

Merced City & County CoC HMIS Standard Intake

This form is designed to be completed by a service provider while interviewing a client.
A separate Standard Intake should be completed for each member of the household.

HMIS # _____

CM Name: _____

Project Entry Date: ____/____/____

Household Information

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

If Adult in Household is checked: Are you the Head of Household (HoH)? Yes No

If No, Name of HoH: _____

How many adults in the household? _____ How many children in household? _____

If you are in a household, what is your relationship to the HoH?

<input type="checkbox"/> Self (head of household)	<input type="checkbox"/> Head of household's child	<input type="checkbox"/> Head of household's spouse or partner
<input type="checkbox"/> Other: relation to head of household	<input type="checkbox"/> Other: non-relation member	

Client Record & Demographics

First Name: _____ Middle Name: _____ Last Name: _____

Social Security Number: _____/_____/_____ **May collect last 4 numbers instead of all 9 numbers**

U.S Military Veteran?

Yes | No | Client doesn't know | Client prefers not to answer | Data not collected

Date of Birth: ____/____/____

Gender (select as many as applicable)

<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Culturally Specific	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Questioning
<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Transgender	<input type="checkbox"/> Different Identity: specify:	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected	

Race & Ethnicity:

<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Black, African American, or African	
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Hispanic/Latina/e/o	
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected

Additional Race & Ethnicity Details (optional):

Client Record & Demographics

Medi-Cal Member ID (optional): _____

Prior to experiencing your current loss of housing, did you live in Merced County?

- Yes, I was housed in Merced County**
- No, I lost my housing in another county in California**
If No, what was your Zip Code of Prior Residence: _____
- No, I lost my housing in another State**
If No, what was your Prior State: _____
- No, I lost my housing in another Country**
If No, what was your Prior Country: _____
- Yes, I was housed in Merced County**
- I am currently housed seeking other services**
- At risk of being homeless in Merced County**

Housing Move-In Date: ____/____/____
(leave data blank until client moves into housing)

3.917A Prior Living Situation

Answer if entering Street Outreach, Emergency Shelter, or Safe Haven
For all other Programs: Go to 3.917B on page 4

Type of Residence

Homeless Situation

- | |
|---|
| <input type="checkbox"/> Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway/airport or anywhere outside) |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter |
| <input type="checkbox"/> Safe Haven |

Institutional Setting

- | | |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Long-term care facility or nursing home |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, Prison, or juvenile detention facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |

Temporary Housing Situation

- | | |
|---|--|
| <input type="checkbox"/> Transitional housing for homeless persons (incl youth) | <input type="checkbox"/> Staying or living with friends, temporary tenure |
| <input type="checkbox"/> Residential project or halfway house, no homeless criteria | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Staying/living in a friend's room, apartment, house |
| <input type="checkbox"/> Host Home (non-crisis) | <input type="checkbox"/> Staying/living in a family member's room apartment, house |
| <input type="checkbox"/> Staying or living with family, temporary tenure | |

Permanent Housing Situation

- | | |
|---|---|
| <input type="checkbox"/> Staying or living with family, permanent tenure | <input type="checkbox"/> Rental by client, no ongoing housing subsidy |
| <input type="checkbox"/> Staying or living with friends, permanent tenure | <input type="checkbox"/> Rental by client, with ongoing housing subsidy* |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH | <input type="checkbox"/> Owned by client, with ongoing housing subsidy |
| | <input type="checkbox"/> Owned by client, no ongoing housing subsidy |

*If rental by client, with on-going housing subsidy, specify subsidy:

- | | |
|--|---|
| <input type="checkbox"/> GDP TIP housing subsidy | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> VASH housing subsidy | <input type="checkbox"/> Emergency Housing Voucher |
| <input type="checkbox"/> RRH or equivalent subsidy | <input type="checkbox"/> Family Unification Program Voucher (FUP) |
| <input type="checkbox"/> HCV voucher (tenant or project based, not dedicated) | <input type="checkbox"/> Foster Youth to Independent Initiative (FYI) |
| <input type="checkbox"/> Public housing unit | <input type="checkbox"/> Permanent Supportive Housing |
| <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons | |

Other

- | | |
|--|---|
| <input type="checkbox"/> Other | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |

Length of stay in previous place

- | | | |
|--|---|---|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> One year or longer | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> One week or more, but less than one month | | <input type="checkbox"/> Data not collected |

3.917A Prior Living Situation

Answer if entering Street Outreach, Emergency Shelter, or Safe Haven
Go to 3.917B for all other programs on page 4

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.

<input type="checkbox"/> One time	<input type="checkbox"/> Three times	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Two times	<input type="checkbox"/> Four or more times	<input type="checkbox"/> Client prefers not to answer	

Total **number of months** homeless on the streets, in ES, or SH in the past three years.

