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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	☐ Transgender ☐ Questioning ☐ Culturally Specific Identity (e.g., Two-Spirit) ☐ Different Identity	☐ 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 in to a permanent housing unit)*	☐☐—☐☐—☐☐☐☐

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

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☐ 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 *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 ☐ 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

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)*		
_____/_____/_____		
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

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DISABLING CONDITIONS AND BARRIERS

Do you have a disabling condition?

☐ 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:_____)	

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		

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☐ 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	☐ Insurance Obtained through COBRA	
☐ MEDICARE	☐ Private Pay Health Insurance	
☐ State Children's Health Insurance Program	☐ State Health Insurance for Adults	
☐ Veteran's Health Administration (VHA)	☐ Indian Health Services Program	
☐ Employer-provided Health Insurance	☐ Other Health Insurance (Specify Source):_____	

ADDITIONAL INFORMATION

VAMC Station Number	_____	
Connection with SOAR?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
Household Income as a Percentage of AMI	☐ 30% or less ☐ 31% to 50% ☐ 51% to 80% ☐ 81% or greater	
Last Grade Completed	☐ Less than Grade 5 ☐ Grades 5-6 ☐ Grades 7-8 ☐ Grades 9-11 ☐ Grade 12 ☐ School program does not have grade levels ☐ GED ☐ Some College	☐ Associates degree ☐ Bachelor's degree ☐ Graduate degree ☐ Vocational certification ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
Employed	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
If No for Employed, **Why not employed?**	☐ Looking for work ☐ Unable to work ☐ Not looking for work	
If Yes for Employed, **What type of employment do you have?**	☐ Full-time ☐ Part-time ☐ Seasonal / sporadic (including day labor)	
Mental Health Consultation (Only for Veterans) - *Optional*	☐ Mental health consultation completed ☐ Mental health consultation being coordinated/arranged with VA provider	

	☐ Mental health consultation being coordinated/arranged with other provider ☐ Offer declined
Sex	☐ Female ☐ Male ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

SSVF TARGETING CRITERIA *(For Homelessness Prevention Projects ONLY)*

Is Homelessness Prevention targeting screener required?	☐ No (0 points)	☐ Yes
Housing loss expected within…	☐ 1 – 6 Days ☐ 7 – 13 Days	☐ 14 – 21 Days ☐ More than 21 Days (0 points)
Current household income	☐ $0 (i.e., not employed, not receiving cash benefits, no other current income) ☐ 0-14% of Area Median Income (AMI) for household size ☐ 15-30% of AMI for household size ☐ More than 30% of AMI for household size (0 points)	
Past experience of Homelessness (street/shelter/transitional housing) (any adult)	☐ Most recent episode occurred more than one year ago ☐ Most recent episode occurred within the last year ☐ None	
Head of Household is not a current leaseholder/renter of unit	☐ No (0 points)	☐ Yes
Head of household (HOH) never been a leaseholder/renter of unit	☐ No (0 points)	☐ Yes
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)	☐ No (0 points)	☐ Yes
Rental Evictions within the Past 7 Years (any adult)	☐ 2 or more prior rental evictions ☐ 1 prior rental eviction ☐ No prior rental evictions (0 points)	
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property	☐ No (0 points)	☐ Yes
Incarcerated as adult (any adult in household)	☐ Incarcerated two or more times ☐ Incarcerated once ☐ No	
Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)	☐ No (0 points)	☐ Yes
Registered sex offender (any household members)	☐ No (0 points)	☐ Yes
Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	☐ No (0 points)	☐ Yes
Currently pregnant (any household member)	☐ No (0 points)	☐ Yes
Single parent/guardian household with minor child(ren)	☐ No (0 points)	☐ Yes
Household includes one or more young children (age six or under), or a child who requires significant care	☐ Youngest child is 1 to 6 years old and/or one or more children (any age) ☐ Youngest child is under 1 year old ☐ No	
Household size of 5 or more requiring at least 3 bedrooms (due to household composition)	☐ No (0 points)	☐ Yes
Households which may include one or more members meeting other criteria for targeting prevention determined by the CoC	☐ No (0 points)	☐ Yes

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HP applicant total points (integer)	_____
Grantee targeting threshold score (integer)	_____

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)*	

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): _____