

# Merced City & County CoC HMIS Intake – Outreach

If the client is in a household, a separate Intake should be completed for each member.

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

Is this a Transitional Housing, Permanent Housing, Services Only, Day Shelter, Homeless Prevention, or Coordinated Entry Program?  
Use Merced HMIS Standard Intake form.

## 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**

**Is client entering a Transitional Housing, Permanent Housing, Services Only, Day Shelter, Homeless Prevention, or Coordinated Entry Project?**

**Use Merced HMIS Standard Intake.**

**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"/> <b>Rental by client, with ongoing housing subsidy*</b> |
| <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**

**Is client entering a Transitional Housing, Permanent Housing, Services Only, Day Shelter, Homeless Prevention, or Coordinated Entry Project?**  
**Use Merced HMIS Standard Intake.**

**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 <sup>st</sup> 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	

**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;"><b>Alcohol Use Disorder</b></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;"><b>Both Alcohol &amp; Drug Use Disorder</b></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;"><b>Chronic Health Condition</b></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;"><b>Developmental</b></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;"><b>Substance Use Disorder</b></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;"><b>HIV/AIDS</b></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;"><b>Mental Health Disorder</b></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;"><b>Physical</b></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 prefers not to answer |  Data not collected |  Client doesn't know

**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

- |   |
|---|
| <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          |
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| <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"/> <b>Rental by client, with ongoing housing subsidy*</b> |
| <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: \_\_\_\_\_

## Date of Engagement

### Emergency Shelter-Night by Night, Street Outreach, PATH, and Services only

**Date of engagement:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## 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.**

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**Print Name of Client**

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**Signature of Client**

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**Date**

---

**Print Name of Intake Worker**

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**Signature of Intake Worker**

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**Date**