



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

HMIS Child 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 **under** the age of 17 unless they are the Head of Household. Please use the CalAIM HMIS Adult Client Profile form if the child is identified as the Head of Household. **Separate client profiles must be completed for adults as well, but please be sure to use the CalAIM HMIS Adult 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>CAL AIM PROVIDER REQUIRED QUESTION</p> | | | | | | | | | | | |
| <p>7) Client Index 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></p> | <table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | |
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Client Name _____

Head of Household Name (if not Self) _____