

Client ID: _____

Project Name: _____

Staff Name: _____

Intake and Enrollment Form RHY Outreach

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

Identification-All fields required unless otherwise noted

First Name: _____ **Middle Name:** _____

Last Name: _____ **Suffix:** _____

Name Data Quality	Social Security Number (SSN)	Birth Date (DOB)
Did the client provide their full name?	_____-_____-_____	_____/_____/_____
<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Full SSN reported	<input type="checkbox"/> Approximate or partial DOB reported
<input type="checkbox"/> Partial, street name, or code name reported	<input type="checkbox"/> Approximate or partial SSN reported	<input type="checkbox"/> Full DOB reported
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> 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**

Pregnancy Yes* (Due Date: ___/___/___) No Client doesn't know Client prefers not to answer

2. Length of stay in prior living situation?		
<input type="checkbox"/> One night or less	<input type="checkbox"/> Two to six nights	
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One month or more, but less than 90 days	
<input type="checkbox"/> 90 days or more, but less than one year	<input type="checkbox"/> One year or longer	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	
3. Approximate date <i>this episode of homelessness</i> 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?		
<input type="checkbox"/> One time	<input type="checkbox"/> Two times	
<input type="checkbox"/> Three times	<input type="checkbox"/> Four or more times	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	
5. Total number of months homeless on the streets, in ES, or SH in the past three years?		
<input type="checkbox"/> One Month (this time is the first month)	<input type="checkbox"/> 2-12 months (months)	
<input type="checkbox"/> More than 12 months	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Client prefers not to answer		
Health Insurance		
<input type="checkbox"/> Yes (<i>Enter source</i>)	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
Health Insurance Sources		
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> Medicare	
<input type="checkbox"/> MEDICAID	<input type="checkbox"/> Health Net (Medi-Cal)-Adults	
<input type="checkbox"/> Health Net (Medi-Cal)-Children	<input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Adults	
<input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Children	<input type="checkbox"/> State Children's Health Insurance (Medi-Cal)	
<input type="checkbox"/> Veteran's Health Administration (VHA)	<input type="checkbox"/> Employer Provided Health Insurance	
<input type="checkbox"/> Health Insurance obtained through COBRA	<input type="checkbox"/> State Funded Insurance for Adults (Medi-Cal)	
<input type="checkbox"/> Indian Health Services Program (IHS)	<input type="checkbox"/> Other: _____	
Barriers (<i>Check all that apply</i>)		
Is the barrier expected to be long-continued or of indefinite duration? Does it substantially impede the client's availability to live independently; and could be improved by the provision of suitable housing?		
	Barrier Present	Condition is indefinite
<input type="checkbox"/> Alcohol Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer

Contact			
Date of Contact: <input type="text"/> / <input type="text"/> / <input type="text"/>			
Current Living Situation			
Record the client's living situation information below			
1. Living Situation			
Literally Homeless	Institutional Situations	Temporary Housing	Permanent Housing
<input type="checkbox"/> Place not meant for habitation: <input type="checkbox"/> Car/ Truck/Van <input type="checkbox"/> RV <input type="checkbox"/> Other <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home shelter <input type="checkbox"/> Safe Haven <i>*If selection made, continue to Contact Service</i>	<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 <i>*If selection made, continue to question 2</i>	<input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with now homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <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 <i>*If selection made, continue to question 2</i>	<input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy Subsidy Type: <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public Housing Unit <input type="checkbox"/> Rental by client, with other ongoing Housing subsidy <input type="checkbox"/> Emergency Housing Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing subsidy <i>*If selection made, continue to question 2</i>
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
2. Is client going to have to leave their current living situation within 14 days?			
<input type="checkbox"/> Yes (<i>Continue to questions 3-6</i>) <input type="checkbox"/> No (<i>Continue to Record Contact</i>) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
3. Has a subsequent residence been identified?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
4. Does the individual or family have resources or support networks to obtain other permanent housing?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
5. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
6. Has the client moved 2 or more times in the last 60 days?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
Record Contact			
Contact Service (<i>Please list the service provided</i>): _____			
Translation Assistance Needed (<i>Head of Household Only</i>)			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			
Preferred Language			
<input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian <input type="checkbox"/> Cantonese <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Hmong <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Mandarin <input type="checkbox"/> Mien <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Samoan <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Different Preferred Language (<i>If Different Preferred Language, please specify</i>): _____			