

HMIS Intake Outreach

For persons entering HMIS project type: **Outreach**

Client ID: _____

Project Name: _____

Staff Completing HMIS Form: _____

Identification - All fields required unless otherwise noted

Completed HMIS Consent Form	No (Refused)	Signed
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First Name _____ **Middle Name** _____

Last Name _____ **Suffix** _____

Name Data Quality: Did the client provide their full name?	Social Security Number (SSN)	Birth Date (DOB)
<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 Refused	_____ - _____ - _____ <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 Refused	____/____/____ <input type="checkbox"/> Approximate or partial DOB reported <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Basic Demographics – All fields required unless otherwise noted

Race (Check all that apply)	Ethnicity
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/ Non-Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Gender	Disabling Condition
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male (Female to Male) <input type="checkbox"/> Trans Female (Male to Female) <input type="checkbox"/> Gender Non-Conforming (Not exclusively Male or Female) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	Veteran (Have you ever served in the U.S. Military?) 18 and Over
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused

Date of Engagement	____/____/____
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)

<p>1. What was the situation you were living in immediately prior to project entry? (The night before)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Place not meant for habitation <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 <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 <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"/> Rental by client, with VASH subsidy <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Permanent housing (Other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other 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 refused 								
<p>2. Length of stay in prior living situation?</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> One night or less</td> <td style="width: 50%;"><input type="checkbox"/> 90 days or more, but less than one year</td> </tr> <tr> <td><input type="checkbox"/> Two to six nights</td> <td><input type="checkbox"/> One year or longer</td> </tr> <tr> <td><input type="checkbox"/> One week or more, but less than one month</td> <td><input type="checkbox"/> Client doesn't know</td> </tr> <tr> <td><input type="checkbox"/> One month or more, but less than 90 days</td> <td><input type="checkbox"/> Client refused</td> </tr> </table>	<input type="checkbox"/> One night or less	<input type="checkbox"/> 90 days or more, but less than one year	<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One year or longer	<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client refused
<input type="checkbox"/> One night or less	<input type="checkbox"/> 90 days or more, but less than one year								
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One year or longer								
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> Client doesn't know								
<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client refused								
<p>3. What approximate date did you start living on the streets, emergency shelter, or safe haven? (Approximate date homelessness started)</p>	<p>_____ / _____ / _____</p>								
<p>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?</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> One Time</td> <td style="width: 50%;"><input type="checkbox"/> Four or more times</td> </tr> <tr> <td><input type="checkbox"/> Two Times</td> <td><input type="checkbox"/> Client Doesn't Know</td> </tr> <tr> <td><input type="checkbox"/> Three Times</td> <td><input type="checkbox"/> Client Refused</td> </tr> </table>	<input type="checkbox"/> One Time	<input type="checkbox"/> Four or more times	<input type="checkbox"/> Two Times	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Three Times	<input type="checkbox"/> Client Refused		
<input type="checkbox"/> One Time	<input type="checkbox"/> Four or more times								
<input type="checkbox"/> Two Times	<input type="checkbox"/> Client Doesn't Know								
<input type="checkbox"/> Three Times	<input type="checkbox"/> Client Refused								
<p>5. Total Number of months homeless on the streets, in ES, or SH in the past three years</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> One Month (this time is the first month)</td> <td style="width: 50%;"><input type="checkbox"/> More than 12</td> </tr> <tr> <td><input type="checkbox"/> 2-12 (months)</td> <td><input type="checkbox"/> Client Doesn't Know</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Client Refused</td> </tr> </table>	<input type="checkbox"/> One Month (this time is the first month)	<input type="checkbox"/> More than 12	<input type="checkbox"/> 2-12 (months)	<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Refused		
<input type="checkbox"/> One Month (this time is the first month)	<input type="checkbox"/> More than 12								
<input type="checkbox"/> 2-12 (months)	<input type="checkbox"/> Client Doesn't Know								
	<input type="checkbox"/> Client Refused								

Health Insurance		
<input type="checkbox"/> Yes (Enter the Source)	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Health Insurance Sources		
<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> MEDICAID <input type="checkbox"/> State Children's Health Insurance(SCHIP) <input type="checkbox"/> VA Medical Services	<input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> State Health Insurance Adults (Medi-cal) <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other: _____	
Barriers:		
	Barrier Present	Condition is Indefinite
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
Mental health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused
Domestic Violence		
Is the client a domestic violence victim/survivor?	<input type="checkbox"/> Yes (Answer questions below) <input type="checkbox"/> No	<input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know
If yes, How long ago did you have this experience?	<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3 months to 6 months ago <input type="checkbox"/> 6 months to one year	<input type="checkbox"/> One year ago or more <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
If yes, are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

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

Contact

Date of Contact ___/___/___

Current Living Situation: Outreach

Record the client's current living situation information below.

- 1. Living Situation:**
- 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
 - Other: _____
 - Worker unable to determine
 - Client doesn't know
 - Client refused

2. Is client going to have to leave their current living situation within 14 days?

- Yes
- No
- Client doesn't know
- Client refused

3. Has a subsequent residence been identified?

- Yes
- No
- Client doesn't know
- Client refused

4. Does individual or family have resources or support networks to obtain other permanent housing?

- Yes
- No
- Client doesn't know
- Client refused

5. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

- Yes
- No
- Client doesn't know
- Client refused

6. Has the client moved 2 or more times in the last 60 days?

- Yes
- No
- Client Doesn't Know
- Client Refused

Record Contact

Contact Service: _____
 (Please list the service provided)