<input type="checkbox"/> One month (this is the 1 st month)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	
<input type="checkbox"/> More than 12 months	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected			

3.917B Prior Living Situation

Answer if entering Transitional Housing, any type of Permanent Housing, Services Only, Day Shelter, Homeless Prevention, or Coordinated Entry Project

If client is homeless, complete previous section (3.917A Living Situation). Do not complete this section

Institutional Setting

<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Jail, Prison, or juvenile detention facility	<input type="checkbox"/> Substance abuse treatment facility or detox center

Temporary Housing Situation

<input type="checkbox"/> Transitional housing for homeless persons (incl youth)	<input type="checkbox"/> Staying or living with friends, temporary tenure
<input type="checkbox"/> Residential project or halfway house, no homeless criteria	<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Staying/living in a friend's room, apartment, house
<input type="checkbox"/> Host Home (non-crisis)	<input type="checkbox"/> Staying/living in a family member's room apartment, house
<input type="checkbox"/> Staying or living with family, temporary tenure	

Permanent Housing Situation

<input type="checkbox"/> Staying or living with family, permanent tenure	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Staying or living with friends, permanent tenure	<input type="checkbox"/> Rental by client, with ongoing housing subsidy*
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
	<input type="checkbox"/> Owned by client, no ongoing housing subsidy

***If rental by client, with on-going housing subsidy, specify subsidy:**

<input type="checkbox"/> GDP TIP housing subsidy	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> VASH housing subsidy	<input type="checkbox"/> Emergency Housing Voucher
<input type="checkbox"/> RRH or equivalent subsidy	<input type="checkbox"/> Family Unification Program Voucher (FUP)
<input type="checkbox"/> HCV voucher (tenant or project based, not dedicated)	<input type="checkbox"/> Foster Youth to Independent Initiative (FYI)
<input type="checkbox"/> Public housing unit	<input type="checkbox"/> Permanent Supportive Housing
<input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons	

Other

<input type="checkbox"/> Other	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected

Length of stay in previous place

<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One year or longer	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> One week or more, but less than one month		<input type="checkbox"/> Data not collected

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

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

If answered Yes to either Institutional, Temporary or Permanent, then answer:

On the night before did you stay on the streets, ES, or SH? Yes No

3.917B Prior Living Situation

Answer if entering Transitional Housing, any type of Permanent Housing, Services Only, Day Shelter, Homeless Prevention, or Coordinated Entry Project

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.

<input type="checkbox"/> One time	<input type="checkbox"/> Three times	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Two times	<input type="checkbox"/> Four or more times	<input type="checkbox"/> Client prefers not to answer	

Total **number of months** homeless on the streets, in ES, or SH in the past three years.

<input type="checkbox"/> One month (this is the 1 st month)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/> More than 12 months	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	
	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected			

Monthly Income – Cash Benefits

Income from any source? If Yes, total monthly income: \$ _____

Yes | No | Client doesn't know | Client prefers not to answer | Data not collected

Income source (check all that apply)	Income Source Amount	Date Started Receiving
<input type="checkbox"/> Alimony or other spousal income	\$ _____	_____/_____/_____
<input type="checkbox"/> Child Support	\$ _____	_____/_____/_____
<input type="checkbox"/> Earned Income	\$ _____	_____/_____/_____
<input type="checkbox"/> General Assistance	\$ _____	_____/_____/_____
<input type="checkbox"/> Other	\$ _____	_____/_____/_____
<input type="checkbox"/> Pension or retirement from another job	\$ _____	_____/_____/_____
<input type="checkbox"/> Private disability insurance	\$ _____	_____/_____/_____
<input type="checkbox"/> Retirement income from Social Security	\$ _____	_____/_____/_____
<input type="checkbox"/> SSDI	\$ _____	_____/_____/_____
<input type="checkbox"/> SSI	\$ _____	_____/_____/_____
<input type="checkbox"/> TANF	\$ _____	_____/_____/_____
<input type="checkbox"/> Unemployment Insurance	\$ _____	_____/_____/_____
<input type="checkbox"/> VA Non-Service connect disability pension	\$ _____	_____/_____/_____
<input type="checkbox"/> VA Service connected disability compensation	\$ _____	_____/_____/_____
<input type="checkbox"/> Worker's Compensation	\$ _____	_____/_____/_____

Non-Cash Benefits

Non-cash benefits from any source?

