

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

Household Information

Is the client: Single Adult Adult in Household ****If Single Adult is checked Go to Client Profile.****

If Adult Household is checked:

Are you the Head of Household (HOH)? Yes No | If No, Name of HOH: _____

How many adults are in the household? _____ | How many children are in the 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 Name: _____ Last Name: _____

Social Security Number: ____ - ____ - _____

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

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 Prior Living Situation” questions if entering Street Outreach, Emergency Shelter, & Safe Haven.
 Answer “3.917 B Prior Living Situation” questions if entering any other program.**

3.917 A Prior Living Situation

Answer questions if entering Street Outreach, Emergency Shelter, & Safe Haven.

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) (HUD)
- Emergency shelter, incl. hotel/motel paid for w/ ES voucher, or RHY-funded Host Home shelter (HUD)
- Safe Haven (HUD)

Institutional Situation

- Foster care home or foster care group home (HUD) | Hospital or other residential non-psychiatric medical facility (HUD)
- Jail, prison or juvenile detention facility (HUD) | Long-term care facility or nursing home (HUD)
- Psychiatric hospital or other psychiatric facility (HUD) | Substance abuse treatment facility or detox center (HUD)

Temporary & Permanent Housing Situation

- Residential project or halfway house with no homeless criteria (HUD) | Hotel or motel paid for without emergency shelter voucher (HUD)
- Transitional housing with homeless persons (including homeless youth) (HUD) | Host Home (non-crisis) (HUD)
- Staying or living in a friend’s room, apartment or house (HUD) | Staying or living in a family member’s room, apartment or house (HUD)
- Rental by client, with GPD TIP housing subsidy (HUD) | Rental by client, with VASH housing subsidy (HUD)
- Permanent housing (other than RRH) for formerly homeless persons (HUD) | Rental by client, with RRH or equivalent subsidy (HUD)
- Rental by client, with HCV voucher (tenant or project based) (HUD) | Rental by client in a public housing unit (HUD)
- Rental by client, no ongoing subsidy (HUD) | Rental by client, with other housing subsidy (HUD)
- Owned by client, with ongoing housing subsidy (HUD) | Owned by client, no ongoing housing subsidy (HUD)

Other

- 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

Answer "3. 917A Prior Living Situation" questions if entering Street Outreach, Emergency Shelter, & Safe Haven.
 Answer "3.917 B Prior Living Situation" questions if entering any other program.

3.917 A Prior Living Situation

Answer questions if entering any other program.

Type of Residence:

Homeless Situation:

*****If client is in homeless situation, complete 3.917A " Prior Living Situation" (previous section)*****

Institutional Situation

- Foster care home or foster care group home (HUD) | Hospital or other residential non-psychiatric medical facility (HUD)
- Jail, prison or juvenile detention facility (HUD) | Long-term care facility or nursing home (HUD)
- Psychiatric hospital or other psychiatric facility (HUD) | Substance abuse treatment facility or detox center (HUD)

Temporary & Permanent Housing Situation

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- Rental by client, no ongoing subsidy (HUD) | Rental by client, with other housing subsidy (HUD)
- Owned by client, with ongoing housing subsidy (HUD) | Owned by client, no ongoing housing subsidy (HUD)

Other

- 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

If Institutional Situation, did you stay less than 90 days? Yes No

If answer is Yes, then answer: On the night before did you stay on the streets, ES or SH? Yes No

If Transitional/Temporary/Permanent, did you stay less than 7 days? Yes No

If answer is Yes, then answer: On the night before did you stay on the streets, ES or SH? Yes No

On the night before did stay on the streets, ES or SH? Yes No ***** If Yes, then answer the 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

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 years - 10 years
 More than 10 years | Most / Majority of life | Refused 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 | Looking for work | Not working or looking for work | Unable to work | Data not collected

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

Current Living Situation

Start Date: ____/____/____

End Date: ____/____/____

Information Date: ____/____/____

Homeless Situation:

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- Rental by client, no ongoing subsidy (HUD) | Rental by client, with other housing subsidy (HUD)
- Owned by client, with ongoing housing subsidy (HUD) | Owned by client, no ongoing housing subsidy (HUD)

Other

- Other | Worker unable to determine | Client doesn't know | Client refused

If "Other", Specify:

Current Living Situation (Continue on next page)

Current Living Situation (Continued)

*****This portion is for PROVIDER USE Only*****

Living situation verified by (Program Name): _____

Is client going to have to leave their current living situation within 14 days? Yes No Client Doesn't Know Client Refused
If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?' answer the following questions.

Has a subsequent residence been identified?

Yes No Client Doesn't Know Client Refused Data not collected

Does individual or family have resources or support networks to obtain other permanent housing?

Yes No Client Doesn't Know Client Refused Data not collected

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

Yes No Client Doesn't Know Client Refused Data not collected

Has the client moved 2 or more times in the last 60 days?

Yes No Client Doesn't Know Client Refused Data not collected

Location Details:

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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Korean War	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Vietnam War	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Persian Gulf War	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Afghanistan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Iraq (Iraqi Freedom)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Iraq (New Dawn)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Other Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> 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.

Print Name of Client

Signature of Client

Date

Print Name of Intake Worker

Signature of Intake Worker

Date