

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 Record****

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?

☐ 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 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

<input type="checkbox"/> Female	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Male	<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/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"/> 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

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 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			

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
Alcohol Use Disorder <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	____/____/____
Both Alcohol & Drug Use Disorder <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	____/____/____
Chronic Health Condition <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	____/____/____
Developmental <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	____/____/____
Substance Use Disorder <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	____/____/____
HIV/AIDS <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	____/____/____
Mental Health Disorder <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	____/____/____
Physical <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?

<input type="checkbox"/> Within past 3 months	<input type="checkbox"/> 3-6 months ago	<input type="checkbox"/> One year or more	
<input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Data not collected	<input type="checkbox"/> 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

- ☐ 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"/> <u>Rental by client, with ongoing housing subsidy*</u> |
| <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.

_____	_____	_____
Print Name of Client	Signature of Client	Date
_____	_____	_____
Print Name of Intake Worker	Signature of Intake Worker	Date