HMIS Intake and Enrollment Form
SSVF/RRH/HP

Client ID: _____
Project Name: _____
Staff Name: _____

Identification-*All fields required unless otherwise noted*

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

Basic Demographics-*All fields required unless otherwise noted*

Race and Ethnicity *(Check all that apply)*

☐**American Indian, Alaska Native, or Indigenous** – A person who identifies with any of the original peoples of North, Central, and South America. Ex. include, but are not limited to, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Tlingit, etc.

☐**Asian or Asian American** – A person who identifies with one or more nationalities or ethnic groups originating in East Asia, Southeast Asia, or the Indian subcontinent. Ex. include, but are not limited to, Chinese, Indian, Japanese, Korean, Pakistani, Vietnamese, or another representative nation/region.

☐**Black, African American, or African** – A person who identifies with one or more nationalities or ethnic groups originating in any of the Black racial groups of Africa, including Afro-Caribbean. Ex. include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali.

☐**Hispanic/Latina/e/o** – A person who identifies with one or more nationalities or ethnic groups originating in Mexico, Puerto Rico, Cuba, Central and South American and other Spanish cultures. Ex. include but not limited to, Mexican or Mexican American, Puerto Rican, Cuban, Salvadorian, Dominican, and Columbian.

☐**Middle Eastern or North African** – A person who identifies with one or more nationalities or ethnic groups with origins in the Middle East and North Africa. Ex. include, but are not limited to, Lebanese, Iranian, Egyptian, Syrian, Moroccan, and Israeli.

☐**Native Hawaiian or Pacific Islander** – A person who identifies with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or another Pacific Island.

☐**White** – A person who identifies with one or more nationalities or ethnic groups originating in Europe. Ex. include, but are not limited to, German, Irish, Polish, English, French, and Norwegian.

☐**Client doesn't know**

☐**Client prefers not to answer**

Additional Race and Ethnicity Detail: _____

Gender *(Check all that apply)* **Client authorizes update in HMIS if gender is different?** ☐Yes ☐No

☐**Woman** (Girl if child) - Client identifies as a woman, or girl in the case of a child under the age of 18

☐**Man** (Boy if child) - Client identifies as a man, or boy in the case of a child under the age of 18

☐**Culturally Specific Identity** (e.g. Two Spirit) - Client identifies with an identity that is exclusive to a particular culture. For example, Two-Spirit refers to a Native North American gender identity

☐**Transgender** - Client identifies with a transgender history, experience, or identity

☐**Non-binary** – Client does not identify exclusively as a man or a woman

☐**Questioning** - Client who may be unsure, may be exploring, or may not relate to or identify with a gender identity at this time. Note that 'Client does not know' is different from 'Questioning'. 'Questioning' is about exploring one's gender identity'. 'Client doesn't know' should only be selected when a client does not know their gender from the options available.

☐**Different Identity** *(Please specify)*: _____

☐**Client doesn't know**

☐**Client prefers not to answer**

Veteran Status *(Have you ever served in the U.S. Military?)*

☐Yes ☐No ☐Client does not know ☐Client prefers not to answer

Mailing Address and Contact Information *(Includes, not limited to, service organizations, access centers, emergency shelter, transitional housing, client residence)*

Address: _____

City, State, Zip Code: _____

Email: _____

Main Phone: _____

Message Phone: _____

Relationship to Head of Household

☐Self ☐Son ☐Daughter ☐Dependent child

☐Spouse ☐Other Family Member ☐Other Non-Family Member

Project Start Date:	_____/____/_____
Housing Move-In Date ***(All PH/RRH Only)***	_____/____/_____

Universal Data Assessment

Disabling Condition

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

Percent of AMI	☐30% or less ☐31% to 50% ☐51% to 80% ☐81% or great
VAMC Station Number	☐612 N. California ☐Other

Living Situation: ***Identify the type of residence and length of stay at that residence just prior to program admission***

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

Literally Homeless	Institutional Situations	Temporary Housing	Permanent Housing
☐Place not meant for habitation: ☐**Car/ Truck/Van** ☐ **RV** ☐ **Other** ☐Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home shelter ☐Safe Haven ***If selection made, continue to questions 2, 3-5***	☐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 ***If selection made, continue to question 1a***	☐Transitional Housing for homeless persons (including homeless youth) ☐Residential project or halfway house with now homeless criteria ☐Hotel or motel paid for without emergency shelter voucher ☐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 ***If selection made, continue to question 1b***	☐Rental by client, with no ongoing housing subsidy ☐Rental by client, with other ongoing housing subsidy **Subsidy Type:** ☐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 ☐Emergency Housing Voucher ☐Family Unification Program Voucher (FUP) ☐Foster Youth to Independence Initiative (FYI) ☐Permanent Supportive Housing ☐ Other permanent housing dedicated for formerly homeless persons ☐Owned by client, with ongoing housing subsidy ☐Owned by client, no ongoing subsidy ***If selection made, continue to question 1b***

