

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

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 B 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

- ☐ 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

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:

- ☐ 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)
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- ☐ 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)
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- ☐ 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 | ☐ 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:

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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