CLIENT PROFILE

SOCIAL SE	CURIT	ΓΥ ΝΙ	JMBE	R (SS	SN)							_			_				
QUALITY C	F SSN	I																	
□ Full SSN	reporte	ed		proxin repor		r partia	al	□ Cli	ent do	esn't k	know	□С	lient r	efused	l		□ Data	a not colle	ected
CLIENT'S N	IAME					_													N/A
Last																			
First																			
Middle																			
Suffix QUALITY C	ENAR	/ E																	
•			Dautia																
□ Full name reported	,			eporte		ne, or	coae		□ Clie	ent do	esn't k	now		□ Clie	nt refu	ısed		Data not	collected
DATE OF B	IRTH							_									1	Age:	
						Month			Da	у			Year		<u> </u>			J.	
QUALITY C	F DOE	3		Λ								ı					1		
□ Full DOB	reporte	ed		Appro artial D		te or eported	d	□С	lient d	oesn't	know		□ Clie	nt refu	sed			Data not	collected
GENDER (S	Select a	all tha	at app	ly)															
						□ A ge	nder t	hat is	not si	ngula	rly 'Fe	male'	or	□С	lient c	doesn't	knov	٧	
☐ Female ☐ Male						'Male' □ Tran	saend	ler								efused			
_ maio							stionin							\Box D	ata no	ot colle	cted		
RACE (Sele	ct all t	hat a	pply)																
						□ Ame		Indiar	n, Alas	ka Na	itive, c	r		□С	lient c	doesn't	knov	٧	
□ White □ Black, Afr	ican Aı	meric	an o	r Africa		Indiger □ Nativ		vaiiar	n or Pa	acific I	slande	<u>e</u> r		□С	lient r	efused			
_ black, 7 til	1001171		, di i , di	1 7 111101	A11				Americ		olal lac	,,		□D	ata no	ot colle	cted		
ETHNICITY																			
□ Non-Hispa)												doesn't efused		V	
☐ Hispanic/I	_atin(a))(o)(x	()													eiuseu ot colle			
VETERAN S	STATU	IS												•					
□No																doesn't		٧	
□ Yes														_		efused ot colle			
L																	3.34		
If 'YES' to \	/eterai	n Sta	tus				1												
Year entere	d milita	ary se	ervice	(year)															

Year separated from	n military service (year)		
Theater of Operati	ons: World War II		
□ No			☐ Client doesn't know
□ Yes			☐ Client refused
			☐ Data not collected
Theater of Operation	ons: Korean War		
□ No			☐ Client doesn't know
□ Yes			☐ Client refused
TI ((0 ()	Nr. ()M		□ Data not collected
Theater of Operati	ons: Vietnam War		
□ No			☐ Client doesn't know
□ Yes			☐ Client refused
Theoter of Operati	anai Darajan Culf War		□ Data not collected
Theater of Operation	ons: Persian Gulf War		C Olivet describberre
□ No			☐ Client doesn't know☐ Client refused
□ Yes			☐ Data not collected
Theoter of Operati	ana. Afahaniatan		□ Data not conected
Theater of Operati	ons: Aignanistan		☐ Client doesn't know
□ No			☐ Client doesn't know
□ Yes			□ Data not collected
Theater of Operati	ons: Iraq (Operation Ira	agi Freedom)	□ Data Not collected
Theater of Operation	ons. Iraq (Operation III	aqı i reedolli)	☐ Client doesn't know
□ No			☐ Client doesn't know
□ Yes			□ Data not collected
Theater of Operati	ons: Iraq (Operation N	ew Dawn)	_ Buta not conceted
		,	☐ Client doesn't know
□ No			☐ Client refused
□ Yes			□ Data not collected
Theater of Operati	ons: Other peace-keep	ing operations or military into	erventions (such as Lebanon, Panama, Somalia,
Bosnia, Kosovo)			
□ No			☐ Client doesn't know
□ Yes			☐ Client refused
			□ Data not collected
Branch of the Milit	ary		I - ou
□ Army		☐ Marines	☐ Client doesn't know
☐ Air Force		☐ Coast Guard	☐ Client refused
□ Navy			□ Data not collected
Discharge Status			
☐ Honorable	anakla PP	☐ Bad Conduct	☐ Client doesn't know
☐ General under ho		☐ Dishonorable	☐ Client refused
	able conditions (OTH)	☐ Uncharacterized	□ Data not collected
OC OPTIONAL Q	UESTIONS		
Alias			
D ()	☐ She/Her/Hers		☐ They/Them/Theirs
Pronouns(s)	☐ He/Him/His		□ Other:

