

# FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG - FCES

## 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>				—			—			
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**QUALITY OF SSN - Only required to collect the last four digits of the SSN, though are not prohibited from collecting all nine digits for new client records.**

<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 prefers not to answer	<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>																			<input type="checkbox"/>
<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 prefers not to answer	<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><td style="width: 12.5%;"></td> </tr> <tr> <td style="text-align: center;">Month</td><td></td><td></td><td style="text-align: center;">Day</td><td></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 style="text-align: right;"><b>Age:</b></td> </tr> </table>			—			—													Month			Day			Year												<b>Age:</b>
		—			—																																	
Month			Day			Year												<b>Age:</b>																				

**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 prefers not to answer	<input type="checkbox"/> Data not collected
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**GENDER (Select all that apply)**

<input type="checkbox"/> Woman (Girl if child) <input type="checkbox"/> Man (Boy if child) <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Different Identity	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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<b>If 'Different Identity' Please Specify</b>	_____
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**RACE AND ETHNICITY (Select all that apply)**

<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <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 prefers not to answer <input type="checkbox"/> Data not collected
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**If 'YES' to Veteran Status**

<b>Year entered military service (year)</b>	_____
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Year separated from military service (year)	_____
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**Theater of Operations: World War II**

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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**Theater of Operations: Korean War**

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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**Theater of Operations: Vietnam War**

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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**Theater of Operations: Persian Gulf War**

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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**Theater of Operations: Afghanistan**

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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**Theater of Operations: Iraq (Operation Iraqi Freedom)**

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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**Theater of Operations: Iraq (Operation New Dawn)**

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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**Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)**

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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**Branch of the Military**

<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy	<input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Space Force	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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**Discharge Status**

<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Other than honorable conditions (OTH)	<input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <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

### TRANSLATION ASSISTANCE NEEDED

<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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### Preferred Language

<input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Korean <input type="checkbox"/> Persian	<input type="checkbox"/> Farsi <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> French <input type="checkbox"/> Ukrainian <input type="checkbox"/> Different Preferred Language	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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### If Different Preferred Language

Please Specify	_____
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### 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><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><td></td> </tr> </table>			—			—				
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### 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 HOUSING SITUATION</b>	

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<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> Staying or living in a friend's room, apartment, or house
<input type="checkbox"/> Residential project or halfway house with no homeless criteria	<input type="checkbox"/> Staying or living in a family member's room, apartment, or house
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	
<input type="checkbox"/> Host Home (non-crisis)	

### PERMANENT HOUSING SITUATION

<input type="checkbox"/> Rental by client, no ongoing housing subsidy	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Rental by client, with ongoing housing subsidy	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Owned by client, no ongoing housing subsidy	

### Rental Subsidy Type if Rental by client, with ongoing housing subsidy

<input type="checkbox"/> GPD TIP housing subsidy	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> VASH housing subsidy	<input type="checkbox"/> Housing Stability Voucher
<input type="checkbox"/> RRH or equivalent subsidy	<input type="checkbox"/> Family Unification Program Voucher (FUP)
<input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated)	<input type="checkbox"/> Foster Youth to Independence Initiative (FYI)
<input type="checkbox"/> Public housing unit	<input type="checkbox"/> Permanent Supportive Housing
	<input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons

### Length of Stay in Prior Living Situation *(How long ago did the client start staying in that Type of Residence)*

<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 prefers not to answer
<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

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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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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### 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)*

<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 prefers not to answer
		<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 prefers not to answer
		<input type="checkbox"/> Data not collected

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

<b>Type of Residence 3.917B</b> (Type of living arrangement on the night before the entry into the project)		
<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 HOUSING SITUATION</b>		
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <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"/> 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		
<b>PERMANENT HOUSING SITUATION</b>		
<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with 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 prefers not to answer <input type="checkbox"/> Data not collected		
<b>Rental Subsidy Type if Rental by client, with ongoing housing subsidy</b>		
<input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit		
<input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Housing Stability Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons		
<b>Length of Stay in Prior Living Situation</b> (How long ago did the client start staying in that Type of Residence)		
<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 prefers not to answer <input type="checkbox"/> Data not collected		