☐Client doesn't know

☐Client prefers not to answer

1a. Did you stay less than 90 days? ***(*Pertains to Institutional Situation)***

☐Yes *(Continue to questions 2-2a)* ☐No *(Continue to question 2, then to Health Insurance)*
☐Client Doesn't Know ☐Client prefers not to answer

1b. Did you stay less than 7 nights? ***(*Pertains to Transitional & Permanent Housing Situations)***

☐Yes *(Continue to questions 2-2a)* ☐No *(Continue to question 2, then to Health Insurance)*
☐Client doesn't know ☐Client prefers not to answer

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 prefers not to answer

2a. On the night before did you stay on the street, Emergency Shelter, or Save Haven?

☐Yes *(Continue to questions 3-5)* ☐No *(Continue to Health Insurance)*
☐Client Doesn't Know ☐Client prefers not to answer

3. Approximate date *this episode* of homelessness started: ____/____/_____

4. Regardless of where they stayed last night, number of times client has been on the streets, 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 prefers not to answer

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 (_____ months)
☐More than 12 months ☐Client doesn't know
☐Client prefers not to answer

Health Insurance

☐Yes (*Select source)* ☐No ☐Client doesn't know ☐Client prefers not to answer

Health Insurance Sources *(Check all that apply)*

☐Private Pay Health Insurance ☐Medicare
☐MEDICAID ☐Health Net (Medi-Cal)-Adults
☐Health Net (Medi-Cal)-Children ☐Health Plan of San Joaquin (Medi-Cal)-Adults
☐Health Plan of San Joaquin (Medi-Cal)-Children ☐State Children's Health Insurance (Medi-Cal)
☐Veteran's Health Administration (VHA) ☐Employer Provided Health Insurance
☐Health Insurance obtained through COBRA ☐State Funded Insurance for Adults (Med-Cal)
☐Indian Health Services Program (IHS) ☐Other: _____

Veteran's Information

Branch of the Military

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

Discharge Status

☐Honorable ☐General under honorable conditions
☐Under other than honorable conditions (OTH) ☐Bad conduct
☐Dishonorable ☐Uncharacterized
☐Client doesn't know ☐Client prefers not to answer

Year Entered Military Service: _____/_____/_____

Year Separated from Military Service: _____/_____/_____

Theater of Operations	
☐World War II	☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
☐Vietnam War	☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
☐Persian Gulf (Operation Desert Storm)	☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
☐ Afghanistan (Operation Enduring Freedom)	☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
☐Iraq (Operation Iraqi Freedom)	☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
☐Iraq (Operation New Dawn)	☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
☐Korean War	☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer
Connection with SOAR	
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer	
Domestic Violence Survivor	
Domestic Violence Experience?	
☐Yes *(Answer questions below)* ☐No ☐Client doesn't know ☐Client prefers not to answer	
When experience occurred?	
☐Within the past 3 months	☐3 months to 6 months ago *(excluding 6 mos exactly)*
☐6 months to one year ago *(excluding 1 year exactly)*	☐One year ago or more
☐Client doesn't know	☐Client prefers not to answer
If yes, are you currently fleeing?	
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer	
Financial Assessment	
Does client have any source of Income? *(If Yes, check all that apply)*	
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer	
Income Source	**Monthly Amount**
☐Earned Income (employment wages/cash)	$
☐Unemployment Insurance	$
☐Supplemental Security Income (SSI)	$
☐Social Security Disability Insurance (SSDI)	$
☐Private Disability Insurance	$
☐Workers Compensation	$
☐VA Service-Connected Disability Compensation	$
☐VA Non-Service Connected Disability Pension	$
☐Pension of Retirement Income from a job	$
☐TANF (CalWorks)	$
☐General Assistance	$
☐Retirement (Social Security)	$
☐Child Support	$
☐Alimony	$
☐Other Income	$
Does client have any Non-Cash Benefits? *(If Yes, check all that apply)*	
☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer	
Non-Cash Benefits	**Monthly Amount**
☐Special Supplemental Nutrition Program for Woman, Infants, and Children	$
☐Food Stamps (CalFresh) SNAP	$
☐CalWorks Child Care/TANF Child Care Services	$
☐CalWorks Transportation (TANF)	$
☐Other CalWorks-Funded Services (TANF)	$
☐Other Sources	$