PROJECT ENROLLMENT

RELATIONSHIP TO HEAD OF HOUSEHOLD

□ Self (head of household) □ Head of household's child		☐ Head☐ Other					member	•	
☐ Head of household's spouse or partner									
PROJECT NAME									
PROJECT START DATE		_			_				
Connection with SOAR?	□ No					Client r	doesn't kr efused ot collecte		
PRIOR LIVING SITUATION for <u>Street Outreach</u>						<u>ren</u> pr	oject ty	/pe	S
Type of Residence 3.917A (Type of living arrangement	on the nig			ng this p	oroject)				
 □ Place not meant for habitation (e.g., a vehicle, an abar □ Emergency shelter, including hotel or motel paid for w □ Safe Haven 	ndoned bu ith emerge	ilding, bu	s/train/ er vou						
	TITUTION								
 □ Foster care home or foster care group home □ Hospital or other residential non-psychiatric medical fa □ Jail, prison or juvenile detention facility 	acility	□ Long-te□ Psychia□ Substa	atric ho	spital o	r other	psychia	atric facilit		er
TRANSITIONAL 8	PERMAN	IENT HO	JSING	SITUA	TION	-			
 □ Residential project or halfway house with no homeless □ Hotel or motel paid for without emergency shelter vous □ Transitional housing for homeless persons (including Homeless Youth) □ Host Home (non-crisis) □ Staying or living in a friend's room, apartment or hous □ Staying or living in a family member's room, apartmen house □ Rental by client, with GPD TIP subsidy □ Rental by client, with VASH housing subsidy □ Permanent housing (other than RRH) for formerly hompersons 	e t, or neless	Renta Renta Renta Renta Cowne Cowne Client Data	I by cli d by cli d by cli doesn refuse	ent, witl ent in a ent, no ent, wit ient, wit ient, no 't know d ected	h HCV v public l ongoing h other th ongo ongoin	voucher housing g housir ongoin ing hou g housi	g unit ng subsid g housing sing subsi	or pi ly g sub sidy	roject based)
Length of Stay in Prior Living Situation (How long a	•								
☐ Two to six nights	One mon 90 days o One year	r more, b	ut less		,	[□ Client d □ Client re □ Data no	efus	ed
If Client's Type of Residence is any of the	<u>Instituti</u>	<u>onal Situ</u>	<u>ation</u>	option	ns:				
Length of Stay Less than 90 days? (Indicate if the stay in the institutional setting they lived in less than 90 days)	n immedia	tely prior	to proje	ect entry	/ was		lo		□Yes

