

Agency Name: _____



San Francisco ONE System: Minimum Program Intake

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

PROJECT START DATE [All Clients]

		/			/				
Month			Day			Year			

SOCIAL SECURITY NUMBER [All Clients]

			-			-			
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QUALITY OF SOCIAL SECURITY

<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

CURRENT NAME [All Clients]

CURRENT NAME																N/A		
Last																		<input type="radio"/>
First																		<input type="radio"/>
Middle																		<input type="radio"/>
Suffix																		<input type="radio"/>

QUALITY OF CURRENT NAME

<input type="radio"/>	Full name reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

DATE OF BIRTH [All Clients]

		/			/							Age: _____
Month			Day			Year						

QUALITY OF DATE OF BIRTH

<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

GENDER [All Clients]

<input type="radio"/>	Woman (Girl, if child)	<input type="radio"/>	Questioning
<input type="radio"/>	Man (Boy, if child)	<input type="radio"/>	Different Identity (<i>specify</i>):
<input type="radio"/>	Culturally Specific Identity (e.g., Two-Spirit)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Transgender	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Non-Binary	<input type="radio"/>	Data not collected

WHAT IS THE APPROPRIATE PRONOUN TO USE WHEN ADDRESSING THE CLIENT

<input type="radio"/> She/her	<input type="radio"/> Questioning
<input type="radio"/> He/him	<input type="radio"/> Different Identity (<i>specify</i>):
<input type="radio"/> They/Them	<input type="radio"/> Client doesn't know
<input type="radio"/>	<input type="radio"/> Client prefers not to answer
<input type="radio"/>	<input type="radio"/> Data not collected

WHAT IS THE CLIENT'S SELF DESCRIBED SEXUAL ORIENTATION OR SEXUAL IDENTITY
[All Clients over age 11]

<input type="radio"/> Straight / Heterosexual	<input type="radio"/> Questioning
<input type="radio"/> Bisexual	<input type="radio"/> Different Identity (<i>specify</i>):
<input type="radio"/> Gay / Lesbian / Same-Gender Loving	<input type="radio"/> Client doesn't know
<input type="radio"/>	<input type="radio"/> Client prefers not to answer
<input type="radio"/>	<input type="radio"/> Data not collected

RACE AND ETHNICITY (Select all applicable) [All Clients]

<input type="radio"/> American Indian, Alaska Native, or Indigenous	<input type="radio"/> Native Hawaiian or Pacific Islander
<input type="radio"/> Asian or Asian American	<input type="radio"/> White
<input type="radio"/> Black, African American, or African	<input type="radio"/> Client doesn't know
<input type="radio"/> Hispanic/Latina/e/o	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Middle Eastern or North African	<input type="radio"/> Data not collected

PRIMARY LANGUAGE

<input type="radio"/> English	<input type="radio"/> Korean
<input type="radio"/> Spanish	<input type="radio"/> Russian
<input type="radio"/> Chinese (Cantonese)	<input type="radio"/> Samoan
<input type="radio"/> Chinese (Mandarin)	<input type="radio"/> Tigrinya
<input type="radio"/> Filipino (Tagalog)	<input type="radio"/> Vietnamese
<input type="radio"/> Amharic	<input type="radio"/> American Sign Language (ASL)
<input type="radio"/> Arabic	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> French	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> Hindi	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> Japanese	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> Different Preferred Language (<i>specify</i>):	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

SECONDARY LANGUAGE

<input type="radio"/> English	<input type="radio"/> Korean
<input type="radio"/> Spanish	<input type="radio"/> Russian
<input type="radio"/> Chinese (Cantonese)	<input type="radio"/> Samoan
<input type="radio"/> Chinese (Mandarin)	<input type="radio"/> Tigrinya
<input type="radio"/> Filipino (Tagalog)	<input type="radio"/> Vietnamese
<input type="radio"/> Amharic	<input type="radio"/> American Sign Language (ASL)

<input type="radio"/> Arabic	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> French	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> Hindi	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> Japanese	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> Different Preferred Language (<i>specify</i>):	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

VETERAN STATUS [All Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

IF "YES" TO VETERAN STATUS

Year entered military service (year)	
Year separated from military service (year)	
Theater of Operations: World War II	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
Theater of Operations: Korean War	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
Theater of Operations: Vietnam War	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
Theater of Operations: Persian Gulf War (Desert Storm)	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
Theater of Operations: Iraq (Operation New Dawn)	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

Branch of the Military			
<input type="radio"/>	Army	<input type="radio"/>	Space Force
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
<input type="radio"/>	Coast Guard		
Discharge Status			
<input type="radio"/>	Honorable	<input type="radio"/>	Uncharacterized
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected
<input type="radio"/>	Dishonorable		

