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CLIENT PROFILE

SOCIAL SECURITY NUMBER (SSN)	___ — ___ — ____

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.

☐ Full SSN reported	☐ Approximate or partial SSN reported	☐ Client doesn't know	☐ Client prefers not to answer	☐ Data not collected

CLIENT'S NAME		N/A
Last		☐
First		
Middle		☐
Suffix		☐

QUALITY OF NAME

☐ Full name reported	☐ Partial, street name, or code name reported	☐ Client doesn't know	☐ Client prefers not to answer	☐ Data not collected

DATE OF BIRTH	__ __ — __ __ — __ __ __ __ **Age:**
	Month Day Year

QUALITY OF DOB

☐ Full DOB reported	☐ Approximate or partial DOB reported	☐ Client doesn't know	☐ Client prefers not to answer	☐ Data not collected

GENDER - Optional (Select all that apply)

☐ Woman (Girl if child) ☐ Man (Boy if child) ☐ Non-Binary	☐ Woman (Girl if child) ☐ Man (Boy if child) ☐ Non-Binary	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If 'Different Identity' Please Specify	_____

RACE AND ETHNICITY (Select all that apply)

☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African	☐ Hispanic/Latina/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

VETERAN STATUS

☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If 'YES' to Veteran Status	
Year entered military service (year)	_____
Year separated from military service (year)	_____
Theater of Operations: World War II	

☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Theater of Operations: Korean War

☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Theater of Operations: Vietnam War

☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Theater of Operations: Persian Gulf War

☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Theater of Operations: Afghanistan

☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Theater of Operations: Iraq (Operation Iraqi Freedom)

☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Theater of Operations: Iraq (Operation New Dawn)

☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)

☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Branch of the Military

☐ Army ☐ Air Force ☐ Navy	☐ Marines ☐ Coast Guard ☐ Space Force	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Discharge Status

☐ Honorable ☐ General under honorable conditions ☐ Other than honorable conditions (OTH)	☐ Bad Conduct ☐ Dishonorable ☐ Uncharacterized	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

OC CUSTOM QUESTIONS (OPTIONAL)

Alias	_____	
Pronouns(s)	☐ She/Her/Hers ☐ He/Him/His	☐ They/Them/Theirs ☐ Other: _____
Federally Recognized Tribe		

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PROJECT ENROLLMENT

RELATIONSHIP TO HEAD OF HOUSEHOLD

☐ Self (head of household) ☐ Head of household's child ☐ Head of household's spouse or partner	☐ Head of household's other relation member ☐ Other: non-relation member

PROJECT NAME	
PROJECT START DATE	☐☐—☐☐—☐☐☐☐
HOUSING MOVE-IN DATE *(For PSH, PH with no disability requirement, and RRH Projects: Record the date a client or household moves into a permanent housing unit)*	☐☐—☐☐—☐☐☐☐

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

Type of Residence 3.917A *(Type of living arrangement on the night before entering this 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

☐ Foster care home or foster care group home
☐ Hospital or other residential non-psychiatric medical facility
☐ Jail, prison or juvenile detention facility
☐ Long-term care facility or nursing home
☐ Psychiatric hospital or other psychiatric facility
☐ Substance abuse treatment facility or detox center

TRANSITIONAL HOUSING SITUATION

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

PERMANENT HOUSING SITUATION

☐ Rental by client, no ongoing housing subsidy
☐ Rental by client, with ongoing housing subsidy
☐ Owned by client, with ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

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

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

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Length of Stay in Prior Living Situation *(How long ago did the client start staying in that Type of Residence)*		
☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month	☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer	☐ Client doesn't know ☐ Client prefers not to answer ☐ 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)*		
☐ One time ☐ Two times	☐ Three times ☐ Four or more times	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
Total number of months homeless on the streets, in ES, or SH in the past three years		
☐ 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 Months ☐ Twelve Months ☐ More than 12 months ☐ Client doesn't know ☐ Client prefers not to answer ☐ 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	
☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison or juvenile detention facility	☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center
TRANSITIONAL HOUSING SITUATION	
☐ Transitional housing for homeless persons (including homeless youth) ☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Host Home (non-crisis)	☐ Staying or living in a friend's room, apartment, or house ☐ Staying or living in a family member's room, apartment, or house
PERMANENT HOUSING SITUATION	

