

HMIS # _____ CM Name: _____ Project Entry Date: ____/____/____
----------------------------------------------------------------------

## Santa Barbara County HMIS -Standard Update

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.

### Client Profile

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

U.S. Military Veteran?  Yes  No  Client Doesn't Know  Client Refused

Housing Move-In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Monthly Income - Cash Benefits

Income from any source?

Yes |  No |  Client doesn't know |  Client refused || Total Monthly Income: \$ \_\_\_\_\_

Types of Income (Check if any)	Income Source Amount	Date start receiving:
<input type="checkbox"/> Alimony or Other Spousal Income (HUD)	\$ _____	____/____/____
<input type="checkbox"/> Child Support (HUD)	\$ _____	____/____/____
<input type="checkbox"/> Earned Income (HUD)	\$ _____	____/____/____
<input type="checkbox"/> General Assistance (HUD)	\$ _____	____/____/____
<input type="checkbox"/> Other (HUD)	\$ _____	____/____/____
<input type="checkbox"/> Pension or retirement from another job (HUD)	\$ _____	____/____/____
<input type="checkbox"/> Private disability insurance (HUD)	\$ _____	____/____/____
<input type="checkbox"/> Retirement income from Social Security (HUD)	\$ _____	____/____/____
<input type="checkbox"/> SSDI (HUD)	\$ _____	____/____/____
<input type="checkbox"/> SSI (HUD)	\$ _____	____/____/____
<input type="checkbox"/> TANF (HUD)	\$ _____	____/____/____
<input type="checkbox"/> Unemployment Insurance (HUD)	\$ _____	____/____/____
<input type="checkbox"/> VA Non-service connect disability pension (HUD)	\$ _____	____/____/____
<input type="checkbox"/> VA Service connected disability compensation (HUD)	\$ _____	____/____/____
<input type="checkbox"/> Worker's Compensation (HUD)	\$ _____	____/____/____

### Non-Cash Benefits

Non-cash benefit from any source?  Yes |  No |  Client doesn't know |  Client refused

Types of Non-Cash Benefits (Check if any)	Income Source Amount	Date start receiving:
<input type="checkbox"/> Supplemental nutrition assistance program (Food Stamps) (HUD)	\$ _____	_____/_____/_____
<input type="checkbox"/> Special supplement nutrition program for WIC (HUD)	\$ _____	_____/_____/_____
<input type="checkbox"/> TANF-Child care services (HUD)	\$ _____	_____/_____/_____
<input type="checkbox"/> TANF Transportation services (HUD)	\$ _____	_____/_____/_____
<input type="checkbox"/> Other TANF funded services (HUD)	\$ _____	_____/_____/_____
<input type="checkbox"/> Other Source (HUD)	\$ _____	_____/_____/_____

If Other, please specify:

### Health Insurance

Covered by Health Insurance?  Yes |  No |  Client doesn't know |  Client refused

Types of Health Insurance (Check if any)	Start Date receiving:
<input type="checkbox"/> Employer provided Health Insurance	_____/_____/_____
<input type="checkbox"/> Health Insurance Obtained through COBRA	_____/_____/_____
<input type="checkbox"/> Indian health services program	_____/_____/_____
<input type="checkbox"/> Medicare	_____/_____/_____
<input type="checkbox"/> Medicaid	_____/_____/_____
<input type="checkbox"/> Private pay health plan	_____/_____/_____
<input type="checkbox"/> State children's health insurance program	_____/_____/_____
<input type="checkbox"/> State health insurance for adults	_____/_____/_____
<input type="checkbox"/> VA Medical Services	_____/_____/_____
<input type="checkbox"/> Other Source	_____/_____/_____

If Other, please specify:

**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

**Disability Type / Disability Determination:**

**Alcohol Abuse (HUD):** \_\_\_\_\_

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 and Drug Abuse (HUD):** \_\_\_\_\_

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 (HUD):** \_\_\_\_\_

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 (HUD):** \_\_\_\_\_

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 (HUD):** \_\_\_\_\_

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 (HUD):** \_\_\_\_\_

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

**Mental Health Problem (HUD):** \_\_\_\_\_

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  Data not collected

**Physical (HUD):** \_\_\_\_\_

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

## Domestic Violence Questions

**Domestic Violence Victim/Survivor:**  Yes  No  Client Doesn't Know  Client Refused

**If yes, when did experience occurred:**

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

---

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

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Intake Worker

\_\_\_\_\_  
Signature of Intake Worker

\_\_\_\_\_  
Date