



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care
HMIS Intake Form
Shelter Waiting List Referral

Case Worker/Intake/Referral Person: _____ Referral Date (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

HUD REQUIRED QUESTIONS

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

Does client have a disabling condition? Yes No

CONTACTS

Program/Contact Date: _____

Program/Contact Date: _____

Program/Contact Date: _____