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☐ Rental by client, no ongoing housing subsidy	☐ Client doesn't know
☐ Rental by client, with ongoing housing subsidy	☐ Client prefers not to answer
☐ Owned by client, with ongoing housing subsidy	☐ Data not collected
☐ Owned by client, no ongoing housing subsidy	

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

☐ GPD TIP housing subsidy	☐ Rental by client, with other ongoing housing subsidy
☐ VASH housing subsidy	☐ Housing Stability Voucher
☐ RRH or equivalent subsidy	☐ Family Unification Program Voucher (FUP)
☐ HCV voucher (tenant or project based) (not dedicated)	☐ Foster Youth to Independence Initiative (FYI)
☐ Public housing unit	☐ Permanent Supportive Housing
	☐ 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)*

☐ One night or less	☐ One month or more, but less than 90 days	☐ Client doesn't know
☐ Two to six nights	☐ 90 days or more, but less than one year	☐ Client prefers not to answer
☐ One week or more, but less than one month	☐ One year or longer	☐ 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)*

☐ One time	☐ Three times	☐ Client doesn't know
☐ Two times	☐ Four or more times	☐ Client prefers not to answer
		☐ Data not collected

Total number of months homeless on the streets, 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
☐ Three Months	☐ Eight Months	☐ More than 12 months
☐ Four Months	☐ Nine Months	☐ Client doesn't know
☐ Five Months	☐ Ten Months	☐ Client prefers not to answer
		☐ 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? *(Indicate if the stay in the transitional or permanent housing setting they lived in immediately prior to project entry was less than 7 nights)*	☐ No	☐ Yes

If 'Length of Stay Less than 90 days' is *YES*—OR— If 'Length of Stay Less than 7 nights' is *YES*

On the night before – stayed on streets, ES or Safe Haven? *(On the night before the client's stay of less than 90 days in an institutional setting, or less than 7 nights in a transitional/permanent housing setting, were they on the streets, in an Emergency Shelter, or in a Safe Haven?)*	☐ No	☐ Yes

If 'On the night before – stayed on streets, ES, or Safe Haven' is *YES*

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

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_____/_____/_____

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)

☐ One time	☐ Three times	☐ Client doesn't know
☐ Two times	☐ Four or more times	☐ Client prefers not to answer
		☐ Data not collected

Total number of months homeless on the streets, 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
☐ Three Months	☐ Eight Months	☐ More than 12 months
☐ Four Months	☐ Nine Months	☐ Client doesn't know
☐ Five Months	☐ Ten Months	☐ Client prefers not to answer
		☐ Data not collected

DISABLING CONDITIONS AND BARRIERS

Do you have a disabling condition?

☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Do you have a physical disability?

☐ No ☐ Yes		☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
If yes for Physical Disability, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Do you have a developmental disability?

☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Do you have a chronic health condition?

☐ No ☐ Yes		☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
If yes for Chronic Health Condition, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

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

☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Do you have a mental health problem?

☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If yes for Mental Health Problem, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Do you have a substance abuse problem?

☐ No ☐ Alcohol Abuse ☐ Drug Abuse ☐ Both Alcohol and Drug		☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
If you have any Substance Abuse Problem, **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Are you a survivor of domestic or intimate partner violence?

☐ No ☐ Yes		☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
If Yes for survivor of domestic or intimate partner violence		
When did this experience occur?	☐ Within the past three months ☐ Three to six months ago (excluding six months exactly) ☐ From six to twelve months ago (excluding one year exactly) ☐ More than a year ago	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
Are you currently fleeing?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

MONTHLY INCOME AND SOURCES

Income from Any Source	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY	
Income Source (Check all that apply)	**Monthly Amount**
☐ Earned Income	
☐ Unemployment Insurance	
☐ Worker's Compensation	
☐ Private Disability Insurance	
☐ VA Service-Connected Disability Compensation	
☐ Social Security Disability Income (SSDI)	
☐ 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:_____)	

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NON-CASH BENEFITS

Receiving Non-Cash Benefits?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
IF "YES" TO RECEIVING NON-CASH BENEFITS– INDICATE ALL SOURCES THAT APPLY		
☐ Supplemental Nutrition Assistance Program (SNAP)	☐ TANF Transportation Services	
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐ Other TANF-funded services	
☐ TANF Childcare Services	☐ Other Non-Cash Benefits (Specify Source):_____	

