

HMIS # _____
Staff Name _____
Date Form Completed ____ / ____ / ____

Santa Cruz County Standard Intake - Client Profile

The service provider should complete this form while interviewing a client. *A separate Intake Client Profile is completed for each member of the household, including children.*

<p>1) Relationship to HoH (HUD)</p> <p><i>Single individuals are also heads of household (HoH). In multiple person households one person must be designated head of household</i></p> <p>1a) Relationship to HoH – Additional Detail</p>	<p><input type="checkbox"/> Self (HoH)</p> <p><input type="checkbox"/> Child of HoH</p> <p><input type="checkbox"/> Spouse/partner of HoH</p> <p><input type="checkbox"/> Relative member of household</p> <p><input type="checkbox"/> Non-relative member of household</p> <hr/> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Husband/Wife</p> <p><input type="checkbox"/> Son/Daughter</p> <p><input type="checkbox"/> Father/Mother</p> <p><input type="checkbox"/> Sister/Brother</p> <p><input type="checkbox"/> Roommate</p> <p><input type="checkbox"/> Grandchild</p> <p><input type="checkbox"/> Aunt/Uncle</p> <p><input type="checkbox"/> Niece/Nephew</p> <p><input type="checkbox"/> Grandparent</p> <p><input type="checkbox"/> Significant Other</p> <p><input type="checkbox"/> Domestic Partner</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Stepdaughter/Stepson</p>										
<p>2) Client Name</p> <p>Quality of Name</p>	<table border="1"> <tr> <td>First</td> <td>Middle</td> </tr> <tr> <td colspan="2">Last</td> </tr> <tr> <td colspan="2">Alias (if multiple, separate by commas)</td> </tr> <tr> <td><input type="checkbox"/> Full Name Reported</td> <td><input type="checkbox"/> Client Doesn't Know</td> </tr> <tr> <td><input type="checkbox"/> Partial Name or Nickname</td> <td><input type="checkbox"/> Client Refused</td> </tr> </table>	First	Middle	Last		Alias (if multiple, separate by commas)		<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Partial Name or Nickname	<input type="checkbox"/> Client Refused
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<p>3) Social Security Number (SSN)</p> <p><i>Please verify this SSN is the same as the one in HMIS.</i></p> <p>Quality of Social Security Number</p>	<table border="1"> <tr> <td> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td> <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Client Doesn't Know </td> </tr> <tr> <td> <input type="checkbox"/> Approximate or Partial SSN <input type="checkbox"/> Client Refused </td> </tr> </table>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Approximate or Partial SSN <input type="checkbox"/> Client Refused							
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<p>4) Date of Birth (DOB)</p> <p>Quality of Date of Birth</p>	<table border="1"> <tr> <td> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td> Month Day Year </td> </tr> <tr> <td> <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Client Doesn't Know </td> </tr> <tr> <td> <input type="checkbox"/> Approximate or Partial DOB <input type="checkbox"/> Client Refused </td> </tr> </table>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Month Day Year	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Approximate or Partial DOB <input type="checkbox"/> Client Refused						
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Client Name _____

Head of Household Name (if not Self) _____

<p>5) Gender</p> <p><i>Which of these genders best describes how the client identifies?</i></p>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused				
<p>6) Race (Required)</p> <p><i>What race or races best describe how the client identifies? Check all that apply</i></p>	<input type="checkbox"/> American Indian, Alaska Native, Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused				
<p>7) Ethnicity (Required)</p> <p><i>What ethnicity best describes how the client identifies?</i></p>	<input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused				
<p>8) Veteran Status</p> <p><i>Is the client a veteran of the US armed forces? Was he/she ever on active duty in the military?</i></p> <p><i>If the answer is "no", skip to the "Client Enrollment" section</i></p> <p><i>If the answer is "yes", COMPLETE questions 8 through 12.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused				
<p>9) Year Entered Military Service</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">Year</p>				
<p>10) Year Separated from Military Service</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">Year</p>				

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11) Theater of Operations Served:	<i>In what theater or theaters of operation was client active?</i>	
	World War II	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	Korean War	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	Vietnam War	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	Persian Gulf War (Desert Storm)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	Afghanistan (Operation Enduring Freedom)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	Iraq (Iraqi Freedom)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	Iraq (New Dawn)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	Other Operations 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 Refused
	Branch of Military	<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marine <input type="checkbox"/> Coast Guard <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	Discharge Status	<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 Refused

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