

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?

<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

Branch:

Army | Airforce | Navy | Marines | Coast Guard | Space Force

<input type="checkbox"/> World War II	<input type="checkbox"/> Persian Gulf War	<input type="checkbox"/> Other
<input type="checkbox"/> Korean War	<input type="checkbox"/> Afghanistan	
<input type="checkbox"/> Vietnam War	<input type="checkbox"/> Iraq	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	

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
<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 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"/> 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