



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

Standard HMIS Adult Client Enrollment

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

CLIENT ENROLLMENT

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

1) Client Name	First	Last																		
Relationship to Head of Household	<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to Head of Household) <input type="checkbox"/> Other: non-relation member																			
2) Date of Program Enrollment <i>The date the client started being helped by the project (program); also called the project start date.</i>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td>Month</td> <td>Day</td> <td></td> <td>Year</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			/			/				Month	Day		Year						
		/			/															
Month	Day		Year																	
3) Translation Assistance Needed [Head of Household only] <i>Does the client need access to translation services?</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 Yes, Preferred Language(s): <i>If the client needs access to translation services, please select their preferred language(s).</i>	<input type="checkbox"/> American Sign Language <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Black American Sign Lanugage <input type="checkbox"/> Cantonese <input type="checkbox"/> Cape Verdean Creole <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Fijian <input type="checkbox"/> Filipino <input type="checkbox"/> French <input type="checkbox"/> Greek <input type="checkbox"/> Haitian	<input type="checkbox"/> Mixteco <input type="checkbox"/> Persian <input type="checkbox"/> Portuguese <input type="checkbox"/> Punjabi <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Taiwanese <input type="checkbox"/> Thai <input type="checkbox"/> Ukrainian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Different Preferred Language, please specify: _____																		

Client Name _____

Head of Household Name (if not Self) _____

	<input type="checkbox"/> Hindi <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Mandarin	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected																														
<p>4) Date of Engagement [Head of Household and Adults only]</p> <p><i>(Only Required for Street Outreach or Night-by-Night Emergency Shelter)</i></p> <p><i>The date the client was engaged.</i></p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> <tr> <td colspan="2">/</td> <td colspan="2">/</td> <td colspan="6"></td> </tr> <tr> <td colspan="2">Month</td> <td colspan="2">Day</td> <td colspan="6">Year</td> </tr> </table>											/		/								Month		Day		Year						
/		/																														
Month		Day		Year																												
<p>5) Housing Move-In Date [Head of Household only]</p> <p><i>(Only Required for Permanent Housing Projects)</i></p> <p><i>This is the date a client moves into a permanent housing situation while enrolled in Rapid Rehousing, Permanent Supportive Housing or Other Permanent Housing programs, even if the move-in date is the same as the project enrollment date.</i></p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> <tr> <td colspan="2">/</td> <td colspan="2">/</td> <td colspan="6"></td> </tr> <tr> <td colspan="2">Month</td> <td colspan="2">Day</td> <td colspan="6">Year</td> </tr> </table>											/		/								Month		Day		Year						
/		/																														
Month		Day		Year																												
<p>PRIOR LIVING SITUATION – ANSWER <u>ONLY ONE FULL SECTION</u>: A or B or C [Head of Household and Adults only]</p>																																
<p>Type of Residence <u>A – Homeless Living Situations</u></p> <p><i>What was the client's living situation the night before enrolling in the project?</i></p> <p><i>Ask the client "where did you stay or sleep last night"?</i></p>	<input type="checkbox"/> Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside) <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter <input type="checkbox"/> Safe Haven																															
<p>Length of Stay in Prior Living Situation</p>	<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 <input type="checkbox"/> Data Not Collected																														
<p>Approximate date <u>this episode</u> of homelessness started:</p> <p><i>When was the date the current homeless situation began?</i></p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> <tr> <td colspan="2">/</td> <td colspan="2">/</td> <td colspan="6"></td> </tr> </table>											/		/																		
/		/																														