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"/> Two times		
<input type="checkbox"/> Three times <input type="checkbox"/> Four or more times		
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <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>		

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<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 prefers not to answer
		<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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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> <i>(Indicate if the stay in the transitional or permanent housing setting they lived in immediately prior to project entry was less than 7 nights)</i>	<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> <i>(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?)</i>	<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> <i>(Approximate date the client's current episode of homelessness began)</i>
____/____/____

<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>
<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 prefers not to answer <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 prefers not to answer <input type="checkbox"/> Data not collected

## DISABLING CONDITIONS AND BARRIERS

**Do you have a disabling condition?**

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

**Do you have a physical disability?**

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected
<i>If yes for Physical Disability,</i>	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

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<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Data not collected
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**Do you have a developmental disability?**

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

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

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected
<i>If yes for Chronic Health Condition,</i> <b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</b>	<input type="checkbox"/> No
	<input type="checkbox"/> Yes
	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

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

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

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

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected
<i>If yes for Mental Health Problem,</i> <b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</b>	<input type="checkbox"/> No
	<input type="checkbox"/> Yes
	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

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

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Both Alcohol and Drug	
<i>If you have any Substance Abuse Problem,</i> <b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</b>	<input type="checkbox"/> No
	<input type="checkbox"/> Yes
	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

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

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

*If Yes for survivor of domestic or intimate partner violence*

<b>When did this experience occur?</b>	<input type="checkbox"/> Within the past three months	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Three to six months ago (excluding six months exactly)	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> From six to twelve months ago (excluding one year exactly)	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> More than a year ago	
<b>Are you currently fleeing?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
		<input type="checkbox"/> Data not collected

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## 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 prefers not to answer <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 prefers not to answer <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): _____	

## HEALTH INSURANCE

<b>Covered by Health Insurance?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <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 Health Administration (VHA)	<input type="checkbox"/> Indian Health Services Program	
<input type="checkbox"/> Employer-provided Health Insurance	<input type="checkbox"/> Other Health Insurance (Specify Source): _____	



# FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG - FCES

## 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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## ADDITIONAL INFORMATION

<b>Sexual Orientation</b>	
<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Unsure	<input type="checkbox"/> Other <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected

<b>If Other</b>	
Please Specify	_____

## 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>			
<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 prefers not to answer <input type="checkbox"/> Data not collected
<b>Phone Number (Optional)</b>	_____		
<b>Email Address (Optional)</b>	_____		

<b>Are you or your household member currently employed or go to school in the city of Anaheim, Garden Grove, and/or Santa Ana? Select all that apply.</b>	<input type="checkbox"/> Anaheim <input type="checkbox"/> Santa Ana <input type="checkbox"/> Garden Grove
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<b>Household member with city tie (select all that apply)</b>	<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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# FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG - FCES

Is this client receiving services funded by the Children and Families Commission Orange County?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Which family access point is serving this household?	_____
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Have you or someone in your family ever been legally evicted?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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How many legal evictions?	_____
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Primary Language	_____
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Is anyone in the household currently pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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How far along?	<input type="checkbox"/> 1 <sup>st</sup> Trimester <input type="checkbox"/> 2 <sup>nd</sup> Trimester <input type="checkbox"/> 3 <sup>rd</sup> Trimester
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Are you in the process of reunifying with any minor children?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data not collected
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<b>What state were you born in?</b>				
<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 prefers not to answer
				<input type="checkbox"/> Other

If 'Other' for State you were born, Which country were you born in?	_____
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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 prefers not to answer <input type="checkbox"/> Data not collected
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# FY 2024 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG - FCES

## 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

\_\_\_\_\_  
 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): \_\_\_\_\_