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

The Ectificity of Stay Ecss than 30 days is TES	-			1
On the night before – stayed on streets, ES or Safe H (On the night before the client's stay of less than 90 days the streets, in an Emergency Shelter, or in a Safe Haven	s in an		□ No	□ Yes
Approximate Date Homelessness Started (Approxima	te date	the client's current enisode of hor	nelessness henai	า)
Approximate Date Homelessiless Started (Approxima	io date	, the cheft 3 current episode of non	icicssiicss begai	''
Number of times the alient has been an the street	FC	an Carra Harran in the most three are		. d
Number of times the client has been on the streets, in (Regardless of where they stayed last night)	n E5, (or Save Haven in the past three y	ears including to	oaay
☐ One time ☐	Three	times	☐ Client doesn'	
☐ Two times ☐	Four o	r more times	□ Client refused□ Data not colle	
Total number of months homeless on the streets, in	ES, or	SH in the past three years		
,	Six Mo		☐ Eleven Mont	-
		Months	☐ Twelve Mont	
	•	Months	☐ More than 12	
	Nine N		□ Client doesn'□ Client refused	
☐ Five Months ☐	Ten M	ontns	☐ Data not colle	
Type of Residence 3.917B (Type of living arrangement			ect)	
□ Place not meant for habitation (e.g., a vehicle, an abar □ Emergency shelter, including hotel or motel paid for wi □ Safe Haven	ndoned	•		,
INST	ITUTIO	ONAL SITUATION		
☐ Foster care home or foster care group home		☐ Long-term care facility or nursing	•	
☐ Hospital or other residential non-psychiatric medical fa	cility	☐ Psychiatric hospital or other psy		
☐ Jail, prison or juvenile detention facility		☐ Substance abuse treatment faci	ity or detox cente	? r
		MANENT HOUSING SITUATION		
☐ Residential project or halfway house with no homeless criteria	i	□ Rental by client, with RRH or eq □ Rental by client, with HCV vouc	•	ject based)
☐ Hotel or motel paid for without emergency shelter vouc	cher	☐ Rental by client in a public hous	•	
☐ Transitional housing for homeless persons (including Homeless Youth)		☐ Rental by client, no ongoing hou		
☐ Host Home (non-crisis)		☐ Rental by client, with other ongo	•	idy
☐ Staying or living in a friend's room, apartment or house	ž	□ Owned by client, with ongoing h□ Owned by client, no ongoing ho	•	
☐ Staying or living in a family member's room, apartment		☐ Client doesn't know	using subsidy	
house		☐ Client refused		
☐ Rental by client, with GPD TIP subsidy		☐ Data not collected		
☐ Rental by client, with VASH housing subsidy				
☐ Permanent housing (other than RRH) for formerly				
homeless persons				

Length of Stay in Prior Living Situation (How	long ago did the client start staying in that Type c	f Residence)	
☐ One night or less	☐ One month or more, but less than 90 days		oesn't know
☐ Two to six nights	\square 90 days or more, but less than one year	□ Client re	
☐ One week or more, but less than one month	☐ One year or longer	□ Data no	t collected
If Client's Type of Residence is any o	of the <u>Homeless Situation</u> options:		
Approximate Date Homelessness Started (Appl	roximate date the client's current episode of hon	nelessness began,)
Number of times the client has been on the str	eets, in ES, or Save Haven in the past three ye	ears including to	day
(Regardless of where they stayed last night) ☐ One time	☐ Three times	☐ Client doesn't k	now
☐ Two times	□ Four or more times	☐ Client refused	
a two united	a roan or more amos	☐ Data not collec	ted
Total number of months homeless on the stree	ets. 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	5
☐ Three Months	☐ Eight Months	☐ More than 12 n	nonths
☐ Four Months	□ Nine Months	☐ Client doesn't k	now
☐ Five Months	□ Ten Months	☐ Client refused	
		☐ Data not collec	ted
If Client's Type of Residence is any o	of the <u>Institutional Situation</u> options:		
Length of Stay Less than 90 days? (Indicate if the stay in the institutional setting they less than 90 days)	lived in immediately prior to project entry was	□ No	□ Yes
		•	•
	of the <u>Transitional and Permanent Housin</u>	g <i>Situation</i> opti	ons:
Length of Stay Less than 7 nights?		l	
(Indicate if the stay in the transitional or permanen to project entry was less than 7 nights)	t housing setting they lived in immediately prior	□No	□ Yes
to project only was 1000 than 1 highley			I
If 'Length of Stay Less than 90 days'	is <u>YES</u> —OR— If 'Length of Stay Less than	7 nights' is <u>YES</u>	
On the night before – stayed on streets, ES or			
(On the night before the client's stay of less than 9	<u>.</u>	□No	□Yes
nights in a transitional/permanent housing setting,	were they on the streets, in an Emergency		
Shelter, or in a Safe Haven?)			
15/0 11 11/1 5			
If 'On the night before – stayed on s			1
Approximate Date Homelessness Started (Appl	roximate date the client's current episode of non	ielessness began)
Number of times the client has been on the street (Regardless of where they stayed last night)	eets, in ES, or Save Haven in the past three ye	ears including to	day
☐ One time	☐ Three times	□ Client doesn't k	now
☐ Two times	☐ Four or more times	□ Client refused□ Data not collect	ted

