



A Tradition of Stewardship  
A Commitment to Service

Napa County Continuum of Care

HMIS Intake Form

Housing Programs

(TH, RRH, PSH)

Abode HMIS Data Staff ONLY

Is this the HoH?  Yes  No

If no, client's HMIS ID of HoH: \_\_\_\_\_

Data entered in HMIS on \_\_\_\_\_ by \_\_\_\_\_

Program Name: \_\_\_\_\_ Case Worker/Intake Person: \_\_\_\_\_ Program Start Date: \_\_\_\_\_

CLIENT PROFILE

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_  Full SSN  Partial SSN  Client Doesn't Know  Refused

Birth Date: \_\_\_\_\_  Full DOB Reported  Partial DOB  Client Doesn't Know  Refused

Alias or AKA Name: \_\_\_\_\_ Client's Phone Number: \_\_\_\_\_

Client's Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Gender:  Female  Male  Transgender  A Gender other than singular female or male (e.g. non-binary, genderfluid, agender, culturally specific gender)  Transgender  Questioning  Client Doesn't Know  Refused  Data not collected

Race: Record the client's self-identified race(s) of each client served. Help the client select the race or races that they most identify with. Allow clients to identify as many racial categories as apply (up to five).

- American Indian, Alaskan Native, or Indigenous  Asian or Asian American  Black, African American, or African
- Native Hawaiian/Pacific Islander  White  Client Doesn't Know  Refused  Data not collected

Ethnicity:  Non-Hispanic/Non-Latino (a)(o)(x)  Hispanic Latino (a)(o)(x)  Client Doesn't Know  Refused

Have you ever served in the US Military? (U.S. Military Veteran?)  Yes  No If yes, answer the following questions:

Year Entered Military Service: \_\_\_\_\_ Separated Year: \_\_\_\_\_

Theater of Operation:

- Afghanistan  Iraq (Iraqi Freedom)  Iraq (New Dawn)  Persian Gulf War
- Korean War  Vietnam War  World War II  Other Operations  Client Doesn't Know  Refused

Branch of Military:  Army  Air Force  Navy  Marines  Coast Guard  Client Doesn't Know  Refused  Data not collected

Discharge Status:  Honorable  Bad Conduct  General under honorable conditions  Dishonorable  Under other than honorable conditions  Uncharacterized  Client Doesn't Know  Client Refused  Data not collected

Does Client Give Consent to Enter information in HMIS and Enroll in Whole Person Care Program (WPC)?  Yes  No  Signed HMIS ROI

## HUD REQUIRED QUESTIONS

Housing Move-In Date: \_\_\_\_\_ Complete Housing Move-In Date when clients moves into a Permanent Housing Unit

### PRIOR LIVING SITUATION – ANSWER **ONLY ONE** FULL SECTION: **A** or **B** or **C**

**Type of Residence/Living Arrangement of the client the night before their entry into the program:**

#### **A - Homeless Living Situations**

- Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway station/airport or anywhere outside).
- Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Safe Haven

**Length of Stay in Prior Living Situation?**

- One night or less     2 to 6 nights     1 week or more, but less than one month
- 1 month or more, but less than 90 days     90 days or more, but less than one year     One year or longer
- Client Doesn't Know     Refused     Data not collected

**Approximate date homelessness started?** \_\_\_\_\_ REQUIRED (Date of last instance of homelessness)

**Number of times on the streets, in Emergency Shelter, or Safe Haven in the past 3 years?** Regardless of where they stayed last night.

- 1 Time     2 Times     3 Times     4 or More Times
- Client Doesn't Know     Refused     Data not collected

**Total number of months homeless on the street or in Emergency Shelter in the past 3 years?**

- 1 month (this time is the first month)     8 months     11 months     Client doesn't know
- 2 months     4 months     6 months     9 months     12 months     Client Refused
- 3 months     5 months     7 months     10 months     More than 12 months     Data not collected

#### **B - Institutional Living Situations**

- Foster Care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison, or juvenile detention center
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

**Length of Stay in Prior Living Situation?**

- One night or less     2 to 6 nights     1 week or more, but less than one month
- 1 month or more, but less than 90 days     90 days or more, but less than one year     One year or longer
- Client Doesn't Know     Refused     Data not collected

**Was length of stay less than 90 days?**  Yes\*\*     No\*

\* If the answer is NO, you do not need to answer the below questions.