Client Name _____

Head of Household Name (if not Self) _____

<p><i>A break in homelessness is defined as being in any permanent or temporary housing situation for 7 consecutive nights or more, or spending 90 days or more in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).</i></p>		
<p>Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u></p>	<p><input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Three Times</p>	<p><input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected</p>
<p>Total number of <i>months</i> client has been homeless on the streets or in Emergency Shelter in the <u>last three years</u></p>	<p><input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2 months <input type="checkbox"/> 7 months <input type="checkbox"/> 3 months <input type="checkbox"/> 8 months <input type="checkbox"/> 4 months <input type="checkbox"/> 9 months <input type="checkbox"/> 5 months <input type="checkbox"/> 10 months <input type="checkbox"/> 6 months <input type="checkbox"/> 11 months</p>	<p><input type="checkbox"/> 12 months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected</p>
<p>Type of Residence <u><i>B – Institutional Living Situations</i></u></p> <p><i>What was the client's living situation the night before enrolling in the project?</i></p> <p><i>Ask the client "where did you stay or sleep last night"?</i></p>	<p><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</p>	
<p>Length of Stay in Prior Living Situation</p>	<p><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</p>	<p><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 <input type="checkbox"/> Data Not Collected</p>
<p>Was the length of stay less than 90 days?</p> <p><i>If the response is "No," STOP here and skip down to the Disability section.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the institutional situation?</p> <p><i>If the response is "No," STOP here and skip down to the Disability section.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Client Name _____

Head of Household Name (if not Self) _____

<p><i>If the response is "Yes," please answer the following questions below:</i></p>												
<p>Approximate date <u>this episode</u> of homelessness started:</p> <p><i>When was the date the current homeless situation began?</i></p> <p><i>A break in homelessness is defined as being in any permanent or temporary housing situation for 7 consecutive nights or more, or spending 90 days or more in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).</i></p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <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>			/			/					
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<p>Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u></p>	<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 <input type="checkbox"/> Data Not Collected										
<p>Total number of <i>months</i> client has been homeless on the streets or in Emergency Shelter in the <u>last three years</u></p>	<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2 months <input type="checkbox"/> 7 months <input type="checkbox"/> 3 months <input type="checkbox"/> 8 months <input type="checkbox"/> 4 months <input type="checkbox"/> 9 months <input type="checkbox"/> 5 months <input type="checkbox"/> 10 months <input type="checkbox"/> 6 months <input type="checkbox"/> 11 months	<input type="checkbox"/> 12 months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected										
<p>Type of Residence <u>C – Transitional OR Permanent Housing Living Situations</u></p> <p><i>What was the client's living situation the night before enrolling in the project?</i></p> <p><i>Ask the client "where did you stay or sleep last night"?</i></p>	<p>Temporary Housing Situations</p> <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 friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <p>Permanent Housing Situations</p> <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	<p>Other</p> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected										
<p>Rental Subsidy Type: <i>If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.</i></p>	<input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy											

Client Name _____

Head of Household Name (if not Self) _____

	<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 (EHV) <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											
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 <input type="checkbox"/> Data Not Collected										
Was the length of stay less than 7 nights? <i>If the response is "No," STOP here and skip down to the Disability section.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No											
If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the transitional or permanent placement? <i>If the response is "No," STOP here and skip down to the Disability section.</i> <i>If the response is "Yes," please answer the following questions below:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No											
Approximate date <u>this episode of homelessness</u> started: <i>When was the date the current homeless situation began?</i> <i>A break in homelessness is defined as being in any permanent or temporary housing situation for 7 consecutive nights or more, or spending 90 days or more in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).</i>	<table border="1" style="width: 100%; text-align: center;"> <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> <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> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			/			/					
		/			/							

Client Name _____

Head of Household Name (if not Self) _____

<p>Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u></p>	<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 <input type="checkbox"/> Data Not Collected
<p>Total number of months client has been homeless on the streets or in Emergency Shelter in the last three years</p>	<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2 months <input type="checkbox"/> 7 months <input type="checkbox"/> 3 months <input type="checkbox"/> 8 months <input type="checkbox"/> 4 months <input type="checkbox"/> 9 months <input type="checkbox"/> 5 months <input type="checkbox"/> 10 months <input type="checkbox"/> 6 months <input type="checkbox"/> 11 months	<input type="checkbox"/> 12 months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>DISABLING CONDITIONS: A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.</p>		
<p>1) Does the client currently have a disabling condition? <i>A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.</i> <i>This question is used with other information to determine if the client meets criteria for chronic homelessness.</i> All questions in this section MUST be answered even if the answer is "no" to this question.</p>	<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
<p>2) Does the client have a Physical Disability?</p>	<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
<p>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</p>	<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
<p>3) Does the client have a Developmental Disability?</p>	<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
<p>4) Does the client have a Chronic Health Condition?</p>	<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
<p>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</p>	<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

