

HMIS Intake and Enrollment Form CoC/ESG/State & Private Funded

Client ID: _____
Project Name: _____
Staff Name: _____

For persons entering HMIS project type: Emergency Shelter

Also for persons entering CES Enrollment (reminder to collect the VI-SPDAT & Self-Sufficiency)

Returning Clients: Where did you go/stay when you left the last time you were here?

Identification-All fields required unless otherwise noted	
First Name: _____	Middle Name: _____
Last Name: _____	Suffix: _____
Name Data Quality: Did the client provide their full name?	
<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Partial, street name, or code name reported
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Social Security Number (SSN):	_____-_____-_____
<input type="checkbox"/> Full SSN reported	<input type="checkbox"/> Approximate or partial SSN reported
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Birth Date (DOB):	____/____/____
<input type="checkbox"/> Approximate or partial DOB reported	<input type="checkbox"/> Full DOB reported
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Basic Demographics-All fields required unless otherwise noted	
Race and Ethnicity (Check all that apply)	
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Asian or Asian American
<input type="checkbox"/> Black, African American, or African	<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	
Sex	
<input type="checkbox"/> Female	
<input type="checkbox"/> Male	
<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Client prefers not to answer	
Veteran Status (Have you ever served in the U.S. Military?)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Client does not know	<input type="checkbox"/> Client prefers not to answer
Mailing Address and Contact Information (Includes, not limited to, service organizations, access centers, emergency shelter, transitional housing, client residence)	
Address: _____	
City, State, Zip Code: _____	
Email: _____	
Main Phone: _____	
Message Phone: _____	
Name of Head of Household:	_____
Relationship to Head of Household	
<input type="checkbox"/> Self	<input type="checkbox"/> Son
<input type="checkbox"/> Daughter	<input type="checkbox"/> Dependent child
<input type="checkbox"/> Spouse	<input type="checkbox"/> Other Family Member
<input type="checkbox"/> Other Non-Family Member	
Project Start Date:	____/____/____

Universal Data Assessment	
Disabling Condition	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client does not know <input type="checkbox"/> Client prefers not to answer	
Living Situation: <i>Identify the type of residence and length of stay at that residence just prior to program admission</i>	
1. What was the situation you were living in immediately prior to project entry? (The night before)	
Literally Homeless	
<input type="checkbox"/> Place not meant for habitation: <input type="checkbox"/> Car/ Truck/Van <input type="checkbox"/> RV <input type="checkbox"/> Other <input type="checkbox"/> Emergency Shelter: including hotel or motel paid for with emergency shelter voucher or Host Home shelter <input type="checkbox"/> Safe Haven	
Institutional Situations	
<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 <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	
Temporary Housing	
<input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <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	
<input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy Subsidy Type: <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 <input type="checkbox"/> Emergency Housing 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 <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing subsidy	
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
2. Length of stay in prior living situation?	
<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 <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
3. Approximate date this episode of homelessness started: ____/____/____	
4. Regardless of where they stayed last night, number of times client has been on the streets, ES, or SH in the past three years including today?	
<input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
5. Total number of months homeless on the streets, in ES, or SH in the past three years?	
<input type="checkbox"/> One Month (this time is the first month) <input type="checkbox"/> 2-12 months (months) <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	

Financial Assessment	
Does client have any source of Income? <i>(If Yes, check all that apply)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client does not know <input type="checkbox"/> Client prefers not to answer	
Income Source	Monthly Amount
<input type="checkbox"/> Earned Income (employment wages/cash)	\$
<input type="checkbox"/> Unemployment Insurance	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	\$
<input type="checkbox"/> Private Disability Insurance	\$
<input type="checkbox"/> Workers Compensation	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$
<input type="checkbox"/> Pension of Retirement Income from a job	\$
<input type="checkbox"/> TANF (CalWorks)	\$
<input type="checkbox"/> General Assistance	\$
<input type="checkbox"/> Retirement (Social Security)	\$
<input type="checkbox"/> Child Support	\$
<input type="checkbox"/> Alimony	\$
<input type="checkbox"/> Other Income	\$
Does client have any Non-Cash Benefits? <i>(If Yes, check all that apply)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client does not know <input type="checkbox"/> Client prefers not to answer	
Non-Cash Benefits	Monthly Amount
<input type="checkbox"/> Special Supplemental Nutrition Program for Woman, Infants, and Children	\$
<input type="checkbox"/> Food Stamps (CalFresh) SNAP	\$
<input type="checkbox"/> CalWorks Childcare/TANF Childcare Services	\$
<input type="checkbox"/> CalWorks Transportation (TANF)	\$
<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$
<input type="checkbox"/> Other Sources	\$