\*\* If answer is YES – On the night before, did client stay on the streets, Emergency Shelter or Safe Haven?

- Yes     No

**Approximate date homelessness started?** \_\_\_\_\_ REQUIRED (Date of last instance of homelessness)

**Number of times on the streets, in Emergency Shelter, or Safe Haven in the past 3 years?**

- 1 Time     2 Times     3 Times     4 or More Times
- Client Doesn't Know     Refused     Data not collected

**Total number of months homeless on the street or in Emergency Shelter in the past 3 years?**

- 1 month (this time is the first month)     8 months     11 months     Client doesn't know
- 2 months     4 months     6 months     9 months     12 months     Client Refused
- 3 months     5 months     7 months     10 months     More than 12 months     Data not collected

**C – Transitional OR Permanent Housing Living Situations**

- Host Home (non-crisis)
- Hotel or motel paid for without emergency shelter voucher
- Owned by client – no housing subsidy
- Owned by client – with ongoing housing subsidy
- Permanent housing (other than Rapid Re-Housing) for formerly homeless persons
- Rental by client – No ongoing housing subsidy
- Rental by client – with other ongoing housing subsidy
- Rental by client – with Rapid Re-Housing or equivalent subsidy
- Rental by client – VASH housing subsidy (Veterans Affairs Supportive Housing)
- Rental by client – with GPD TIP housing subsidy (Grant and Per Diem Transitional in Place)
- Rental by client – with Housing Choice Voucher (HCV) [tenant or project based]
- Rental by client – in a public housing unit
- Residential project or halfway house with no homeless criteria
- Staying or living in family member’s room, apartment, or house
- Staying or living in friend’s room, apartment, or house
- Transitional Housing for homeless persons (including homeless youth)
- Client doesn’t know
- Client Refused
- Data not collected

**Length of Stay in Prior Living Situation?**

- One night or less     2 to 6 nights     1 week or more, but less than one month
- 1 month or more, but less than 90 days     90 days or more, but less than one year     One year or longer
- Client Doesn’t Know     Refused     Data not collected

**Was length of stay less than 7 days?**     Yes\*\*     No\*

*\*If the answer is NO, you do not need to answer the below questions.*

**\*\* If YES – On the night before, did client stay on the streets, Emergency Shelter or Safe Haven?**     Yes     No

**Approximate date homelessness started?** \_\_\_\_\_ REQUIRED (Date of when last instance of homelessness started)

**Number of times on the streets, in Emergency Shelter, or Safe Haven in the past 3 years?**

- 1 Time     2 Times     3 Times     4 or More Times
- Client Doesn’t Know     Refused     Data not collected

**Total number of months homeless on the street or in Emergency Shelter in the past 3 years?**

- 1 month (this time is the first month)                       8 months     11 months                       Client doesn’t know
- 2 months                       4 months                       6 months                       9 months                       12 months                       Client Refused
- 3 months                       5 months                       7 months                       10 months                       More than 12 months                       Data not collected

**DISABLING CONDITIONS AND BARRIERS**

**Physical Disability**     Yes     No     Client Doesn’t Know     Refused     Data not collected

*If yes, will Physical Disability be Long Term and substantially impedes client’s ability to live independently?*

- Yes     No     Client Doesn’t Know     Refused     Data not collected

**Developmental Disability**     Yes     No     Client Doesn’t Know     Refused     Data not collected

**Chronic Health Condition**     Yes     No     Client Doesn’t Know     Refused     Data not collected

*If yes, will Chronic Health Condition be Long Term and substantially impedes client’s ability to live independently?*

- Yes     No     Client Doesn’t Know     Refused     Data not collected

**HIV - AIDS**  Yes  No  Client Doesn't Know  Refused  Data not collected

**Mental Health Disorder**  Yes  No  Client Doesn't Know  Refused  Data not collected

*If yes, will Mental Health Disorder be Long Term and substantially impedes client's ability to live independently?*