Total number of months homeless on the streets	s, in ES, or SH in the past th	ree y	ears		
 □ 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 M☐ Twelve M☐ More tha☐ Client do☐ Client ref☐ Data not	Months in 12 months esn't know fused
Date of Engagement					
Date of Engagement (Date on which an interactive client relationship rest assessment)	ults in a deliberate client				
Date of Status Determination (Date the PATH enrollment status for the client has	been determined)				
Client Became Enrolled in PATH?			□No		□Yes
If client didn't became enrolled in PATH, Reason not Enrolled			□ Client w		gible for PATH ed for other reason(s) at
DISABLING CONDITIONS AND BARRIERS					
Do you have a disabling condition?					
□ No					esn't know
□Yes				□ Client refu□ Data not of	
Do you have a physical disability?					
□ No					esn't know
□Yes				□ Client refu□ Data not of	
If yes for Physical Disability,		□N	lo	☐ Client doe	esn't know
Expected to be of long-continued and indefinit substantially impairs ability to live independent		 _□	'es	□ Client refu□ Data not of	
Do you have a developmental disability?	··· y ·			_ Data not	Solicotod
□ No				☐ Client doe	esn't know
□Yes				☐ Client refu	
100				□ Data not	collected
Do you have a chronic health condition?					
□ No					esn't know
□Yes				□ Client refu□ Data not of	
If yes for Chronic Health Condition,		□N	lo	☐ Client doe	esn't know
Expected to be of long-continued and indefinit substantially impairs ability to live independent		│ □ Y	'es	□ Client refu□ Data not of	
, , , , , , , , , , , , , , , , , , , ,		1			

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

□ No				☐ Client doesn't know
				□ Client refused
□ Yes				☐ Data not collected
Do you have a mental health	h problem?			
□ No	ii problemii			☐ Client doesn't know
				☐ Client refused
□ Yes				☐ Data not collected
If yes for Mental Health Proble	em.		□No	☐ Client doesn't know
	tinued and indefinite duration an	nd	-	□ Client refused
substantially impairs ability	to live independently?		□ Yes	☐ Data not collected
Do you have a substance al	buse problem?			
□ No	V4400 P140101111			☐ Client doesn't know
☐ Alcohol Abuse				☐ Client refused
□ Drug Abuse				□ Data not collected
☐ Both Alcohol and Drug				
If you have any Substance Ak	ouse Problem,		□No	☐ Client doesn't know
	tinued and indefinite duration ar	nd	.,	☐ Client refused
substantially impairs ability	to live independently?		□ Yes	☐ Data not collected
Are you a survivor of domes	stic or intimate partner violence	?		
□ No	-			☐ Client doesn't know
				☐ Client refused
□ Yes				☐ Data not collected
If Yes for survivor of domestic	or intimate partner violence			
When did this experience	☐ Within the past three months			☐ Client doesn't know
occur?	☐ Three to six months ago (exclu	•	• ,	☐ Client refused
	☐ From six to twelve months ago	(excluding one	year exactly)	☐ Data not collected
	☐ More than a year ago			- 011 - 11
Are you corresply fleeing?	□ No			☐ Client doesn't know
Are you currently fleeing?	□Yes			☐ Client refused☐ Data not collected☐
				☐ Data flot collected
MONTHLY INCOME AND	SOURCES			
Income from Any Source		□ No		☐ Client doesn't know
ilicome irom Any Source		- v		☐ Client refused
		□ Yes		☐ Data not collected
	ANY SOURCE – INDICATE ALL	SOURCES THA	T APPLY	
Income Source (Check all th	at apply)			Monthly Amount
☐ Earned Income				
☐ Unemployment Insurance☐ Worker's Compensation				
□ Private Disability Insurance□ VA Service-Connected Disa	hility Compensation			
☐ VA Service-Connected Disa ☐ Social Security Disability Inc				
Joolal Jeculity Disability IIIt				1