HEALTH INSURANCE

Covered by Health Insurance?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
IF "YES" TO COVERED BY HEALTH INSURANCE– INDICATE ALL SOURCES THAT APPLY		
☐ MEDICAID	If not covered by MEDICAID, **REASON** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
☐ MEDICARE	If not covered by MEDICARE, **REASON** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
☐ State Children's Health Insurance Program	If not covered by State Children's Health Insurance Program, **REASON** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
☐ Veteran's Administration (VA) Medical Services	If not covered by Veteran's Administration (VA) Medical Services, **REASON** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
☐ Employer-provided Health Insurance	If not covered by Employer-provided Health Insurance, **REASON** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
☐ Insurance Obtained through COBRA	If not covered by Insurance Obtained through COBRA, **REASON** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
☐ Private Pay Health Insurance	If not covered by Private Pay Health Insurance, **REASON**	

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	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
☐ State Health Insurance for Adults	If not covered by State Health Insurance for Adults, **REASON**	
	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
☐ Indian Health Services Program	If not covered by Indian Health Services Program, **REASON**	
	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
☐ Other Health Insurance	(Specify Source):_____	

ADDITIONAL INFORMATION

Sex	
☐ Female ☐ Male	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If you have been diagnosed with AIDS or have you tested positive for HIV

MEDICAL ASSISTANCE

Receiving AIDS Drug Assistance Program (ADAP)?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
IF "NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – REASON		
☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	

Receiving Ryan White-funded Medical or Dental Assistance?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
IF "NO" TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – REASON		
☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	

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T-CELL (CD4) AND VIRAL LOAD

T-cell (CD4) Count Available	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
If Yes for 'T-cell (CD4) Count Available', **T-cell Count (Number between 0-1500)**	Number: _____	
If a number is entered in the T-Cell (CD4) count, **How was the information obtained**	☐ Medical report ☐ Client report ☐ Other	
Viral Load Information Available	☐ Not available ☐ Available ☐ Undetectable	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
If "Viral Load Information Available", **Viral Load (Number between 0-999999)**	Number: _____	
If a number is entered in the Viral Load count, **How was the information obtained**	☐ Medical report ☐ Client report ☐ Other	

PRESCRIBED ANTI-RETROVIRAL

Has the participant been prescribed anti-retroviral drugs?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

OC CUSTOM QUESTIONS

What city were you in immediately prior to entry into this project?

The city in which the client spent the night prior to entry into this project

☐ Aliso Viejo	☐ Irvine	☐ Placentia	☐ Unincorporated Orange County – Central SPA
☐ Anaheim	☐ La Habra	☐ Rancho Santa Margarita	☐ Unincorporated Orange County – North SPA
☐ Brea	☐ La Palma	☐ San Clemente	☐ Unincorporated Orange County – South SPA
☐ Buena Park	☐ Laguna Beach	☐ San Juan Capistrano	☐ Outside Orange County, but in California
☐ Costa Mesa	☐ Laguna Hills	☐ Santa Ana	☐ Outside of California
☐ Cypress	☐ Laguna Niguel	☐ Seal Beach	☐ Client doesn't know
☐ Dana Point	☐ Laguna Woods	☐ Stanton	☐ Client prefers not to answer
☐ El Modena	☐ Lake Forest	☐ Tustin	☐ Data not collected
☐ Fountain Valley	☐ Los Alamitos	☐ Villa Park	
☐ Fullerton	☐ Mission Viejo	☐ Westminster	
☐ Garden Grove	☐ Newport Beach	☐ Yorba Linda	
☐ Huntington Beach	☐ Orange		

Phone Number *(Optional)*	
Email Address *(Optional)*	

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

If 'Other' for State you were born, **Which country were you born in?**	_____

Employment Status	☐ Full-Time	☐ Unemployed	☐ Client doesn't know
	☐ Part-Time	☐ Disabled	☐ Client prefers not to answer
	☐ Seasonal/Temporary Work	☐ Retired	☐ Data not collected

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?	☐ No ☐ Yes	

Staff Name (verifying completion of Data Entry): _____