

# HMIS Intake and Enrollment Form RHY Outreach

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

Client ID: \_\_\_\_\_

Project Name: \_\_\_\_\_

Staff Completing HMIS Form: \_\_\_\_\_

**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) ____/____/____
<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**

**Ethnicity**

- Hispanic/Latino(a)(o)(x)** is a person of Central American, Latin American, or South American origin, separate from race.
- Non-Hispanic/ Non-Latino(a)(o)(x)** is a person NOT of Central American, Latin American, or South American origin, separate from race.
- Client Doesn't Know**
- Client Refused**

**Race (Check all that apply)**

- American Indian, Alaska Native, or Indigenous** is a person having origins to any of the indigenous peoples of North and South America, including Central America.
- Asian or Asian American** is a person having origins of Asian descent, including but not limited to Chinese, Indian, Japanese, Korean, Pakistani, Vietnamese, or another representative nation/region.
- Black, African American, or African** is a person having origins to any of the Black racial groups of Africa, including Afro-Caribbean.
- Native Hawaiian or Pacific Islander** is a person having origins in any of the indigenous peoples of Hawaii, Guam, Samoa, or another Pacific Island.
- White** is a person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Client Doesn't Know**
- Client Refused**

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

- Female** is a person who lives or identifies as female.
- Male** is a person who lives or identifies as male.
- A gender other than singularly female or male(e.g., non-binary, genderfluid, agender, culturally specific gender)** is a person who lives or identifies as a gender other than female, a gender other than male, a gender outside the binary, no gender, more than one gender, a culturally specific gender, or a gender that changes over time.
- Transgender** is a person who lives or identifies with a transgender history, experience, or identity.
- Questioning** is a person who may be unsure, may be exploring, or may not relate to or identify with a gender identity at this time.
- Client Doesn't Know**
- Client Refused**

**Pregnancy**  Yes\* (Due Date \_\_\_\_\_)  Client Doesn't Know  
 No  Client Refused

**Veteran** (Have you ever served in the U.S. Military?) 18 and over  
 Yes  Client Doesn't Know  
 No  Client Refused

**Relationship to Head of Household**  
 Self  Dependent Child  Other: Non-Family Member  
 Son  Spouse  
 Daughter  Other: Family Member

**Disabling Condition**  
 Yes  Client Doesn't Know  
 No  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)**

- 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

**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 \_\_\_\_\_

<b>Barriers:</b>			
	<b>Barrier Present</b>	<b>Condition is Indefinite</b>	
Alcohol Use Disorder	<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 Use Disorder	<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 Disorder	<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	
<b>Domestic Violence</b>			
<b>Domestic Violence Experience?</b>	<input type="checkbox"/> Yes (Answer questions below) <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<b>When Experience Occurred?</b>	<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	
<b>If yes, are you currently fleeing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<b>Financial Assessment</b>			
<b>Income Source</b>	<b>Stated Income (Monthly)</b>	<b>Non-Cash Resources</b>	<b>Stated Amounts (Monthly)</b>
<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 Nutrition Program for Women, Infants 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	\$		
<input type="checkbox"/> Other Income	\$		

Sexual Orientation			
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Questioning/Unsure	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Gay	<input type="checkbox"/> Bi-sexual	<input type="checkbox"/> Other: _____ (please describe)	<input type="checkbox"/> Client Refused
Contact			
Date of Contact ____ / ____ / ____			
Current Living Situation			
<b>Record the client's current living situation information below.</b>			
1. Living Situation:	<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"/> Other: _____ <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected		
2. Is client going to have to leave their current living situation within 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
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 refused	
4. Does 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 refused	
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 refused	
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 refused	
Record Contact			
Contact Service: _____ (Please list the service provided)			