Marin County Continuum of Care

Standard HMIS Child Client Enrollment

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

CLIENT ENROLLMENT

Separate client enrollments should be completed for each child client *as long as they are not the Head of Household*. **A separate Enrollment Form must be completed for adult household members as well, but please be sure to use the Standard Adult Client Enrollment Form.**

1) Client Name	**First**	**Last**
Relationship to Head of Household	❏ Head of Household's child ❏ Head of Household's spouse or partner ❏ Head of Household's other relation member (other relation to Head of Household) ❏ Other: non-relation member	
2) Date of Program Enrollment *The date the client started being helped by the project (program); also called the project start date.*	[ ][ ] / [ ][ ] / [ ][ ][ ][ ] Month Day Year	

DISABLING CONDITIONS: A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.

1) Does the client currently have a disabling condition? *A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.* *This question is used with other information to determine if the client meets criteria for chronic homelessness.* **All questions in this section MUST be answered even if the answer is "no" to this question.**	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
2) Does the client have a Physical Disability?	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected

Client Name_____

Head of Household Name (if not Self) _____

If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
3) Does the client have a Developmental Disability?	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
4) Does the client have a Chronic Health Condition?	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
5) Does the client have HIV – AIDS?	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
6) Does the client have a Mental Health Disorder?	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
7) Does the client have any Substance Use Disorder?	❏ No ❏ Alcohol use disorder ❏ Drug use disorder ❏ Both Alcohol & Drug Abuse Use Disorders	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❏ Yes ❏ No	❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected

HEALTH INSURANCE

Currently covered by health insurance? *Is the client currently covered by health insurance?*	❏ Yes ❏ No ❏ Client doesn't know ❏ Client prefers not to answer ❏ Data Not Collected
If Yes, type(s) of insurance(s): *If the client is currently covered by multiple health insurances please select all that apply.*	❏ Medicaid (same as Medi-Cal) ❏ Medicare ❏ State Children's Health Insurance (CHIP) Program ❏ Veteran's Health Administration (VHA)

Client Name_____

Head of Household Name (if not Self) _____

❑ Employer-Provided Health Insurance

❑ Health Insurance Obtained Through COBRA

❑ Private Pay Health Insurance

❑ State Health Insurance for Adults

❑ Indian Health Services Program

❑ Other Health Insurance

If Other Specify: _____

Client Name_____

Head of Household Name (if not Self) _____