



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.**

<b>1) Client Name</b>	<b>First</b>	<b>Last</b>																		
<b>Relationship to Head of Household</b>	<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																			
<b>2) Date of Program Enrollment</b>  <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																	
<b>3) Translation Assistance Needed [Head of Household only]</b>  <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																			
<b>If Yes, Preferred Language(s):</b>  <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																														
<b>4) Date of Engagement</b> [Head of Household and Adults only]  <i>(Only Required for Street Outreach or Night-by-Night Emergency Shelter)</i>  <i>The date the client was engaged.</i>	<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																												
<b>5) Housing Move-In Date</b> [Head of Household only]  <i>(Only Required for Permanent Housing Projects)</i>  <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>	<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						
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<b>PRIOR LIVING SITUATION – ANSWER <u>ONLY ONE FULL SECTION: A or B or C</u></b> [Head of Household and Adults only]																																
<b>Type of Residence</b> <u><b>A – Homeless Living Situations</b></u>  <i>What was the client's living situation the night before enrolling in the project?</i>  <i>Ask the client "where did you stay or sleep last night"?</i>	<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																															
<b>Length of Stay in Prior Living Situation</b>	<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																														
<b>Approximate date <u>this episode</u> of homelessness started:</b>  <i>When was the date the current homeless situation began?</i>	<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>											/		/																		
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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><b>Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u></b></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><b>Total number of <i>months</i> client has been homeless on the streets or in Emergency Shelter in the <u>last three years</u></b></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><b>Type of Residence <u><i>B – Institutional Living Situations</i></u></b></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><b>Length of Stay in Prior Living Situation</b></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><b>Was the length of stay less than 90 days?</b></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><b>If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the institutional situation?</b></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 \_\_\_\_\_

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	<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											
<p><b>Length of Stay in Prior Living Situation</b></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><b>Was the length of stay less than 7 nights?</b></p> <p><i>If the response is "No," STOP here and skip down to the Disability section.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No											
<p><b>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?</b></p> <p><i>If the response is "No," STOP here and skip down to the Disability section.</i></p> <p><i>If the response is "Yes," please answer the following questions below:</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No											
<p><b>Approximate date <u>this episode of homelessness</u> started:</b></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="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> <td style="width: 20px;"> </td> </tr> </table>			/			/					
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<p><b>Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u></b></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><b>Total number of months client has been homeless on the streets or in Emergency Shelter in the last three years</b></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><b>DISABLING CONDITIONS:</b> A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.</p>		
<p><b>1) Does the client currently have a disabling condition?</b>  <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>   <b>All questions in this section MUST be answered even if the answer is "no" to this question.</b></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><b>2) Does the client have a Physical Disability?</b></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"/> 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  <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p><b>3) Does the client have a Developmental Disability?</b></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><b>4) Does the client have a Chronic Health Condition?</b></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"/> 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  <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
<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

**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><b>If the answer is "no", skip to "Monthly Income – Cash Benefits" section.</b></p> <p><b>If the answer is "yes", COMPLETE questions 2 and 3.</b></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) \_\_\_\_\_





