

HMIS #
CM Name
Project Start Date / /

**Santa Cruz 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 you are in a household, what is your relationship to the HoH?** | HusbandWifeDaughterSonFather MotherSisterBrotherRoommateGrandchild | AuntUncleNieceNephewGrandparentSignificant OtherDomestic PartnerOtherStepdaughterStepson |
| **Client Profile**  |
| **Social Security Number** |  |  |
| **First Name** |  | **Middle** |
| **Last Name** |  |  |
| **Alias** (If multiple aliases, separate by commas) |  |
| **Quality of Name** |  Full Name Reported Partial, Street Name, or CodeName Reported |  Client Doesn’t Know Client Refused |
| **U.S. Military Veteran**(If Yes, complete Veteran Information below |  Yes No |  Client Doesn’t Know Client Refused |
| **Disabling Condition** |  Yes  No |  Client Doesn’t Know Client Refused |
| **Primary Phone Number** |  |  |

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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 |

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| **Veteran Information** |  |
| **U.S. Military Veteran If yes, answer questions below** | Year Entered in MilitaryService (Year) \_\_\_\_\_\_\_\_\_\_\_ | Separated (Year)\_\_\_\_\_\_\_\_\_\_\_ |
| **Theater of Operations: World War II** |  Yes  No |  Client Doesn’t Know Client Refused |
| **Theater of Operations:Korean War** |  Yes  No |  Client Doesn’t Know Client Refused |
|  **Theater of Operations:Vietnam War** |  Yes  No |  Client Doesn’t Know Client Refused |
| **Theater of Operations:Persian Gulf War** |  Yes  No |  Client Doesn’t Know Client Refused |
| **Theater of Operations:Afghanistan** |  Yes  No |  Client Doesn’t Know Client Refused |
| **Theater of Operations:Iraq (Iraqi Freedom)** |  Yes  No |  Client Doesn’t Know Client Refused |
| **Theater of Operations:Iraq (New Dawn)** |  Yes  No |  Client Doesn’t Know Client Refused |
| **Theater of Operations: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 |

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| **Complete Housing Move-In Date When Client Moves Into a Permanent Housing Unit**Reported The Housing Move-in Date is the date the client moves into a permanent housing unit while he or she is enrolled in a PH project. |
| **Housing Move-In Date** |  / /  |

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| **Date of Engagement** (Street Outreach or Night-by-Night Emergency Shelter) Record the date the client became ‘engaged’ in project services after one or more contacts with outreach or night-by-night shelter. |
| **Date of Engagement** |  / /  |

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| **Living Situation** |
| **Prior Street Address** |  |
|  **Prior City** |  |
| **Prior State** |  |  | **Prior Zip Code** |
| **Prior Address Data Quality** | Full Address ReportedIncomplete or Estimated Address Reported |  Client Doesn’t Know Client Refused |

**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 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 |
| If Institutional Situation, did you stay less than 90 days?**If answer is Yes, then answer:** | Yes No**On the night before - stayed on the streets, ES or Safe Haven** |
| If Transitional/Permanent, did you stay less than 7 days? **If answer is Yes, then answer:** | Yes No**On the night before - stayed on the streets, ES or Safe Haven** |
| 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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| **Disabling Conditions and Barriers** |
| **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 | Condition Long Term?If Yes, If the problem is expected to be of long-continued and indefinite duration and substantially impedes a client’s ability to live independently.  |  Yes  No Client Doesn’t Know Client Refused |
| **Drug Abuse**  Yes  No Client Doesn’t Know Client Refused | Condition Long Term?If Yes, If the problem is expected to be of long-continued and indefinite duration and substantially impedes a client’s ability to live independently. |  Yes  No Client Doesn’t Know Client Refused |
| **Both Alcohol & Drug Abuse** Yes  No Client Doesn’t Know Client Refused | Condition Long Term?If Yes, If the problem is expected to be of long-continued and indefinite duration and substantially impedes a client’s ability to live independently. |  Yes  No Client Doesn’t Know Client Refused |
| **Chronic Health Condition** Yes  No Client Doesn’t Know Client Refused | Condition Long Term?If Yes, If the problem is expected to be of long-continued and indefinite duration and substantially impedes a client’s ability to live independently. |  Yes  No Client Doesn’t Know Client Refused |
| **Developmental Disability** Yes  No Client Doesn’t Know Client Refused | Substantially Impairs Independence?If Yes, Expected to substantially impair ability to live independently. |  Yes  No Client Doesn’t Know Client Refused |

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| **Disabling Conditions and Barriers** |
| **Physical Disability** Yes  No Client Doesn’t Know Client Refused | Condition Long Term?If Yes, If the problem is expected to be of long-continued and indefinite duration and substantially impedes a client’s ability to live independently. |  Yes  No Client Doesn’t Know Client Refused |
| **HIV - AIDS**  Yes  No Client Doesn’t Know Client Refused | If Yes, Expected to substantially impair ability to live independently. |  Yes  No Client Doesn’t Know Client Refused |
| **Mental Health Problem** Yes  No Client Doesn’t Know Client Refused | Condition Long Term?If Yes, If the problem is expected to be of long-continued and indefinite duration and substantially impedes a client’s ability to live independently. |  Yes  No Client Doesn’t Know Client Refused |
| **Domestic Violence Victim/Survivor** Yes  No Client Doesn’t Know Client Refused | Last OccurrenceHow long ago did the person have the most recent experience? |  Within the past three months  Three to six months ago (excluding six months exactly) Six months to one year ago (excluding one year exactly) One year ago or more Client Doesn’t Know Client Refused |
| **Are You Currently Fleeing?** | Are you currently fleeing domestic violence? |  Yes  No Client Doesn’t Know Client Refused |

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| **Monthly Income – Cash Benefits** |
| **Income from any source?** | Yes No Client doesn’t know Client refused |
|  Earned Income $  Unemployment Insurance $  Worker’s Compensation $  Private Disability Insurance $  VA Service-Connected Disability Pension$  Social Security Disability InsuranceSSDI $  |  Supplemental Security Income SSI $  Retirement income from Social Security $  VA Non-service connect disability pension $  Pension or Retirement Income from a Former Job $  Temporary Assistance for Needy Families TANF $  General Assistance (GA) $  Alimony and Other Spousal Support $  Child Support $  Other Cash Income $ If Other Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Total Cash Income for Individual** | **TOTAL**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Non-Cash Benefits** |
| **Receiving Non-Cash Benefits?** | Yes No Client doesn’t know Client refused |
|  Supplemental Nutrition Assistance Program (SNAP) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) TANF Childcare Services  |  TANF Transportation Services Other TANF-Funded Services Other Non-Cash BenefitIf Other Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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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 Veteran’s Administration (VA) Medical Services Employer-Provided Health Insurance |  Health Insurance Obtained Through COBRA Private Pay Health Insurance State Health Insurance for Adults Indian Health Services Program Other Health InsuranceIf Other Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **Employment Status** |
| **Employed** |  Yes No |  Client Doesn’t Know  Client Refused |
| **If Yes, Type of Employment** |  Full-time Part-time Seasonal/Sporadic (including day labor) |
| **If No, Why Not Employed** |  Looking for work Unable to work Not looking for work |  |

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| **Last Grade Completed** |
| **Last Grade Completed** |  Less than Grade 5Grades 5-6Grades 7-8Grades 9-11Grade 12/ High school diplomaSchool program does not have grade levels | GEDSome collegeAssociate’s degreeBachelor’s degreeGraduate degreeVocational certification 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 |