Yes  No  Client Doesn't Know  Refused  Data not collected

**Substance Abuse Disorder**  No  Alcohol Use Disorder  Drug Use Disorder  Both Alcohol and Drug Use Disorder

*If yes, will Substance Abuse Disorder be Long Term and substantially impedes client's ability to live independently?*

Client Doesn't Know  Refused  Data not collected

**Does client have a disabling condition?**  Yes  No **Answer Yes if client answer Yes to any of the above conditions/barriers**

**Has the Client Ever Been a Domestic Violence Victim/Survivor?**  Yes  No  Client Doesn't Know  Refused

Data not collected

*If yes, how long ago did client have the most recent experience?*

Within the past 3 months  3-6 months ago  6-12 months ago  One year ago or more

Client Doesn't Know  Refused  Data not collected

*Is client currently fleeing?*  Yes  No  Client Doesn't Know  Refused  Data not collected

### MONTHLY INCOME AND SOURCES

Total of all income during the last 30 days:

**Income from Any Source?**  Yes  No  Client Doesn't Know  Refused  Data not collected

Earned Income \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

General Assistance \$ \_\_\_\_\_

TANF/CalWorks \$ \_\_\_\_\_

Private Disability Insurance \$ \_\_\_\_\_

Retirement from Social Security \$ \_\_\_\_\_

Pension from a Former Job \$ \_\_\_\_\_

Alimony & Other Spousal Suppo \$ \_\_\_\_\_

Social Security Disability Income (SSDI) \$ \_\_\_\_\_

Social Security Income (SSI) \$ \_\_\_\_\_

Spousal Support \$ \_\_\_\_\_

Unemployment Insurance \$ \_\_\_\_\_

VA Service-Connected Disability Compensation \$ \_\_\_\_\_

VA Non-Service Connected Disability Compensation \$ \_\_\_\_\_

Worker's Compensation \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_ Source: \_\_\_\_\_

### NON-CASH BENEFITS

Non-Cash Benefits Received from any source?

CalFresh (Food Stamps/SNAP)

TANF/CalWorks Childcare Services

WIC (Supplemental Nutrition for Women, Infants, and Children)

TANF/CalWorks Transportation Services

Other TANF/CalWorks-Funded Services

Other Non-Cash Benefits – Source: \_\_\_\_\_

### Health Insurance

Employer Provided

Healthy Kids (CHI) (State Children's HIP)

Indian Health Services Program

Medical/Medicaid

Medicare

Obtained through COBRA

Private Pay Health Insurance

State Health Insurance for Adults

Veteran Administration (VA) Medical Services

Other: Specify \_\_\_\_\_

**HUD Required Questions for PSH Programs Only**

**WELL-BEING**

**Client perceives their life has value and worth:**

- |   |  |
|---|--|
| <input type="checkbox"/> Strongly Disagree          | <input type="checkbox"/> Strongly Agree      |
| <input type="checkbox"/> Somewhat Disagree          | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Neither Agree nor Disagree | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> Somewhat Agree             | <input type="checkbox"/> Data not collected  |

**Client perceives they have support from others who will listen to problems:**

- |   |  |
|---|--|
| <input type="checkbox"/> Strongly Disagree          | <input type="checkbox"/> Strongly Agree      |
| <input type="checkbox"/> Somewhat Disagree          | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Neither Agree nor Disagree | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> Somewhat Agree             | <input type="checkbox"/> Data not collected  |

**Client perceives they have a tendency to bounce back after hard times:**

- |   |  |
|---|--|
| <input type="checkbox"/> Strongly Disagree          | <input type="checkbox"/> Strongly Agree      |
| <input type="checkbox"/> Somewhat Disagree          | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Neither Agree nor Disagree | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> Somewhat Agree             | <input type="checkbox"/> Data not collected  |

**Client's frequency of feeling nervous, tense, worried, frustrated, or afraid:**

- |  |  |
|--|--|
| <input type="checkbox"/> Not at all            | <input type="checkbox"/> At least every day  |
| <input type="checkbox"/> Once a month          | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Several times a month | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> Several times a week  | <input type="checkbox"/> Data not collected  |

**GENERAL HEALTH STATUS**

**General Health Status:**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Poor                |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> Fair      | <input type="checkbox"/> Data not collected  |