

County of Santa Barbara HMIS Standard Intake – ADULT

This form is designed to be completed while interviewing a client:

- Complete a separate Standard Intake-Adult form for **each adult** in the household
- Complete a separate Standard Intake-Child form for **each child** in the household

HMIS # _____

CM Name: _____

Project Entry Date: ___/___/___

Household Information

Client is Single Adult Adult in Household

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

If No, Name of HoH: _____

Relationship to HoH:

- Self (Head of Household) Head of household's minor Child Head of household's Spouse or partner
 Other: relation member Other: non-relation member

How many adults (18+) in the household? _____ How many minor children in the household? _____

Client Profile

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

Social Security Number ____ -- ____ -- ____

Either collect all 9 or the last 4 numbers
If Client doesn't Know or Prefers not to answer enter 000-00-0000

Questions regarding **veteran status** on page 2

Client Demographics

Date of Birth: ____ / ____ / ____

Sex (*biological sex assigned at birth – see new HUD data element 4.21 for more details*)

- Female Male Client doesn't know Client prefers not to answer Data not Collected

Gender

- Woman (girl, if child) Culturally Specific Non-Binary Questioning
 Man (boy, if child) Transgender Different Identity, Specify: _____
 Client doesn't know Client prefers not to answer Data not Collected

Race & Ethnicity (check all that apply)

- American Indian, Alaska Native, or Indigenous Native Hawaiian or Pacific Islander
 Asian or Asian American White
 Black, African American, or African Client doesn't know
 Hispanic/Latina/o Client prefers not to answer
 Middle Eastern or North African Data not Collected

Additional Race & Ethnicity Details (Optional) _____

Housing Move-In Date: ____ / ____ / ____

Housing Move-In Date: Enter date client moves into permanent Housing. Leave blank until move-in.

Veteran Information

U.S. Military Veteran?

Yes* No Client doesn't know Client prefers not to answer Data not Collected

***If the client is a U.S. Veteran**, please complete the following, if not, please skip to next page

Year Entered Military Service (Year) _____ **Separated (Year)** _____

Did the client participate in any of the following theaters of operations?

- | | | | | | |
|----------------------|------------------------------|-----------------------------|--|---|---|
| World War II | <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 |
| Korean War | <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 |
| Vietnam War | <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 |
| Afghanistan | <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 |
| Iraq (Iraqi Freedom) | <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 |
| Iraq (New Dawn) | <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 |
| Other Operations | <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 |

Branch of Military

- Army Air Force Navy Marines Coast Guard Space Force
 Client doesn't know Client prefers not to answer Data not collected

Discharge Status

- | | |
|--|---|
| <input type="checkbox"/> Honorable | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> General under honorable conditions | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Under other than honorable conditions (OTH) | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Bad Conduct | |
| <input type="checkbox"/> Dishonorable | |
| <input type="checkbox"/> Uncharacterized | |

Prior Living Situation

Type of Residence – Where did the client stay last night?

Couch-surfing is not a HUD option. Please select the appropriate *temporary housing situation* for couch-surfing clients

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—Did you stay less than 90 days? Yes No

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, Prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home | <ul style="list-style-type: none"> <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center |
|---|--|

Temporary Housing Situation—Did you stay less than 7 days? Yes No

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Transitional housing for homeless persons (incl youth) <input type="checkbox"/> Residential project or halfway house, no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) | <ul style="list-style-type: none"> <input type="checkbox"/> Staying or living in a family member’s room apartment or house <input type="checkbox"/> Staying or living in a friend’s room, apartment or house |
|---|--|

Permanent Housing Situation—Did you stay less than 7 days? Yes No

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy* | <ul style="list-style-type: none"> <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:**

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based, not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy | <ul style="list-style-type: none"> <input type="checkbox"/> Housing Stability Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |
|---|--|

Other Housing situation

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Other <input type="checkbox"/> Client doesn’t know | <ul style="list-style-type: none"> <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected |
|--|--|

If answered “Yes” to any, Did you stay less than x days question,
On the night before did you stay on the stress, in ES or SH? Yes No

Length of Stay in Selected Housing Situation

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month | <ul style="list-style-type: none"> <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year | <ul style="list-style-type: none"> <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected |
|--|---|---|

Approximate Date THIS EPISODE of homelessness started _____ / _____ / _____

Prior Living Situation- Continued

Regardless of where the client stayed last night, how many times has the client been on the streets, Emergency Shelter or Safe Haven in the past three years including today?

- One Time Three Times Client doesn't know Data Not Collected
- Two Times Four Times or more times Client prefers not to answer

What is the total number of months the client has been homeless on the streets, in ES, or SH in the past three years? (This is the cumulative total months of all episodes of homelessness)

- 1 Month (this is the 1st Month) 2 3 4 5 6 7 8 9 10 11 12
- More than 12 months Client doesn't Know Client prefers not to answer Data not collected

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 6 months –1 Year 5 Years –10 years Most/Majority of life
- 31 days – 6 Months 1 year – 5 years More than 10 Years Refused to answer
- Data not Collected

What Brought you to Santa Barbara County?

