	<input type="checkbox"/> Huntington Beach	<input type="checkbox"/> Newport Beach	<input type="checkbox"/> Westminster
<input type="checkbox"/> Anaheim	<input type="checkbox"/> Irvine	<input type="checkbox"/> Orange	<input type="checkbox"/> Yorba Linda
<input type="checkbox"/> Brea	<input type="checkbox"/> La Habra	<input type="checkbox"/> Placentia	<input type="checkbox"/> Unincorporated Orange County
<input type="checkbox"/> Buena Park	<input type="checkbox"/> La Palma	<input type="checkbox"/> Rancho Santa Margarita	<input type="checkbox"/> Outside Orange County, but in California
<input type="checkbox"/> Costa Mesa	<input type="checkbox"/> Laguna Beach	<input type="checkbox"/> San Clemente	<input type="checkbox"/> Outside of California
<input type="checkbox"/> Cypress	<input type="checkbox"/> Laguna Hills	<input type="checkbox"/> San Juan Capistrano	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Dana Point	<input type="checkbox"/> Laguna Niguel	<input type="checkbox"/> Santa Ana	<input type="checkbox"/> Client Refused
<input type="checkbox"/> El Modena	<input type="checkbox"/> Laguna Woods	<input type="checkbox"/> Seal Beach	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Fountain Valley	<input type="checkbox"/> Lake Forest	<input type="checkbox"/> Stanton	
<input type="checkbox"/> Fullerton	<input type="checkbox"/> Los Alamitos	<input type="checkbox"/> Tustin	
<input type="checkbox"/> Garden Grove	<input type="checkbox"/> Mission Viejo	<input type="checkbox"/> Villa Park	

<b>Phone Number (Optional)</b>	
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<b>Email Address (Optional)</b>	
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## What state were you born in?

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

<i>If 'Other' for State you were born,</i>	
<b>Which country were you born in?</b>	

<b>Employment Status</b>	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Disabled	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Seasonal/Temporary Work	<input type="checkbox"/> Retired	<input type="checkbox"/> Data not collected

## CFCOC ENTRY QUESTIONS

<b>Is this client receiving services funded by the Children and Families Commission Orange County?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>CFCOC Bed Night Start Date</b> <i>The client's first bed night funded by CFCOC</i>	____/____/____
<b>CFCOC Bed Night End Date</b> <i>The client's last bed night funded by CFCOC</i>	____/____/____

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

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



# FY 2022 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

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?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Staff Name (verifying completion of Data Entry): \_\_\_\_\_