



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care HMIS Child Intake Form

For HMIS Staff ONLY	
HoH HMIS ID: _____	
Data entered in HMIS on _____ by _____	

Program(S) Name: _____ Case Worker/Intake Person: _____ Date Client Started in your Program: _____

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

If client is already in the system, skip to **Program Intake** section. If client is not in the system, answer the following questions.

Relationship to Head of Household: (Check only one)

- Husband Daughter Father Sister Roommate Aunt Niece Grandparent Domestic Partner
 Wife Son Mother Brother Grandchild Uncle Nephew Significant Other Spouse Other

Race: what best describes client? *Indicate clients' self-identification of one or more of five different racial categories.*

- 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

HUD REQUIRED QUESTIONS - PROGRAM INTAKE (Enrollment in Clarity/HMIS) QUESTIONS

DISABLING CONDITIONS AND BARRIERS

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

HEALTH INSURANCE

Employer Provided

Obtained through COBRA

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

Private Pay Health Insurance

Indian Health Services Program

State Health Insurance for Adults

Medical/Medicaid

Veteran Administration (VA) Medical Services

Medicare

Other: Specify _____