



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care HMIS Intake Form Shelter & Street Outreach Programs

Abode Staff Check all that apply at this intake:

Day SNS WS Out AIM

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 Signed WPC ROI

Client Profile - COUNTY and/or PROGRAM REQUIRED QUESTIONS

Home Town: American Canyon Angwin Calistoga City of Napa Lake Barryesa Lake County
 Mexico Oakville Other California Other County Other U.S. Rutherford St. Helena
 Solano County Yountville

Last Known Address (permanent address): _____ City _____ Zip Code _____

Is Client a Farmworker? Yes No If yes, currently doing farm-work? Yes No

Is client formerly a Ward of Child Welfare or Foster Care Agency? Yes No

Is client currently on Probation? Yes No

If yes, Probation County: _____ Probation Officer: _____

Is client currently on Parole? Yes No

If yes, Parole County: _____ Parole Officer: _____

Does client have a vehicle? Yes No

Is client employed? If yes, employment status: Full-time Part-time Seasonal / Sporadic
Hours worked last week: _____

Highest level of school completed? None Below 8th grade 9th-11th grade High school degree GED
 Some college, no degree Associates degree Bachelor's degree Master's degree or higher

Did Client do Vocational Training or Apprenticeship? Yes No

HUD REQUIRED QUESTIONS

Complete Date of Engagement When Client Has Been Engaged

Date of Engagement: _____

Date of Engagement means the date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan.

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

- Child Support \$ _____
- Social Security Income (SSI) \$ _____
- General Assistance \$ _____
- Spousal Support \$ _____
- TANF/CalWorks \$ _____
- Unemployment Insurance \$ _____
- Private Disability Insurance \$ _____
- VA Service-Connected Disability Compensation \$ _____
- Retirement from Social Security \$ _____
- VA Non-Service Connected Disability Compensation \$ _____
- Pension from a Former Job \$ _____
- Worker's Compensation \$ _____
- Alimony & Other Spousal Support
- Other Income \$ _____ Source: _____

Percentage Area Median Income (AMI) (Program required question)

- 30 % or less 31 – 50% 51 – 80%

# In Household	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
30% or less	\$22,750	\$26,000	\$29,250	\$32,500	\$35,100	\$37,700	\$40,300	\$44,120
50% or less	\$37,950	\$43,350	\$48,750	\$54,150	\$58,500	\$62,850	\$67,150	\$71,500
51% to 80%	\$60,100	\$68,650	\$77,250	\$85,800	\$92,700	\$99,550	\$106,400	\$113,300

NON-CASH BENEFITS

Does client have any Non-Cash Benefits Received from any source?

- CalFresh (Food Stamps/SNAP)
- TANF/CalWorks Transportation Services
- TANF/CalWorks Childcare Services
- Other TANF/CalWorks-Funded Services
- WIC (Supplemental Nutrition for Women, Infants, and Children)
- Other Non-Cash Benefits – Source: _____

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 _____

CONTACTS

Contacts: In addition to the Universal Data Elements, **street outreach projects are expected to record every contact made with each client in the HMIS via data element 4.12 Current Living Situation (formerly "Contact")**. A contact is defined as an interaction between a worker and a client designed to engage the client. Contacts include activities such as a conversation between the street outreach worker and the client about the client's well-being or needs, an office visit to discuss their housing plan, or a referral to another community service. **A Current Living Situation (4.12) must be recorded anytime a client is met, including when a Date of Engagement (4.13) or Project Start Date (3.10) is recorded on the same day.**

CURRENT LIVING SITUATION

Program/Contact Date: _____

Current Living Situation:

- 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
- 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
- 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)

Is client going to have to leave their current living situation within 14 days?

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

** If YES, answer following questions:

Has a subsequent residence been identified?

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

Does individual or family have resources or support networks to obtain other permanent housing?

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

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

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

Has the client moved 2 or more times in the last 60 days?

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

Location Details: _____

