



Marin County Continuum of Care

Standard HMIS Adult Client Profile

Program Name: _____ Case Worker/Intake Person: _____ Program Start Date: _____

CLIENT PROFILE

Separate client profiles should be completed for each client who is **over** the age of 17 or the Head of Household. **Separate client profiles must be completed for children as well, but please be sure to use the Standard HMIS Child Client Profile form.**

1) Social Security Number (SSN)

Please verify this SSN is the same as the one in HMIS.

HUD CoC, HUD ESG, and PATH programs require the last 4 digits of the SSN.

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Quality of Social Security Number

- ☐ Full SSN Reported
☐ Approximate or Partial SSN

- ☐ Client doesn't know
☐ Client prefers not to answer
☐ Data Not Collected

2) Client Name

Client may provide preferred name. "Legal name" not required unless required by funder. However, it is always best practice to collect as much accurate and complete data from the client as possible.

First**Last****Middle****Suffix****Alias (if multiple, separate by commas)****Quality of Name**

- ☐ Full Name Reported
☐ Partial Name or Nickname

- ☐ Client doesn't know
☐ Client prefers not to answer
☐ Data Not Collected

3) Date of Birth (DOB)

			/			/					
Month				Day				Year			

Client Name _____

Head of Household Name (if not Self) _____

Quality of Date of Birth	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
4) Pronouns <i>If "Manual Entry" is chosen, a text line will appear where you can manually enter the participant's preferred pronouns.</i>	<input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Manual Entry: _____	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
5) Gender <i>Which of these genders best describes how the client identifies?</i>	<input type="checkbox"/> Woman (Girl if child) <input type="checkbox"/> Man (Boy if child) <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
6) Race and Ethnicity <i>What race(s) or ethnicity(ies) best describe how the client identifies? Check all that apply</i>	<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"/> Hispanic/Latina/e/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 <input type="checkbox"/> Data Not Collected
Open Race and Ethnicity Text <i>Enter any additional race or ethnicity information the client wishes to share.</i>	<i>For example, a person may identify as "Hispanic/Latina/e/o" based on the response options, but more specifically identifies as Puerto Rican.</i>	
7) Veteran Status [Adults only] <i>Is the client a veteran of the US armed forces? Were they ever on active duty in the military?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
If the answer is "No" to Veteran Status GO TO QUESTION 13-15. If "Yes" to Veteran Status, COMPLETE questions 8-15.		
8) Year Entered Military Service	<div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> Year	
9) Year Separated from Military Service	<div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> Year	
10) Theater of Operations Served:	<i>In what theater or theaters of operation was client active?</i>	

Client Name _____

Head of Household Name (if not Self) _____

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"/> Data Not Collected
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 <input type="checkbox"/> Data Not Collected
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"/> Data Not Collected
Persian Gulf War (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"/> Data Not Collected
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"/> Data Not Collected
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"/> Data Not Collected
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"/> Data Not Collected
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"/> Data Not Collected
10) Branch of Military	<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 <input type="checkbox"/> Data Not Collected
11) 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 prefers not to answer <input type="checkbox"/> Data Not Collected
12) Current Address	Street Address	Apartment #

Client Name _____

Head of Household Name (if not Self) _____

	City		State											
	Zip Code		Country											
	Housing Placement Notes													
	Anchor Out		<input type="checkbox"/> Yes <input type="checkbox"/> No											
13) Contact Information	Okay to Contact by Phone <input type="checkbox"/> Yes <input type="checkbox"/> No		Okay to Contact by Text <input type="checkbox"/> Yes <input type="checkbox"/> No											
	Cell Phone Number		Home Phone Number											
	Work Phone Number		Other Phone Number											
	Okay to Contact by Email <input type="checkbox"/> Yes <input type="checkbox"/> No		Email											
14) Partnership CIN	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													

Client Name_____

Head of Household Name (if not Self) _____