****FOR COORDINATED ENTRY**** (Reminder to switch organization to Continuum of Care)	
Project Start Date:	____/____/____
Universal Data Assessment	
Disabling Condition	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
Living Situation: Identify the type of residence and length of stay at that residence just prior to program admission	
1. What was the situation you were living in immediately prior to project entry? (The night before)	
Literally Homeless	
<input type="checkbox"/> Place not meant for habitation: <input type="checkbox"/> Car/ Truck/Van <input type="checkbox"/> RV <input type="checkbox"/> Other <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home shelter <input type="checkbox"/> Safe Haven	
<i>*If selection made, continue to question 2, 3-5</i>	
Institutional Situations	
<input type="checkbox"/> Foster Care home or foster care group home <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Substance abuse treatment facility or detox center
<i>*If selection made, continue to question 1a</i>	
Temporary Housing	
<input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Staying or living in a family member's room, apartment or house	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment, or house
<i>*If selection made, continue to question 1b</i>	
Permanent Housing	
<input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy	
Subsidy Type:	
<input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> Public Housing Unit <input type="checkbox"/> Emergency Housing Voucher <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons	<input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Permanent Supportive Housing
<input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing subsidy	
<i>*If selection made, continue to question 1b</i>	
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
1a. Did you stay less than 90 days? (*Pertains to Institutional Situation)	
<input type="checkbox"/> Yes (Continue to questions 2-2a) <input type="checkbox"/> Client doesn't know	<input type="checkbox"/> No (Continue to question 2, then to Health Insurance) <input type="checkbox"/> Client prefers not to answer
1b. Did you stay less than 7 nights? (*Pertains to Transitional & Permanent Housing Situations)	
<input type="checkbox"/> Yes (Continue to questions 2-2a) <input type="checkbox"/> Client doesn't know	<input type="checkbox"/> No (Continue to question 2, then to Health Insurance) <input type="checkbox"/> Client prefers not to answer
2. Length of stay in prior living situation?	
<input type="checkbox"/> One night or less <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Two to six nights <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> One year or longer <input type="checkbox"/> Client prefers not to answer

2a. On the night before did you stay on the street, Emergency Shelter, or Safe Haven?	
<input type="checkbox"/> Yes <i>(Continue to questions 3-5)</i>	<input type="checkbox"/> No <i>(Continue to Health Insurance)</i>
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
3. Approximate date <i>this episode</i> of homelessness started: ____/____/____	
4. Regardless of where they stayed last night, number of times client has been on the streets, ES, or SH in the past three years including today?	
<input type="checkbox"/> One time	<input type="checkbox"/> Two times
<input type="checkbox"/> Three times	<input type="checkbox"/> Four or more times
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
5. Total number of months homeless on the streets, in ES, or SH in the past three years?	
<input type="checkbox"/> One Month (this time is the first month)	<input type="checkbox"/> 2-12 months (months)
<input type="checkbox"/> More than 12 months	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer	
Self Sufficiency Matrix (Enter completed matrix into HMIS)	
Triage Assessment	
Assessment Location?	Assessment Type?
<input type="checkbox"/> Stanislaus Community Care System	<input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> In Person
What is household type?	
<input type="checkbox"/> Without Children <input type="checkbox"/> With children only <input type="checkbox"/> With children & adults <input type="checkbox"/> Unknown household type	
Information Date: ____/____/____	Triage Assessment Collection Point: <input type="checkbox"/> Entry <input type="checkbox"/> Update <input type="checkbox"/> Exit
Current Living Situation	
1. Living Situation	
Literally Homeless	
<input type="checkbox"/> Place not meant for habitation: <input type="checkbox"/> Car/ Truck/Van <input type="checkbox"/> RV <input type="checkbox"/> Other	
<input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home shelter	
<input type="checkbox"/> Safe Haven	
<i>*If selection made, continue to Contact Service</i>	
Institutional Situations	
<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
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Substance abuse treatment facility or detox center
<i>*If selection made, continue to question 2</i>	
Temporary Housing	
<input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth)	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Host Home (non-crisis)
<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
<i>*If selection made, continue to question 2</i>	
Permanent Housing	
<input type="checkbox"/> Rental by client, with no ongoing housing subsidy	
<input type="checkbox"/> Rental by client, with other ongoing housing subsidy	
Subsidy Type:	
<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
<input type="checkbox"/> Emergency Housing 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	
<input type="checkbox"/> Owned by client, with ongoing housing subsidy	
<input type="checkbox"/> Owned by client, no ongoing subsidy	
<i>*If selection made, continue to question 2</i>	

