

# HMIS Intake and Enrollment Form

## SSVF/RRH/HP

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

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?

Full Name Reported                       Partial, street name, or code name reported  
 Client doesn't know                       Client prefers not to answer

**Social Security Number (SSN):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full SSN reported                       Approximate or partial SSN reported  
 Client doesn't know                       Client prefers not to answer

**Birth Date (DOB):** \_\_\_\_/\_\_\_\_/\_\_\_\_

Approximate or partial DOB reported                       Full DOB reported  
 Client doesn't know                       Client prefers not to answer

**Basic Demographics-All fields required unless otherwise noted**

**Race and Ethnicity (Check all that apply)**

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

**Sex**

Female  
 Male  
 Client doesn't know  
 Client prefers not to answer

**Veteran Status (Have you ever served in the U.S. Military?)**

Yes     No     Client does not know     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: \_\_\_\_\_

**Relationship to Head of Household**

Self     Son     Daughter     Dependent child  
 Spouse     Other Family Member     Other Non-Family Member

**Project Start Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Housing Move-In Date (All PH/RRH Only)** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Universal Data Assessment**

**Disabling Condition**

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

**Percent of AMI**     30% or less     31% to 50%     51% to 80%     81% or great

**VAMC Station Number**     612 N. California     Other

<b>Mental Health Consultation Status</b>	<input type="checkbox"/> Mental health consultation completed <input type="checkbox"/> Mental health consultation being coordinated/arranged with VA provider <input type="checkbox"/> Mental health consultation being coordinated/arranged with other provider <input type="checkbox"/> Offer declined
<b>Living Situation: <i>Identify the type of residence and length of stay at that residence just prior to program admission</i></b>	
<b>1. What was the situation you were living in immediately prior to project entry? (The night before)</b>	
<b>Literally Homeless</b>	
<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 voucher or Host Home Shelter <input type="checkbox"/> Safe Haven <i>*If selection made, continue to Contact Service</i>	
<b>Institutional Situation</b>	
<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>	
<b>Temporary Housing</b>	
<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"/> Transitional Housing for homeless persons (including homeless youth) <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>	
<b>Permanent Housing</b>	
<input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <b>Subsidy Type:</b> <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>	
Other: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>1a. Did you stay less than 90 days? (*Pertains to Institutional Situation)</b>	
<input type="checkbox"/> Yes (Continue to questions 2-2a) <input type="checkbox"/> No (Continue to question 2, then to Health Insurance) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer	
<b>1b. Did you stay less than 7 nights? (*Pertains to Transitional &amp; Permanent Housing Situations)</b>	
<input type="checkbox"/> Yes (Continue to questions 2-2a) <input type="checkbox"/> No (Continue to question 2, then to Health Insurance) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>2. Length of stay in prior living situation?</b>	
<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	
<b>2a. On the night before did you stay on the street, Emergency Shelter, or Save Haven?</b>	
<input type="checkbox"/> Yes (Continue to questions 3-5) <input type="checkbox"/> No (Continue to Health Insurance) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer	
<b>3. Approximate date this episode of homelessness started: ____/____/____</b>	
<b>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?</b>	
<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
<b>5. Total number of months homeless on the streets, in ES, or SH in the past three years?</b>	
<input type="checkbox"/> One Month (this time is the first month)	<input type="checkbox"/> 2-12 months ( <input type="text" value=""/> months)
<input type="checkbox"/> More than 12 months	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer	
<b>Health Insurance</b>	
<input type="checkbox"/> Yes (Select source) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>Health Insurance Sources (Check all that apply)</b>	
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> Medicare
<input type="checkbox"/> MEDICAID	<input type="checkbox"/> Health Net (Medi-Cal)-Adults
<input type="checkbox"/> Health Net (Medi-Cal)-Children	<input type="checkbox"/> State Kaiser (Medi-Cal)-Adults
<input type="checkbox"/> State Kaiser (Medi-Cal)-Children	<input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Adults
<input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Children	<input type="checkbox"/> State Children's Health Insurance (Medi-Cal)
<input type="checkbox"/> Veteran's Health Administration (VHA)	<input type="checkbox"/> Employer Provided Health Insurance
<input type="checkbox"/> Health Insurance obtained through COBRA	<input type="checkbox"/> State Funded Insurance for Adults (Medi-Cal)
<input type="checkbox"/> Indian Health Services Program (IHS)	<input type="checkbox"/> Other: _____
<b>Veteran's Information</b>	
<b>Branch of the Military</b>	
<input type="checkbox"/> Army	<input type="checkbox"/> Air Force
<input type="checkbox"/> Navy	<input type="checkbox"/> Marines
<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Space Force
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
<b>Discharge Status</b>	
<input type="checkbox"/> Honorable	<input type="checkbox"/> General under honorable conditions
<input type="checkbox"/> Under other than honorable conditions (OTH)	<input type="checkbox"/> Bad conduct
<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Uncharacterized
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
<b>Military Service Dates</b>	
<b>Service Entry Date:</b> ____/____/____	
<b>Service Exit Date:</b> ____/____/____	
<b>Theater of Operations</b>	
<input type="checkbox"/> 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"/> 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"/> Persian Gulf (Operation Desert Storm) <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"/> Afghanistan (Operation Enduring 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"/> Iraq (Operation 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"/> Iraq (Operation 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"/> Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) <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"/> 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	
<b>Connection with SOAR</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	