- For a job/seeking work LGBTQ acceptance Was travelling /visiting and remained here
- Family/friends are here Access VA Services or clinics To access homeless services and/or benefits
- Natural Disaster 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

Domestic Violence

Are you a Domestic Violence Survivor?

- Yes No Client doesn't know Client prefers not to answer Data not Collected

If Yes, when did the experience occur?

- Within past 3 months 3-6 months ago 6 months to a year ago One year ago or longer
- Client doesn't know Client prefers not to answer Data not Collected

Are you a Currently Fleeing?

- Yes No Client doesn't know Client prefers not to answer Data not Collected

Monthly Income—Cash Benefits

Income from any source? *(if Yes, mark sources and enter amounts)*

- Yes
 No
 Client doesn't know
 Client prefers not to answer
 Data not Collected

Income Source	Amount	Income Source	Amount
<input type="checkbox"/> Alimony or other spousal income	\$	<input type="checkbox"/> SSDI	\$
<input type="checkbox"/> Child Support	\$	<input type="checkbox"/> SSI	\$
<input type="checkbox"/> Earned Income	\$	<input type="checkbox"/> TANF	\$
<input type="checkbox"/> General Assistance	\$	<input type="checkbox"/> Unemployment Insurance	\$
<input type="checkbox"/> Other	\$	<input type="checkbox"/> VA Non-Service connected disability pension	\$
<input type="checkbox"/> Pension or retirement from another job	\$	<input type="checkbox"/> VA Service-Connected Disability Compensation	\$
<input type="checkbox"/> Private disability Insurance	\$	<input type="checkbox"/> Workers Compensation	\$
<input type="checkbox"/> Retirement Income from Social Security	\$		

Non-Cash Benefits

Non-cash benefits from any source? *(if Yes, mark Benefit type(s))*

- Yes
 No
 Client doesn't know
 Client prefers not to answer
 Data not Collected

Type of Benefit	Type of Benefit
<input type="checkbox"/> Supplemental nutrition assistance program	<input type="checkbox"/> TANF – Transportation services
<input type="checkbox"/> Special supplement nutrition program for WIC	<input type="checkbox"/> Other TANF funded services
<input type="checkbox"/> TANF – Child care services	<input type="checkbox"/> Other Source*
	*Specify: _____

Health Insurance

Covered by health insurance? *(if Yes, mark insurance type(s))*

- Yes
 No
 Client doesn't know
 Client prefers not to answer
 Data not Collected

Type of Insurance	Type of Insurance
<input type="checkbox"/> Employer provided health insurance	<input type="checkbox"/> Private pay health plan
<input type="checkbox"/> Health insurance obtained through COBRA	<input type="checkbox"/> State children's health insurance program
<input type="checkbox"/> Indian Health Services program	<input type="checkbox"/> State Health insurance for adults
<input type="checkbox"/> Medicare	<input type="checkbox"/> VA Medical Services
<input type="checkbox"/> Medicaid (Select this for Medi-Cal)	<input type="checkbox"/> Other Insurance*
	*Specify: _____

Disability Information

Does the client have a disabling condition? *(if Yes, Complete applicable Sections below)*

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

Physical Disability

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

Is this condition long term?

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

Developmental Disability

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

Substance Use Disorder

No Alcohol use disorder Drug use disorder Both alcohol and drug use disorders
Client doesn't know Client prefers not to answer Data not Collected

Is this condition long term?

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

HIV Aids

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

Mental Health Disorder

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

Is this condition long term?

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

Chronic Health Condition

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

Is this condition long term?

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

Current Living Situation

Information Date (Date of Contact) _____ / _____ / _____

Type of Residence – Where will the client stay TONIGHT?

Note: This section is different from **Prior living situation** which refers to the client’s residence immediately before project entry

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

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, Prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home | <ul style="list-style-type: none"> <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center |
|---|--|

Temporary Housing Situation

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Transitional housing for homeless persons (incl youth) <input type="checkbox"/> Residential project or halfway house, no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) | <ul style="list-style-type: none"> <input type="checkbox"/> Staying or living in a family member’s room apartment or house <input type="checkbox"/> Staying or living in a friend’s room, apartment or house |
|---|--|

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Permanent Housing Situation

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy* | <ul style="list-style-type: none"> <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:**

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based, not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy | <ul style="list-style-type: none"> <input type="checkbox"/> Housing Stability Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |
|---|--|

Other Housing situation

- Other –Specify: _____
- Client doesn’t know
- Client prefers not to answer
- Data not collected

Living Situation verified by (program name) _____

Current Living Situation
This Sections is for PROVIDER USE only

Is the 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, Street Outreach, PATH, and Services Only

Date of engagement ____ / ____ / ____

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 prefers not to answer Data not Collected

Client perceives they have support from other who will listen to problems

- Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree
- Strongly agree Client doesn't know Client prefers not to answer Data not Collected

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 prefers not to answer Data not Collected

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 prefers not to answer Data not Collected

General Health

- Excellent Very Good Good Fair
- Poor Client doesn't know Client prefers not to answer Data not Collected

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 –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