RELATIONSHIP TO HEAD OF HOUSEHOLD *[All Client Households]*

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child	<input type="radio"/>	Other: non-relation member
<input type="radio"/>	Head of household's spouse or partner		

ENROLLMENT CoC *[only if multiple CoC's]* _____

CLIENT CONTACT INFORMATION

PHONE NUMBER																			
SECONDARY NUMBER																			
EMERGENCY CONTACT:																			
EMERGENCY CONTACT PHONE NUMBER																			

CAAP/ Medi-Cal/ Calfresh:	<input type="radio"/>	No	<input type="radio"/>	Yes
CAAP Active Date:	____/____/____			
CAAP Eligibility Status:	<input type="radio"/>	FI – Fail/Ineligible	<input type="radio"/>	Client Doesn't Know
	<input type="radio"/>	PS – Pass/Eligible	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data Not Collected
CAAP Housing Status:				
CAAP Verification Date:				
CAAP Eligibility Date:				
CAAP Case ID:				
CAAP Program:				

PRIOR LIVING SITUATION
TYPE OF RESIDENCE *[Head of Household and Adults]*

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/>	Host Home (non-crisis)
<input type="radio"/>	Safe Haven	<input type="radio"/>	Staying or living in a friend's room, apartment, or house
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with ongoing housing subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Owned by client, with on-going housing subsidy
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Data not collected
IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:			
<input type="radio"/>	GPD TIP housing subsidy	<input type="radio"/>	Emergency Housing Voucher
<input type="radio"/>	VASH Housing subsidy	<input type="radio"/>	Family Unification Program Voucher (FUP)
<input type="radio"/>	RRH or equivalent subsidy	<input type="radio"/>	Foster Youth to Independence Initiative (FYI)
<input type="radio"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/>	Permanent Supportive Housing
<input type="radio"/>	Public Housing Unit	<input type="radio"/>	Other permanent housing dedicated for formerly homeless persons
<input type="radio"/>	Rental by client, with other ongoing housing subsidy		

LENGTH OF STAY IN PRIOR LIVING SITUATION

<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH] Conditional Question - Only ask if previous response program type is residential project or halfway house with no homeless criteria, hotel or motel paid for without emergency shelter voucher, transitional housing for homeless persons (including homeless youth), host home (non-crisis), staying or living in a friend's room, apartment or house, staying or living in a family member's room, apartment or house, rental by a client, with GPD TIP housing subsidy, rental by a client, with VASH housing subsidy, permanent housing (other than RRH) for formerly homeless persons, rental by client, with RRH or equivalent subsidy, rental by client, with HCV voucher (tenant or project based), rental by client in a public housing unit, rental by client, no ongoing subsidy, rental by client, with other ongoing subsidy, owned by client, with ongoing housing subsidy, owned by client, no ongoing housing subsidy)

<input type="radio"/> No	<input type="radio"/> Yes
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LENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situations] (Conditional – Only ask if response to Prior Living Situation is (Hospital or other residential non-psychiatric medical facility, jail, prison or juvenile detention facility, long-term care facility or nursing home, psychiatric hospital or other psychiatric facility, substances abuse treatment facility or detox center)

<input type="radio"/> No	<input type="radio"/> Yes
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ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults] (Conditional – Only ask if response to length of stay less than 7 nights or length of stay less than 90 days equals yes.)

<input type="radio"/> Yes	<input type="radio"/> No
Approximate Date This Episode of Homelessness Started	___/___/_____
Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years	
<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	
Total number of months homeless on the streets, ES, or Safe Haven in the last 3 years	
<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 2-12 months (specify number of months): _____	<input type="radio"/> Client prefers not to answer
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

LIFETIME LENGTH OF HOMELESSNESS IN SF
HAVE YOU EVER BEEN HOMELESS IN SAN FRANCISCO?
[Head of Household or Over the age of 17]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
If Yes:	
How many years:	Months:

LIFETIME LENGTH OF HOMELESSNESS OUTSIDE OF SF
HAVE YOU EVER BEEN HOMELESS OUTSIDE OF SAN FRANCISCO?

[Head of Household or Over the age of 17]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
How many years: <input type="text"/>	Months: <input type="text"/>

LAST PERMANENT ZIP CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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QUALITY OF ZIPCODE

<input type="radio"/> Full or Partial Zip Code Reported
<input type="radio"/> Client Doesn't Know
<input type="radio"/> Client prefers not to answer

DISABLING CONDITION *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

Signature of applicant stating all information is true and correct

Date