<b>Employment Assessment</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
<b>If Yes, Type of Employment</b>		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal/Sporadic (including any day labor)		
<b>If No, Why not employed?</b>		
<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work		
<b>Educational Assessment</b>		
<b>Last Grade Completed</b>		
<input type="checkbox"/> No School Completed	<input type="checkbox"/> School Program does not have grade levels	<input type="checkbox"/> Nursery School to 4 <sup>th</sup> Grade
<input type="checkbox"/> 5 <sup>th</sup> Grade or 6 <sup>th</sup> Grade	<input type="checkbox"/> 7 <sup>th</sup> Grade or 8 <sup>th</sup> Grade	<input type="checkbox"/> 9 <sup>th</sup> Grade
<input type="checkbox"/> 10 <sup>th</sup> Grade	<input type="checkbox"/> 11 <sup>th</sup> Grade	<input type="checkbox"/> 12 <sup>th</sup> Grade, No Diploma
<input type="checkbox"/> High school diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Post-Secondary school
Secondary Education:		
<input type="checkbox"/> Associate degree		
<input type="checkbox"/> Bachelor's degree		
<input type="checkbox"/> Master's degree		
<input type="checkbox"/> Doctorate degree		
<input type="checkbox"/> Other graduate/Professional degree		
<input type="checkbox"/> Vocational Certification/Certificate of advanced training or skilled artisan		
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
<b>HP Targeting Criteria-For (HP) Homeless Prevention Only (HoH Only)</b>		
<b>Is Homelessness Prevention targeting screener required?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Housing loss expected within...</b>		
<input type="checkbox"/> 1-6 days <input type="checkbox"/> 7-13 days <input type="checkbox"/> 14-21 days <input type="checkbox"/> More than 21 days		
<b>Current household income</b>		
<input type="checkbox"/> \$0 (i.e., not employed, not receiving cash benefits, no other current income)		
<input type="checkbox"/> 1-14% of Area Median Income (AMI) for household size		
<input type="checkbox"/> 15-30% of AMI for household size		
<input type="checkbox"/> More than 30% of AMI for household size		
<b>Past experience of homelessness (street/shelter/transitional housing) (any adult)</b>		
<input type="checkbox"/> Most recent episode occurred within the last year		
<input type="checkbox"/> Most recent episode occurred more than one year ago		
<input type="checkbox"/> None		
<b>Head of Household is not a current leaseholder/renter of unit</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Head of Household has never been a leaseholder/renter of unit</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Rental Evictions within the past 7 years (any adult)</b>		
<input type="checkbox"/> No prior rental eviction		
<input type="checkbox"/> 1 prior rental eviction		
<input type="checkbox"/> 2 or more prior rental evictions		
<b>Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Incarcerated as an adult (any adult in the household)</b>		
<input type="checkbox"/> Not incarcerated		
<input type="checkbox"/> Incarcerated once		
<input type="checkbox"/> Incarcerated two times or more		
<b>Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Registered sex offender (any household member)</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Head of Household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Currently pregnant (any household member)</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes		

<b>Single/parent guardian household with minor child(ren)</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Household includes one or more young children (age six or under), or a child who required significant care</b>	
<input type="checkbox"/> No <input type="checkbox"/> Youngest child is under 1-year-old	
<input type="checkbox"/> Youngest child ins 1 to 6 years old and/or one or more children (any age) require significant care	
<b>Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population.</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>HP applicant total points</b>	(HMIS generates score)
<b>Grantee targeting threshold score</b>	Enter Score: _____

**SSVF Services**

Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Assistance Obtaining VA Benefits**

- Educational Assistance
- Employment and Training Services
- Healthcare Services
- VA vocational and rehabilitation counseling

**Assistance obtaining/coordinating other public benefits**

- Childcare
- Daily living services
- Fiduciary and representative payee services
- Health care services
- Housing counseling
- Income support services
- Legal services-child support
- Legal services- eviction prevention
- Legal services-other:
- Legal services-outstanding fines and penalties
- Legal services-restore/acquire driver's license
- Personal financial planning services
- Transportation services

**Direct provision of other public benefits**

- Childcare
- Fiduciary and representative payee services
- Housing counseling
- Income support services
- Legal services-child support
- Legal services- eviction prevention
- Legal services-other \_\_\_\_\_
- Legal services-outstanding fines and penalties
- Legal services-restore/acquire driver's license
- Personal financial planning services
- Transportation services

**SSVF Financial Assistance**

Information Date:	Start Date	End Date	Amount
<input type="checkbox"/> Childcare			\$
<input type="checkbox"/> Emergency housing assistance			\$
<input type="checkbox"/> General housing stability asst emergency supplies			\$
<input type="checkbox"/> General housing stability asst other			\$
<input type="checkbox"/> Moving costs			\$
<input type="checkbox"/> Rental assistance			\$
<input type="checkbox"/> Security deposit			\$
<input type="checkbox"/> Transportation services: tokens/vouchers			\$
<input type="checkbox"/> Transportation services: vehicle repair/maintenance			\$
<input type="checkbox"/> Utility deposit			\$
<input type="checkbox"/> Utility fee payment assistance			\$

**Other (non-TFA) supportive service approved by VA**

Please specify: \_\_\_\_\_

**SSVF Services Provided**

- Case Management
- Outreach