

# FY 2026 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>				—			—			
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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>																				
<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><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></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 prefers not to answer	<input type="checkbox"/> Data not collected
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**GENDER – Optional** (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/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**

Year entered military service (year)	_____
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Year separated from military service (year)	_____
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<b>Theater of Operations: World War II</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>Theater of Operations: Korean War</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>Theater of Operations: Vietnam War</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>Theater of Operations: Persian Gulf War</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>Theater of Operations: Afghanistan</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>Theater of Operations: Iraq (Operation Iraqi Freedom)</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>Theater of Operations: Iraq (Operation New Dawn)</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>Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</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>Branch of the Military</b>		
<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

<b>Discharge Status</b>		
<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

## 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><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>			—			—				
		—			—						

### 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>	
<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	

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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:

**Length of Stay Less than 90 days?**

(Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)

No

Yes

If 'Length of Stay Less than 90 days' 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 were they on the streets, in an Emergency Shelter, or in a Safe Haven?)

No

Yes

**Approximate Date Homelessness Started** (Approximate date the client's **current** episode of homelessness began)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today**

(Regardless of where they stayed last night)

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

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

**Type of Residence 3.917B** (Type of living arrangement on the night before the entry into the project)

**HOMELESS SITUATION**

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Safe Haven

**INSTITUTIONAL SITUATION**

- |   |   |
|---|---|
| <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 HOUSING SITUATION**

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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 Homeless Situation options:

### 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

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

### Length of Stay Less than 90 days?

(Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)

No

Yes

If Client's Type of Residence is any of the Transitional and Permanent Housing Situation options:

### Length of Stay Less than 7 nights?

No

Yes



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Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Yes	<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> 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 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> 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 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
<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 prefers not to answer
	<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 prefers not to answer
	<input type="checkbox"/> Data not collected

## MONTHLY INCOME AND SOURCES

<b>Income from Any Source</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
<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		

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<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): _____	

## ADDITIONAL INFORMATION

<b>Sex</b>
<input type="checkbox"/> Female <input type="checkbox"/> Male <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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## 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>			
<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 prefers not to answer
<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>			
<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?</b> <i>Select all that apply.</i>	<input type="checkbox"/> Anaheim <input type="checkbox"/> Santa Ana <input type="checkbox"/> Garden Grove
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<b>Household member with city tie</b> (select all that apply)	<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>Is this client receiving services funded by the Children and Families Commission Orange County?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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<b>Which family access point is serving this household?</b>	
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<b>Have you or someone in your family ever been legally evicted?</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
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<b>How many legal evictions?</b>	_____
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<b>Primary Language</b>	_____
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<b>Is anyone in the household currently pregnant?</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
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<b>How far along?</b>	<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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<b>Are you in the process of reunifying with any minor children?</b>	<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

<i>If 'Other' for State you were born,</i> <b>Which country were you born in?</b>	_____
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<b>Employment Status</b>	<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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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: \_\_\_\_/\_\_\_\_/\_\_\_\_

# FY 2026 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

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