

HMIS # _____ CM Name: _____ Project Entry Date: ____/____/____
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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 use disorder(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 use disorder (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: ____/____/____

Drug use disorder (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: ____/____/____

Mental Health Disorder (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)
- 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 | 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:

Permanent Supportive Housing Programs Only

Well-Being

Client perceives their life has value and worth.

- Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree
 Client doesn't know Client refused

Client perceives they have support from others who will listen to problems.

- Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree
 Client doesn't know Client refused

Client perceives they have a tendency to bounce back after hard times.

- Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree
 Client doesn't know Client refused

Client's frequency of feeling nervous,tense,worried,frustrated,or afraid.

- Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree
 Client doesn't know Client refused

Moving on Assistance Provided: Date: ___/___/___

- Subsidized housing application assistance | Financial assistance for Moving On (e.g., security deposit, moving expenses) | Non-financial assistance for Moving On (e.g., housing navigation, transition support) |
 Housing referral/placement
 Other(please specify):_____

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