

HMIS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
CM Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Project Entry Date / / \_

**Santa Barbara County HMIS Standard Intake - ADULT**

This form is designed to be completed by a service provider while interviewing a client.

A separate Standard Intake form should be completed for each member of the household.

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| **Household Information**  Is client:  Single Adult  Adult in Household  |
| **If checked Single Adult** | Go to Client Profile |
| **If checked Adult in Household** | Are you the Head of Household (HoH)? Yes No |
|  | If no, name of HoH: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | How many adults in household? \_\_\_\_\_\_\_\_\_\_\_\_ |
|  | How many children in household? \_\_\_\_\_\_\_\_\_\_ |
| **If you are in a household, what is your relationship to the HoH?** | Self (head of household) Head of household’s child  Head of household’s spouse or partner  Other: relation to head of household  Other: non-relation member |
| **Client Profile**  |
| **First Name** |  | **Middle** |
| **Last Name** |  |
| **Social Security Number** |  |
| **U.S. Military Veteran** |  Yes  No  |  Client Doesn’t Know Client Refused |

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| **Client Demographics**  |
| **Date of Birth** |  / /  |
| **Gender** |  Female  Male  Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male) | Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn’t Know  Client Refused |
| **Ethnicity** Non-Hispanic/Non-Latino Hispanic/Latino Client Doesn’t Know  Client Refused | **Race**American Indian or Alaska NativeAsian  Black or African American  |  Native Hawaiian or Other Pacific Islander White Client Doesn’t Know  Client Refused |
| **Housing Move In Date** |  / /  |

**Answer 3. 917A Living Situation questions if entering Street Outreach, Emergency Shelter, & Safe Haven.**

**Answer 3.917 B questions if entering any other program.**

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| **3. 917A Living Situation**  |
| **Type of Residence** | Homeless SituationPlace not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside) Emergency Shelter, including hotel or motel paid for with emergency shelter voucherSafe HavenInterim HousingInstitutional Situation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 Transitional & Permanent Housing SituationHotel or motel paid for without emergency shelter voucher Owned by client, no ongoing housing subsidy Owned by client, with ongoing housing subsidy Permanent housing (other than RRH) for formerly homeless personsRental by client, no ongoing subsidy Rental by client, with VASH subsidy Rental by client, with GPD TIP subsidy Rental by client, with other housing subsidy (including RRH)Residential project or halfway house with no homeless criteriaStaying or living in a family member’s room, apartment or houseStaying or living in a friend’s room, apartment or house Transitional housing with homeless persons (including homeless youth) Client doesn’t know Client refused  |
| **Length of stay in previous place:** |  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 |
| **Approximate date homelessness started:** |  / /  |
| **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 |
| **Total number of months homeless on the street, in ES, or SH in the past three years** |  One month (this time is the first month)2 34 56 78 910 1112 More than 12 monthsClient doesn’t know Client refused |

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| **3. 917B Living Situation**  |
| **Type of Residence** | Homeless SituationIf client is in homeless situation, complete 3.917A Living Situation (previous page)Institutional Situation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 Transitional & Permanent Housing SituationHotel or motel paid for without emergency shelter voucher Owned by client, no ongoing housing subsidy Owned by client, with ongoing housing subsidy Permanent housing (other than RRH) for formerly homeless persons Rental by client, no ongoing subsidy Rental by client, with VASH subsidy Rental by client, with GPD TIP subsidy Rental by client, with other housing subsidy (including RRH)Residential project or halfway house with no homeless criteriaStaying or living in a family member’s room, apartment or houseStaying or living in a friend’s room, apartment or house Transitional housing with homeless persons (including homeless youth) Client doesn’t know Client refused |
| **Length of stay in previous place:** |  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 |
| **If Institutional Situation, did you stay less than 90 days?****If answer is Yes, then answer:** | Yes No**On the night before did stay on the streets, ES or SH?** |
| **If Transitional/Permanent, did you stay less than 7 days?** **If answer is Yes, then answer:** | Yes No**On the night before did stay on the streets, ES or SH?** |
| **On the night before did stay on the streets, ES or SH?** | Yes No |
| **If Yes, then answer next 3 questions** |  |
| **Approximate date homelessness started:** | \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ |
| **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 |
| **Total number of months homeless on the street, in ES, or SH in the past three years.** |  One month (this time is the first month)2 34 56 7 | 8 910 1112 More than 12 monthsClient doesn’t know Client refused |

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| **Residence History**  |
| **Where did you first become homeless?** |  Santa Barbara County  Ventura County  San Luis Obispo County |  Kern County Other CA Out of State Data not collected |
| **Where was your most recent permanent address?** | Santa Barbara CountyVentura County  San Luis Obispo County |  Kern County Other CA Out of State Data not collected |
|  **How long have you lived in Santa Barbara County?** | 1 day – 30 days31 days – 6 months 6 months – 1 year 1 year – 5 years  5 – 10 years  |  More than 10 years Most/majority life Refuse to answer Data not collected |
| **What brought you to Santa Barbara County?** |  For a job/seeking work Friend/family are here  LGBTQ/Acceptance Was travelling/visiting and remained here |  To access homeless services and/or benefits To access VA services or clinics Grew up in Santa Barbara County Other Data not collected |
| **What is your current employment status?** |  Working  Not working or looking for work Looking for work  Unable to work  Data not collected |

