



A Tradition of Stewardship  
A Commitment to Service

Napa County Continuum of Care

**HMIS Adult Client Profile**  
**CalAIM Providers (Napa County & ILS)**

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 CalAIM HMIS Child Client Profile form.**

<p><b>1) Social Security Number (SSN)</b></p> <p><i>Please verify this SSN is the same as the one in HMIS.</i></p> <p><i>HUD CoC, HUD ESG, and PATH programs require the last 4 digits of the SSN.</i></p>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>					-																		
				-																				
<p><b>Quality of Social Security Number</b></p>	<input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or Partial SSN	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected																						
<p><b>2) Client Name</b></p> <p><i>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.</i></p>	<p><b>First</b></p>	<p><b>Last</b></p>																						
	<p><b>Middle</b></p>	<p><b>Suffix</b></p>																						
	<p><b>Alias (if multiple, separate by commas)</b></p>																							
<p><b>Quality of Name</b></p>	<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial Name or Nickname	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected																						
<p><b>3) Date of Birth (DOB)</b></p>	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">Month</td> <td colspan="3">Day</td> <td colspan="5">Year</td> </tr> </table>				/			/						Month			Day			Year				
		/			/																			
Month			Day			Year																		

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

<p><b>Quality of Date of Birth</b></p>	<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				
<p><b>4) Pronouns</b> <i>If "Manual Entry" is chosen, a text line will appear where you can manually enter the participant's preferred pronouns.</i></p>	<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				
<p><b>5) Gender</b> <i>Which of these genders best describes how the client identifies?</i></p>	<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				
<p><b>6) Race and Ethnicity</b> <i>What race(s) or ethnicity(ies) best describe how the client identifies? Check all that apply</i></p>	<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				
<p><b>Open Race and Ethnicity Text</b> <i>Enter any additional race or ethnicity information the client wishes to share.</i></p>	<p><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></p>					
<p><b>7) Veteran Status [Adults only]</b> <i>Is the client a veteran of the US armed forces? Were they ever on active duty in the military?</i></p>	<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				
<p><b>If the answer is "No" to Veteran Status, <b>SKIP</b> down to question 13. If "Yes" to Veteran Status, <b>COMPLETE</b> questions 8-12.</b></p>						
<p><b>8) Year Entered Military Service</b></p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <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> </tr> </table> <p style="text-align: center;">Year</p>					
<p><b>9) Year Separated from Military Service</b></p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <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> </tr> </table> <p style="text-align: center;">Year</p>					
<p><b>10) Theater of Operations Served:</b></p>	<p><i>In what theater or theaters of operation was client active?</i></p>					

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

<b>World War II</b>	<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
<b>Korean War</b>	<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
<b>Vietnam War</b>	<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
<b>Persian Gulf War (Operation Desert Storm)</b>	<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
<b>Afghanistan (Operation Enduring Freedom)</b>	<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
<b>Iraq (Operation Iraqi Freedom)</b>	<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
<b>Iraq (Operation New Dawn)</b>	<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
<b>Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b>	<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
<b>11) Branch of Military</b>	<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
<b>12) Discharge Status</b>	<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

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

<b>13) Client Contact Information [Adults only]</b>	<b>Phone Number</b> <table border="1" style="width: 100%; height: 40px;"> <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> <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>																					<b>Email</b>
<b>14) Emergency Contact Information [Adults only]</b>	<b>Emergency Contact Name</b>	<b>Emergency Contact Phone Number</b> <table border="1" style="width: 100%; height: 40px;"> <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> <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>																				
<b>15) Last Known Address [Adults only]</b>	<b>Street Address</b>	<b>City</b>																				
	<b>Apt #</b>	<b>State &amp; Zip Code</b>																				
<b>CAL AIM PROVIDER REQUIRED QUESTION</b>																						
<b>16) Client Index Number (CIN)</b>  <i>The CIN is the first nine characters of the identification number located on the front of the beneficiary's Benefits Identification Card (BIC).</i>	<table border="1" style="width: 100%; height: 40px;"> <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> <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) \_\_\_\_\_