Yes | No | Client doesn't know | Client prefers not to answer | Data not collected

Type of Benefit (check all that apply)	Income Source Amount	Date Started Receiving
<input type="checkbox"/> Supplemental nutrition assistance program	\$ _____	_____/_____/_____
<input type="checkbox"/> Special supplement nutrition program for WIC	\$ _____	_____/_____/_____
<input type="checkbox"/> TANF – Child care services	\$ _____	_____/_____/_____
<input type="checkbox"/> TANF – Transportation services	\$ _____	_____/_____/_____
<input type="checkbox"/> Other TANF funded services	\$ _____	_____/_____/_____
<input type="checkbox"/> Other Source	\$ _____	_____/_____/_____

If "Other Source", specify: _____

Health Insurance

Covered by Health Insurance?

Yes | No | Client doesn't know | Client prefers not to answer | Data not collected

Type of Health Insurance	State 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 Source", specify: _____

Disability

Does the client have a disabling condition?

Yes | No | Client doesn't know | Client prefers not to answer | Data not collected

Disability Type/Determination	Condition Long Term?	Disability Start Date
<p style="text-align: center;">Alcohol Use Disorder</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
<p style="text-align: center;">Both Alcohol & Drug Use Disorder</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
<p style="text-align: center;">Chronic Health Condition</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
<p style="text-align: center;">Developmental</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
<p style="text-align: center;">Substance Use Disorder</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
<p style="text-align: center;">HIV/AIDS</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
<p style="text-align: center;">Mental Health Disorder</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____
<p style="text-align: center;">Physical</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	____/____/____

Domestic Violence

Domestic Violence Survivor?

Yes | No | Client doesn't know | Client prefers not to answer | Data not collected

If Yes, when did experience occur?

Within past 3 months | 3-6 months ago | One year or more | Client doesn't know
 Client prefers not to answer
 Data not collected

If Yes, are you currently fleeing?

Yes | No | Client doesn't know | Client prefers not to answer | Data not collected

Current Living Situation

Information date (date of contact): _____/_____/_____

Homeless Situation

Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway/airport or anywhere outside)
 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter
 Safe Haven

Institutional Setting

<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Jail, Prison, or juvenile detention facility	<input type="checkbox"/> Substance abuse treatment facility or detox center

Temporary Housing Situation

<input type="checkbox"/> Transitional housing for homeless persons (incl youth)	<input type="checkbox"/> Staying or living with friends, temporary tenure
<input type="checkbox"/> Residential project or halfway house, no homeless criteria	<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Staying/living in a friend's room, apartment, house
<input type="checkbox"/> Host Home (non-crisis)	<input type="checkbox"/> Staying/living in a family member's room apartment, house
<input type="checkbox"/> Staying or living with family, temporary tenure	

Permanent Housing Situation

<input type="checkbox"/> Staying or living with family, permanent tenure	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Staying or living with friends, permanent tenure	<input type="checkbox"/> Rental by client, with ongoing housing subsidy*
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
	<input type="checkbox"/> Owned by client, no ongoing housing subsidy

*If rental by client, with on-going housing subsidy, specify subsidy:

<input type="checkbox"/> GDP TIP housing subsidy	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> VASH housing subsidy	<input type="checkbox"/> Emergency Housing Voucher
<input type="checkbox"/> RRH or equivalent subsidy	<input type="checkbox"/> Family Unification Program Voucher (FUP)
<input type="checkbox"/> HCV voucher (tenant or project based, not dedicated)	<input type="checkbox"/> Foster Youth to Independent Initiative (FYI)
<input type="checkbox"/> Public housing unit	<input type="checkbox"/> Permanent Supportive Housing
<input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons	

Other

<input type="checkbox"/> Other	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected

If Other, specify: _____

Current Living Situation
This section 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 prefers not to answer | Data not collected

If Yes, answer the following questions

Has a subsequent residence been identified?

Yes | No | Client doesn't know | Client prefers not to answer | Data not collected

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

Yes | No | Client doesn't know | Client prefers not to answer | Data not collected

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

Yes | No | Client doesn't know | Client prefers not to answer | Data not collected

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

Yes | No | Client doesn't know | Client prefers not to answer | Data not collected

Location details:

Date of Engagement

Emergency Shelter-NbN, Street Outreach, PATH, and Services only

Date of engagement: ____/____/____

Permanent Supportive Housing Programs Only

Well-Being

Client perceives their life has value and worth.

<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat agree
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected

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

<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat agree
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected

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

<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat agree
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected

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

<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat agree
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected

General Health

<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
<input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data not collected

Moving on Assistance Provided: Date: ____/____/____

<input type="checkbox"/> Subsidized housing application assistance	<input type="checkbox"/> Financial assistance for Moving On (e.g., security deposit, moving expenses)
<input type="checkbox"/> Non-financial assistance for Moving On (e.g., housing navigation, transition support)	<input type="checkbox"/> Housing referral/placement
<input type="checkbox"/> Other (please specify):	

Signatures

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