

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 Code Name 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 Military Service (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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| **Prior 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 Prior 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, or RHY-funded Host Home shelter  Safe Haven  Institutional Situations  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 Situatio**n**   Residential project or halfway house with no homeless criteria  Hotel or motel Paid for without emergency shelter voucher  Transitional housing for homeless persons (including homeless youth)  Host Home (non-crisis)   Staying or living in a friend’s room, apartment or house  Staying or living in a family member’s room, apartment or house  Rental by client with GPD TIP housing subsidy  Rental by client, with VASH housing 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, 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  Other  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 Prior 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   Residential project or halfway house with no homeless criteria  Hotel or motel Paid for without emergency shelter voucher  Transitional housing for homeless persons (including homeless youth)  Host Home (non-crisis)   Staying or living in a friend’s room, apartment or house  Staying or living in a family member’s room, apartment or house  Rental by client with GPD TIP housing subsidy  Rental by client, with VASH housing 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, 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  Other  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/Domestic Violence** | | |
| **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** | | |
| **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 |
| **Developmental Disability** |  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 |
| **HIV - AIDS** |  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 |
| **Substance Abuse Problem**  No   Alcohol Abuse  Drug Abuse  Both Alcohol & Drug Abuse  Client Doesn’t Know  Client Refused | Condition Long Term?  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 Occurrence  How 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 Insurance SSDI $ |  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 Benefit  If 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 Insurance  If 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 |

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| **Contact Information** [Optional – can be entered in Location/Contact Tab] | | | |
| **Phone Number** |  | | |
| **Email** |  | | |
| **Current Address (if applicable)** |  | | |
| **City** |  | | |
| **State** |  |  | **Zip Code** |

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 |