

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 Housing  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 | |
| **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 Situation  If 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 Source  If 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 Military Service (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 |