



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.**

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) _____

<p>Quality of Date of Birth</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>4) Pronouns <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>5) Gender <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>6) Race and Ethnicity <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>Open Race and Ethnicity Text <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>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></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>If the answer is "No" to Veteran Status, SKIP down to question 13. If "Yes" to Veteran Status, COMPLETE questions 8-12.</p>						
<p>8) Year Entered Military Service</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>9) Year Separated from Military Service</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>10) Theater of Operations Served:</p>	<p><i>In what theater or theaters of operation was client active?</i></p>					

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
11) 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
12) 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

Client Name _____

Head of Household Name (if not Self) _____

13) Client Contact Information [Adults only]	Phone Number <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>																					Email
14) Emergency Contact Information [Adults only]	Emergency Contact Name	Emergency Contact Phone Number <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>																				
15) Last Known Address [Adults only]	Street Address	City																				
	Apt #	State & Zip Code																				
CAL AIM PROVIDER REQUIRED QUESTION																						
16) Client Identification Number (CIN) <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> </tr> </table>																					

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