

HMIS #
CM Name
Project Start Date / /

**Santa Cruz County FEMA COVID-19 Intake**

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

A separate Intake form should be completed for each adult 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** |  |  |
| **Quality of SSN** |  Full SSN ReportedApproximate or partial SSN reported |  Client Doesn’t Know Client Refused |
| **First Name** |  | **Middle** |
| **Last Name** |  |  |
| **Quality of Name** |  Full Name Reported Partial, Street Name, or Code Name |  Client Doesn’t Know Client Refused |
| **Date of Birth** | \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy) |
| **Quality of DOB** |  Full DOB ReportedApproximate or partial DOB |  Client Doesn’t Know Client Refused |
| **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**White Black or African AmericanAsian American Indian or Alaska Native  |  Native Hawaiian or Other Pacific Islander Client Doesn’t Know  Client Refused |

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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 HavenInstitutional 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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| **Last or Current Permanent Address** |
| **Address** |  |
|  **City** |  | **County** |
| **State** |  |  | **Zip Code** |
| **Address Data Quality** | Full Address ReportedIncomplete or Estimated Address Reported |  Client Doesn’t Know Client Refused |

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| **Additional FEMA Questions** |
| **Cell Phone** |  |  Client Doesn’t Know  Client Refused |
| **Email Address** |  |  Client Doesn’t Know  Client Refused |
| **Pets in Household** |  Yes No |  Client Doesn’t Know  Client Refused |
| **Service Animal in Household** |  Yes No |  |  Client Doesn’t Know  Client Refused |
| **Access/Functional Needs Identified** |  Yes No |  |  Client Doesn’t Know  Client Refused |

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| **Disabling Condition** |
| **Does the client have a disabling condition?** |  Yes No |  Client Doesn’t Know  Client Refused |

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| **FEMA Data Collection** |
| **COVID-19 Screening Results for Qualifying Household Members** |  Asymptomatic Low Risk Asymptomatic High Risk |  COVID-19 Exposed COVID-19 Positive |
|  **Unit Name** |  |
| **Unit Type** |  Hotel/Motel Shelter Apartment |  |  Trailer Other |
| **Address** |  |  |  |
| **City** |  |  | **County** |
| **State** |  |  | **Zip Code** |