

HMIS Intake Outreach

For persons entering HIMS project type: **Outreach**

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

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

Project Start Date:	____/____/____
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Date of Engagement	____/____/____
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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: <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 doesn't 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 doesn't 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 Child Care/TANF Child Care Services	\$
<input type="checkbox"/> CalWorks Transportation (TANF)	\$
<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$
<input type="checkbox"/> Other Sources	\$
Contact	
Date of Contact: ____/____/____	

Current Living Situation

Record the client's living situation information below

1. Living Situation

Literally Homeless

- Place not meant for habitation
 - Car/Truck/Van RV Other
- Emergency Shelter, including hotel voucher or Host Home Shelter
- Safe Haven

**If selection made, continue to Contact Service*

Institutional Situation

- Foster Care Home or Foster Care Group Home
- Jail, prison, or juvenile detention facility
- Psychiatric hospital or other psychiatric facility
- Hospital or other residential non-psychiatric medical facility
- Long-Term Care facility or nursing home
- Substance abuse treatment facility or detox center

**If selection made, continue to question 2*

Temporary Housing

- Residential project or halfway house with no homeless criteria
- Transitional Housing for homeless persons (including homeless youth)
- Staying or living in a family member's room apartment, or house
- Hotel or motel paid for without emergency shelter voucher
- Host Home (non-crisis)
- Staying or living in a friend's room, apartment, or house

**If selection made, continue to question 2*

Permanent Housing

- Rental by client, with no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy

Subsidy Type:

- GPD TIP housing subsidy
- RRRH or equivalent subsidy
- Public Housing Unit
- Emergency Housing Voucher
- Foster Youth to Independence Initiative (FYI)
- Other permanent housing dedicated for formerly homeless persons
- VASH housing subsidy
- HCV voucher (tenant or project based) (not dedicated)
- Rental by client, with other ongoing housing subsidy
- Family Unification Program Voucher (FUP)
- Permanent Supportive Housing

- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing subsidy

**If selection made, continue to question 2*

- Other: _____
- Client doesn't know
- Client prefers not to answer

1a. Did you stay less than 90 days? (*Pertains to Institutional Situation)

- Yes (Continue to questions 2-2a)
- No (Continue to question 2, then to Health Insurance)
- Client doesn't know
- Client prefers not to answer

1b. Did you stay less than 7 nights? (*Pertains to Transitional & Permanent Housing Situations)

- Yes (Continue to questions 2-2a)
- No (Continue to question 2, then to Health Insurance)
- Client doesn't know
- Client prefers not to answer

2. Is client going to have to leave their current living situation within 14 days?

- Yes (Continue to questions 3-6)
- No (Continue to Contact Service)
- Client doesn't know
- Client prefers not to answer

3. Has a subsequent residence been identified?

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

4. Does client or family have resources or support networks to obtain other permanent housing?

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

5. Has the client has a lease or ownership interest in a permanent housing unit in the last 60 days?

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

6. Has the client moves 2 or more times in the last 60 days?

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

Record Contact

Contact Services (Please list the service provided): _____