Client Name _____

Head of Household Name (if not Self) _____

<p>5) Does the client have HIV – AIDS?</p>	<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
<p>6) Does the client have a Mental Health Disorder?</p> <p>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</p>	<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
<p>7) Does the client have any Substance Use Disorder?</p> <p>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</p>	<input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both Alcohol & Drug Abuse Use Disorders	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
	<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

DOMESTIC VIOLENCE [Head of Household and Adults only]

<p>1) Survivor of Domestic Violence</p> <p><i>Ask the client "Have you ever experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions against you or a member of your family, including a child, that has happened in the place you were living?"</i></p> <p>If the answer is "no", skip to "Monthly Income – Cash Benefits" section.</p> <p>If the answer is "yes", COMPLETE questions 2 and 3.</p>	<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
<p>2) Most Recent Occurrence</p> <p><i>Ask the client "How long ago was your most recent experience of domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions?"</i></p>	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> Six months to one year ago (excluding one year exactly) <input type="checkbox"/> One year ago or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>3) Current Status</p> <p><i>Ask the client "Are you currently fleeing, or attempting to flee, the domestic violence situation, or are you afraid to return to the place you are living?"</i></p>	<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

Client Name _____

Head of Household Name (if not Self) _____

MONTHLY INCOME – CASH BENEFITS [Head of Household and Adults only]

Current income from any source?

Is the client currently receiving any income from any source?

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

Specify the type(s) and amount(s) of income the client currently receives.

Only regular, recurrent sources that are current today should be included. Income received for a minor (under 18 years old) member of the household (e.g., SSI) should be recorded with the HoH's information.

DO NOT include income received by other adults (18 years and older) in the household; record their income on their Enrollment form.

- Earned Income \$ _____
 Unemployment Insurance \$ _____
 Supplemental Security Income SSI \$ _____
 Social Security Disability Insurance SSDI \$ _____
 VA Service-Connected Disability Pension \$ _____
 VA Non-service connect disability pension \$ _____
 Private Disability Insurance \$ _____
 Worker's Compensation \$ _____
 Temporary Assistance for Needy Families TANF/CalWORKs \$ _____
 General Assistance (GA) \$ _____
 Retirement income from Social Security \$ _____
 Pension or Retirement Income from a Former Job \$ _____
 Child Support \$ _____
 Alimony and Other Spousal Support \$ _____
 Other Cash Income \$ _____
 If Other Specify: _____

Total Monthly Cash Income for Individual

TOTAL: \$ _____

NON-CASH BENEFITS [Head of Household and Adults only]

Currently receiving Non-Cash Benefits?

Is the client currently receiving one of the non-cash benefits listed below?

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

If Yes, indicate all the non-cash benefits the client is receiving:

Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's information.

- Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh
 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 TANF/CALWORKS Childcare Services
 TANF/CALWORKS Transportation Services
 Other TANF/CALWORKS-Funded Services
 Other Non-Cash Benefit

Client Name _____

Head of Household Name (if not Self) _____

DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Enrollment form.

If Other Specify: _____

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)
 - 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: _____

SEXUAL ORIENTATION [Head of Household and Adults only]

Data collection of this field is only required for the following federally funded programs: HUD: CoC – Permanent Supportive Housing, HUD: CoC – Youth Homelessness Demonstration Program (YHDP), and RHY programs.

What is the client's sexual orientation?

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Questioning/Unsure
- Other (please specify)

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

Client Name _____

Head of Household Name (if not Self) _____