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| **Monthly Income – Cash Benefits** |
| **Income from any source?** | Yes No Client doesn’t know Client refused |
| **Total monthly income:** | $  |
|  Alimony or Other Spousal Income $ **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Child Support $ **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Earned Income $ **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** General Assistance $ **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Other $ **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If Other specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pension or retirement from another job $ **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Private disability insurance $ **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  Retirement income from Social Security $ **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** SSDI $ **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** SSI $ **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** TANF $ **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Unemployment Insurance $ **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** VA Non-service connect disability pension $ **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** VA Service connected disability compensation $ **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Worker’s compensation $ **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Non-Cash Benefits** |
| **Income from any source?** | Yes No Client doesn’t know Client refused |
|  Supplemental nutrition assistance program (Food Stamps)  **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Special supplement nutrition program for WIC  **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  TANF-Child care services **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  TANF Transportation services **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Other TANF funded services **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Other Source If Other, specify: **Date start receiving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Health Insurance** |
| **Covered by health insurance?** | Yes No Client doesn’t know Client refused |
|  Medicaid Medicare State children’s health insurance program VA Medical Services Employer provided |  Private pay health plan State health insurance for adults Indian health services program Other SourceIf Other, specify:  |

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| **Disability** |
| **Does the client have a disabling condition?** |  Yes No |  Client Doesn’t Know  Client Refused |
| **If Yes, please complete the following for each disability type** |
| **Alcohol Abuse**  Yes  No Client Doesn’t Know Client Refused**Disability Start Date:** | Condition Long Term?If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? |  Yes  No Client Doesn’t Know Client Refused |
| **Both Alcohol & Drug Abuse**  Yes  No Client Doesn’t Know Client Refused**Disability Start Date:** | Condition Long Term?If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? |  Yes  No Client Doesn’t Know Client Refused |
| **Chronic Health Condition** Yes  No Client Doesn’t Know Client Refused**Disability Start Date:** | Condition Long Term?If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. |  Yes  No Client Doesn’t Know Client Refused |
| **Developmental** Yes  No Client Doesn’t Know Client Refused**Disability Start Date:** | Condition Long Term?If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. |  Yes  No Client Doesn’t Know Client Refused |
| **Drug Abuse** Yes  No Client Doesn’t Know Client Refused**Disability Start Date:** | Condition Long Term?If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. |  Yes  No Client Doesn’t Know Client Refused |
| **HIV/AIDS** Yes  No Client Doesn’t Know Client Refused**Disability Start Date:** | Condition Long Term?If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. |  Yes  No Client Doesn’t Know Client Refused |

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| **Disability** |
| **Mental Health Problem** Yes  No Client Doesn’t Know Client Refused**Disability Start Date:** | Condition Long Term?If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? |  Yes  No Client Doesn’t Know Client Refused |
| **Physical** Yes  No Client Doesn’t Know Client Refused**Disability Start Date:** | Condition Long Term?If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? |  Yes  No Client Doesn’t Know Client Refused |
| **Chronic Health Condition** Yes  No Client Doesn’t Know Client Refused**Disability Start Date:** | Condition Long Term?If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. |  Yes  No Client Doesn’t Know Client Refused |

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| **Domestic Violence Questions** |
| Domestic Violence Victim/Survivor |  Yes No |  Client Doesn’t Know  Client Refused |
| If yes, when did experience occur |  Within past three months Three months to six months ago One year or more ago |  Client doesn’t know Client refused |
| If yes, are you currently fleeing? |  Yes No |  Client Doesn’t Know  Client Refused |

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| **Veteran Information (SSVF Programs Only)** |
| **U.S. Military Veteran If yes, answer questions below** | Year Entered in MilitaryService (Year) \_\_\_\_\_\_\_\_\_\_\_ | Separated (Year)\_\_\_\_\_\_\_\_\_\_\_ |
|  **World War II** |  Yes  No |  Client Doesn’t Know Client Refused |
| **Korean War** |  Yes  No |  Client Doesn’t Know Client Refused |
|  **Vietnam War** |  Yes  No |  Client Doesn’t Know Client Refused |
| **Persian Gulf War** |  Yes  No |  Client Doesn’t Know Client Refused |
| **Afghanistan** |  Yes  No |  Client Doesn’t Know Client Refused |
| **Iraq (Iraqi Freedom)** |  Yes  No |  Client Doesn’t Know Client Refused |
| **Iraq (New Dawn)** |  Yes  No |  Client Doesn’t Know Client Refused |
| **Other Operations** |  Yes  No |  Client Doesn’t Know Client Refused |
| **Branch of Military** |  Army Air Force Navy  Marine |  Coast Guard Client Doesn’t Know Client Refused |
| **Discharge Status** |  Honorable General Under Honorable Conditions Under Other Than Honorable Conditions (OTH) Bad Conduct |  DishonorableUncharacterizedClient doesn’t knowClient Refused |

I, (Adult client or Head of Household) certify that the information I have provided here is true/correct to the best of my knowledge.

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| Print Name of Client | Signature of Client | Date |
| Print Name of Intake Worker | Signature of Intake Worker | Date |