HMIS Intake and Enrollment Form
CoC/ESG/Private Funded

For persons entering HMIS project type: ***Emergency Shelter***

Client ID: _____

Project Name: _____

Staff Completing HMIS Form: _____

Identification *- All fields required unless otherwise noted*

Completed HMIS Consent Form		**No (Refused)**		**Signed**

First Name _____ **Middle Name** _____

Last Name **Suffix**

Name Data Quality: Did the client provide their full name?	**Social Security Number (SSN)**	**Birth Date (DOB)**
□ Full Name Reported □ Partial, street name, or code name reported □ Client Doesn't Know □ Client Refused	_____-_____-_____ □ Full SSN reported □ Approximate or partial SSN reported □ Client Doesn't Know □ Client Refused	_____/_____/_____ □ Approximate or partial DOB reported □ Full DOB reported □ Client Doesn't Know □ Client Refused

Basic Demographics – All fields required unless otherwise noted

Race (Check all that apply)	**Ethnicity**
□ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White □ Client Doesn't Know □ Client Refused	□ Hispanic/Latino □ Non-Hispanic/ Non-Latino □ Client Doesn't Know □ Client Refused
Gender	**Relationship to Head of Household**
□ Male □ Female □ Trans Male (Female to Male) □ Trans Female (Male to Female) □ Gender Non-Conforming (Not exclusively Male or Female) □ Client Doesn't Know □ Client Refused	□ Self □ Son □ Daughter □ Dependent Child □ Spouse □ Other: Family Member □ Other: Non-Family Member **Name of Head of Household** _____ **Veteran** (Have you ever served in the U.S. Military?) □ Yes □ No □ Client Doesn't Know □ Client Refused **Disabling Condition** □ Yes □ No □ Client Doesn't Know □ Client Refused

Project Start Date	_____/_____/_____

Universal Data Assessment

Living Situation: Identify the type of residence and length of stay at that residence just prior to (i.e., program admission)

1. What was the situation you were living in immediately prior to project entry? (The night before)

- □ Place not meant for habitation
- □ Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter
- □ Safe Haven
- □ 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
- □ Residential project or halfway house with no homeless criteria
- □ Hotel or motel paid for without emergency shelter voucher
- □ Rental by client, with VASH subsidy
- □ Transitional housing for homeless persons (including homeless youth)
- □ Host Home (non-crisis)
- □ Staying or living in a family member's room, apartment or house
- □ Staying or living in a friend's room, apartment or house
- □ Rental by client, with GPD TIP subsidy
- □ Permanent housing (Other than RRH) for formerly homeless persons
- □ Rental by client, with RRH or equivalent subsidy
- □ Rental by client, with HCV voucher (tenant or project based)
- □ Rental by client in a public housing unit
- □ Rental by client, with no ongoing housing subsidy
- □ Rental by client, with other ongoing housing subsidy
- □ Owned by client, with ongoing housing subsidy
- □ Owned by client, no ongoing housing subsidy
- □ Client doesn't know
- □ Client refused

2. Length of stay in prior living situation?

- □ 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 refused

3. What approximate date did you start living on the streets, emergency shelter, or safe haven? *(Approximate date homelessness started)*

_____/_____/_____

4. Regardless of where they stayed last night number of times the client has been on the streets, in ES, or SH in the past three years including today?

- □ One Time
- □ Two Times
- □ Three Times
- □ Four or more times
- □ Client Doesn't Know
- □ Client Refused

5. 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)
- □ 2-12 (_____ months)
- □ More than 12 months
- □ Client Doesn't Know
- □ Client Refused

Wellness Assessment

Health Insurance

□ Yes (Enter the Source) □ No □ Client Doesn't Know □ Client Refused

Health Insurance Sources

- □ Private Pay Health Insurance
- □ Medicare
- □ MEDICAID
- □ State Children's Health Insurance(SCHIP)
- □ VA Medical Services
- □ Employer Provided Health Insurance
- □ Health Insurance obtained through COBRA
- □ State Health Insurance Adults (Medi-cal)
- □ Indian Health Services Program
- □ Other _____

Barriers:		
	Barrier Present	**Condition is Indefinite**
Alcohol Abuse	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Chronic Health Condition	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Developmental Disability	□ Yes □ No □ Don't Know □ Client Refused	
Drug Abuse	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
HIV/AIDS	□ Yes □ No □ Don't Know □ Client Refused	
Mental health	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Physical Disability	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused

Domestic Violence		
Is the client a domestic violence victim/survivor?	□ Yes (Answer questions below) □ No	□ Client Refused □ Client Doesn't Know
If yes, How long ago did you have this experience?	□ Within the past 3 months □ 3 months to 6 months ago □ 6 months to one year	□ One year ago or more □ Client Doesn't Know □ Client Refused
If yes, are you currently fleeing?	□ Yes □ No	□ Client Doesn't Know □ Client Refused

Financial Assessment

Income Source □ Yes (Check all Sources that Apply) □ No □ Client Doesn't Know □ Client Refused	**Stated Income (Monthly)**	**Non-Cash Resources** □ Yes (Check all Sources that Apply) □ No □ Client Doesn't Know □ Client Refused	**Stated Amounts (Monthly)**
□ Earned Income *(employment wages / cash)*	$	□ Special Supplemental nutritional Program Women and Children	$
□ Unemployment Insurance	$	□ Food Stamps (CalFresh) SNAP	$
□ Supplemental Security Income (SSI)	$	□ CalWorks Child Care/TANF Child Care Services	$
□ Social Security Disability Income (SSDI)	$	□ CalWorks Transportation (TANF)	$
□ Private Disability Insurance	$	□ Other CalWorks-Funded Services (TANF)	$
□ Workers Compensation	$	□ Other	$
□ VA Service-Connected Disability Compensation	$		
□ VA Non-Service-Connected Disability Pension	$		
□ Pension or Retirement income from a job	$		
□ TANF	$		
□ General Assistance	$		
□ Retirement (Social Security)	$		
□ Child Support	$		
□ Alimony or other Spousal Support	$		
□ Other Income	$		

Pets – *Please indicate pets and the number*	**City and State where you first became homeless?**
□ Yes (If yes, answer below) □ No □ Dog #_____ □ Cats #_____ □ Other _____ #____	_____, _____ City State