Employment Assessment		
☐Yes	☐No	
☐Client doesn't know	☐Client prefers not to answer	
If Yes, Type of Employment		
☐Full-Time	☐Part-Time	☐Seasonal/Sporadic (including any day labor)
If No, Why not employed?		
☐Looking for work	☐Unable to work	☐Not looking for work
Educational Assessment		
Last Grade Completed		
☐No School Completed	☐School Program does not have grade levels	☐Nursery School to 4th Grade
☐5th Grade or 6th Grade	☐7th Grade or 8th Grade	☐9th Grade
☐10th Grade	☐11th Grade	☐12th Grade, No Diploma
☐High school diploma	☐GED	☐Post-Secondary ☐Associate's degree ☐Bachelor's degree ☐Graduate degree ☐Vocational Certification
☐Client doesn't know	☐Client prefers not to answer	
HP Targeting Criteria-For (HP) Homeless Prevention Only *(HoH Only)*		
Is Homelessness Prevention targeting screener required?		
☐Yes	☐No	
Housing loss expected within…		
☐1-6 days	☐7-13 days	☐14-21 days ☐More than 21 days
Current household income		
☐$0 *(i.e., not employed, not receiving cash benefits, no other current income)*		☐1-14% of Area Median Income (AMI) for household size
☐15-30% of AMI for household size		☐More than 30% of AMI for household size
Past experience of homelessness (street/shelter/transitional housing) (any adult)		
☐Most recent episode occurred within the last year		☐Most recent episode occurred more than one year ago
☐None		
Head of Household is not a current leaseholder/renter of unit		
☐No	☐Yes	
Head of Household has *never* been a leaseholder/renter of unit		
☐No	☐Yes	
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)		
☐No	☐Yes	
Rental Evictions within the past 7 years (any adult)		
☐No prior rental eviction	☐1 prior rental eviction	☐2 or more prior rental evictions
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)		
☐No	☐Yes	
Incarcerated as an adult (any adult in the household)		
☐Not incarcerated	☐Incarcerated once	☐Incarcerated two times or more
Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)		
☐No	☐Yes	
Registered sex offender (any household member)		
☐No	☐Yes	
Head of Household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing		
☐No	☐Yes	
Currently pregnant (any household member)		
☐No	☐Yes	

Single/parent guardian household with minor child(ren)	
☐No ☐Yes	
Household includes one or more young children (age six or under), or a child who required significant care	
☐No ☐Youngest child is under 1-year-old ☐Youngest child ins 1 to 6 years old and/or one or more children (any age) require significant care	
Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)	
☐No ☐Yes	
Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population.	
☐No ☐Yes	
HP applicant total points	(HMIS generates score)
Grantee targeting threshold score	Enter Score: _____

SSVF Services	
SSVF Services Provided	Date of Service: _____/_____/_____
☐**Outreach**	
☐**Case Management**	
☐**Shallow Subsidy**	
☐**Returning Home**	
☐**Rapid Resolution**	
☐**Assistance obtaining/coordinating other public benefits**	
☐Health care services ☐Personal financial planning services ☐Income support services ☐Legal services-child support ☐Legal services-outstanding fines and penalties ☐Legal services-other: _____ ☐Housing counseling	☐Daily living services ☐Transportation services ☐Fiduciary and representative payee services ☐Legal services-eviction prevention ☐Legal services-restore/acquire driver's license ☐Child care
☐**Direct provision of other public benefits**	
☐Personal financial planning services ☐Income support services ☐Legal services-child support ☐Legal services-outstanding fines and penalties ☐Legal services-other_____ ☐Housing counseling	☐Transportation services ☐Fiduciary and representative payee services ☐Legal services-eviction prevention ☐Legal services-restore/acquire driver's license ☐Child care
☐**Other (non-TFA) supportive service approved by VA**	
Please specify: _____	

Financial Assistance (VA SSVF)	
Start Date of Financial Assistance:	_____/_____/_____
End Date of Financial Assistance:	_____/_____/_____
Financial Assistance Type	**Amount**
☐Rental Assistance	$
☐Security Deposit	$
☐Utility Deposit	$
☐Utility fee payment assistance	$
☐Moving Costs	$
☐Transportation services: Tokens/Vouchers	$
☐Transportation services: Vehicle repair/maintenance	$
☐Child care	$
☐General housing stability assistance	$
☐Emergency housing assistance	$
☐Shallow subsidy financial assistance	$
☐Food assistance	$
☐Landlord Incentive	$
☐Tenant Incentive	$