

FY 2022 OC HMIS: PROJECT INTAKE FORM — WELCOME HOME OC

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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PROJECT NAME											
PROJECT START DATE	<table border="1"> <tr> <td></td><td></td><td>—</td><td></td><td></td><td>—</td><td></td><td></td><td></td><td></td> </tr> </table>			—			—				
		—			—						
HOUSING MOVE-IN DATE <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><td></td> </tr> </table>			—			—				
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PRIOR LIVING SITUATION for *Street Outreach, Emergency Shelter, or Safe Haven* project types

Type of Residence 3.917A <i>(Type of living arrangement on the night before entering this project)</i>		
HOMELESS SITUATION		
<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		
INSTITUTIONAL SITUATION		
<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		
TRANSITIONAL & PERMANENT HOUSING SITUATION		
<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		
Length of Stay in Prior Living Situation <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:

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

On the night before – stayed on streets, ES or Safe Haven? <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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Approximate Date Homelessness Started <i>(Approximate date the client's current episode of homelessness began)</i>

____/____/____

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

- | | | |
|------------------------------------|---|--|
| <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 |

Total number of months homeless on the streets, in ES, or SH in the past three years

- | | | |
|---|---------------------------------------|--|
| <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

Type of Residence 3.917B <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 |

Length of Stay in Prior Living Situation <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:

Approximate Date Homelessness Started (Approximate date the client's <i>current</i> 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)		
<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
Total number of months homeless on the streets, in ES, or SH in the past three years		
<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:

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)	<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:

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)	<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

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?)	<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

Approximate Date Homelessness Started (Approximate date the client's <i>current</i> 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)		
<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
Total number of months homeless on the streets, in ES, or SH in the past three years		
<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

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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
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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>		
When did this experience occur?	<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
Are you currently fleeing?	<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

Income from Any Source	<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
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY		
Income Source (Check all that apply)	Monthly Amount	
<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

Receiving Non-Cash Benefits?	<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
IF "YES" TO RECEIVING NON-CASH BENEFITS– INDICATE ALL SOURCES THAT APPLY		
<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

Covered by Health Insurance?	<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
IF "YES" TO COVERED BY HEALTH INSURANCE- INDICATE ALL SOURCES THAT APPLY		
<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): _____	

LAST PERMANENT ADDRESS

Prior City <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

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

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

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If 'Other' for State you were born, Which country were you born in?		_____	
Employment Status	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal/Temporary Work	<input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected

WELCOME HOME OC ENTRY QUESTIONS

Which agency is providing services to this household? — Select One	
<input type="checkbox"/> American Family Housing <input type="checkbox"/> City Net <input type="checkbox"/> City of Huntington Beach <input type="checkbox"/> Colette's Children's Home <input type="checkbox"/> Families Forward <input type="checkbox"/> Family Assistance Ministries <input type="checkbox"/> Friendship Shelter <input type="checkbox"/> HIS-OC <input type="checkbox"/> HOMES (Jamboree Housing) <input type="checkbox"/> Illumination Foundation <input type="checkbox"/> Mercy House <input type="checkbox"/> Orangewood Children's Foundation <input type="checkbox"/> PATH <input type="checkbox"/> Pathways of Hope <input type="checkbox"/> Social Services Agency (SSA) <input type="checkbox"/> Volunteers of America – Los Angeles <input type="checkbox"/> Wiseplace	
Which funding source is tied to the household? — Select One	
<input type="checkbox"/> CESH <input type="checkbox"/> Veterans <input type="checkbox"/> Whole Person Care (HCA) <input type="checkbox"/> South County-Project C <input type="checkbox"/> Other <input type="checkbox"/> OCHA EHV	
Which housing authority issues the housing voucher? — Select One	
<input type="checkbox"/> Anaheim Housing Authority <input type="checkbox"/> Orange County Housing Authority <input type="checkbox"/> Santa Ana Housing Authority	
Which type of voucher was issued? — Select One	
<input type="checkbox"/> CE Housing Choice Voucher (HCV) <input type="checkbox"/> Mainstream <input type="checkbox"/> VASH	
What is the voucher expiration date?	____ / ____ / ____

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How many extensions have been granted?	
<input type="checkbox"/> 0	
<input type="checkbox"/> 1	
<input type="checkbox"/> 2	
<input type="checkbox"/> 3	

Is this client also being served by Project Tool Belt?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	

Is Which SPA is this household being served in?	
<input type="checkbox"/> Central SPA	
<input type="checkbox"/> North SPA	
<input type="checkbox"/> South SPA	

Date Housing Navigation Began	____/____/____
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WHOC Lite (VASH ONLY)	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	

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

Staff Name (verifying completion of Data Entry): _____