□ 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 PENEETS		
NON-CASH BENEFITS		
Receiving Non-Cash Benefits?	□ No	☐ Client doesn't know
	□Yes	☐ Client refused
		☐ Data not collected
IF "YES" TO RECEIVING NON-CASH BENEFITS- INDICATE		
☐ Supplemental Nutrition Assistance Program (SNAP)	☐ TANF Transportation Services	
☐ Special Supplemental Nutrition Program for Women,	☐ Other TANF-funded services	
Infants, and Children (WIC)		
TANE Children Comices	☐ Other Non-Cash Benefits	
☐ TANF Childcare Services	(Specify Source):	
HEALTH INSURANCE		
	□No	☐ Client doesn't know
Covered by Health Insurance?		☐ Client refused
	□ Yes	☐ Data not collected
IF "YES" TO COVERED BY HEALTH INSURANCE- INDICAT	TE ALL SOURCES THAT APPLY	
□ MEDICAID	☐ Insurance Obtained through Co	OBRA
□ MEDICARE	☐ Private Pay Health Insurance	
☐ State Children's Health Insurance Program	☐ State Health Insurance for Adu	lts
□ Veteran's Administration (VA) Medical Services	☐ Indian Health Services Prograr	
	☐ Other Health Insurance	
☐ Employer-provided Health Insurance	(Specify Source):	
	<u> </u>	
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 ir The city in which the clien		• •	•	-			
□ Aliso Viejo		☐ Huntington Bead	ch	□ Newport	Beach		estminster
□ Anaheim		☐ Irvine		☐ Orange			rba Linda
□ Brea		□ La Habra		☐ Placentia			nincorporated Orange
☐ Buena Park		□ La Palma			Santa Margarita	Cour	•
☐ Costa Mesa		☐ Laguna Beach		☐ San Cler			utside Orange County,
□ Cypress		☐ Laguna Hills			n Capistrano		n California
□ Dana Point		☐ Laguna Niguel		□ Santa Ar			utside of California
□ El Modena		☐ Laguna Woods		☐ Seal Bea	ach	_	ent doesn't know ent Refused
☐ Fountain Valley		□ Lake Forest		☐ Stanton		_	ata not collected
☐ Fullerton		☐ Los Alamitos		☐ Tustin	I-	⊔ ⊔а	ita not conected
☐ Garden Grove		☐ Mission Viejo		□ Villa Parl	K		
Phone Number (Option							
Email Address (Optiona	al)						
What state were you bo	rn in?						
□ AL - Alabama	\square GA	\ - Georgia	□ MA - Mas	sachusetts	□ NM - New Mexi	ico	☐ TN - Tennessee
□ AL- Alaska	\square HI	- Hawaii	□ MI - Mich	igan	□ NY - New York		☐ TX - Texas
☐ AZ - Arizona	\square ID	- Idaho	\square MN - Min	nesota	□ NC - North Car	olina	□ UT - Utah
☐ AR- Arkansas		- Illinois			□ ND - North Dak	ota	□ VT - Vermont
□ CA - California		- Indiana	☐ MO - Mis		☐ OH - Ohio		□ VA - Virginia
☐ CO - Colorado		- Iowa	□ MT - Mon		☐ OK - Oklahoma	l	☐ WA - Washington
☐ CT- Connecticut		- Kansas	□ NE - Neb		□ OR - Oregon		☐ WV - West Virginia
☐ DE - Delaware		- Kentucky	□ NV - Nev		□ PA - Pennsylva		□ WI - Wisconsin
☐ DC - District of		- Louisiana	□ NH - New	I	□ RI - Rhode Isla		\square WY - Wyoming
Columbia		- Maine	Hampshire		☐ SC - South Car		☐ Client doesn't know
☐ FL - Florida) - Maryland	□ NJ - New	Jersey	☐ SD - South Dak	cota	☐ Client Refused
				I			☐ Other
If 'Other' for State you we							
Which country were you	u borr						
Employment Status		☐ Full-Time		□ Unemplo	•		ient doesn't know
		□ Part-Time		□ Disabled		_	ient Refused
		☐ Seasonal/Temp Work	orary	□ Retired		□ Da	ata not collected

Client Signature			Date	
Agency Staff Signature			Date	
DO NOT ANSWER QUESTIONS BELOW	V – DATA ENTR	Y PERSONNEL ONL	Y (Optional):	
DO NOT ANSWER QUESTIONS BELOW	V – DATA ENTR	Y PERSONNEL ONL	Y (Optional):	
	V – DATA ENTR	Y PERSONNEL ONL	Y (Optional):	
Date entered into HMIS://			Y (Optional):	