Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

San Francisco ONE System: Standard Intake

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

PROJECT START DATE *[All Clients]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | *-* |  |  | *-* |  |  |  |  |

Month DayYear

SOCIAL SECURITY NUMBER *[All Clients]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | *-* |  |  | *-* |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| QUALITY OF SOCIAL SECURITY | |  |  |
| ○ | Full SSN reported | ○ | Client doesn’t know |
| ○ | Client refused |
| ○ | Approximate or partial SSN reported | ○ | Data not collected |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CURRENT NAME [*All Clients]* | | | | | |  | | | | | | | | | | |  | | | | | N/A |
| Last | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  | ○ |
| First | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |
| Middle | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  | ○ |
| Suffix | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  | ○ |
| QUALITY OF CURRENT NAME | | | | | | | | | | | | | | | | |  | | | | | |
| ○ | Full name reported | | | | |  | | | | | | | | | | ○ |  | Client doesn’t know | | | | |
| ○ | Partial, street name, or c | | | | | ode name reported | | | | | | | | | | ○ |  | Client refused | | | | |
| ○ |  | Data not collected | | | | |

DATE OF BIRTH *[All Clients]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | *-* |  |  | *-* |  |  |  |  | Age: |

Month DayYear

|  |  |  |  |
| --- | --- | --- | --- |
| QUALITY OF DATE OF BIRTH | |  |  |
| ○ | Full DOB reported | ○ | Client doesn’t know |
| ○ | Approximate or partial DOB reported | ○ | Client refused |
| ○ | Data not collected |

WHAT IS THE CLIENT’S CURRENT GENDER IDENTITY [Multi-select] *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Female | ○ | Client doesn’t know |
| ○ | Male | ○ | Client refused |
| ○ | A Gender other than singularly female or male (e.g., non-binary, agender, genderfluid, culturally specific gender) | ○ | Data not collected |
| ○ | Transgender |  |  |
| ○ | Questioning |  |  |

WHAT IS THE APPROPRIATE PRONOUN TO USE WHEN ADDRESSING THE CLIENT

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | She/her | ○ | Client doesn’t know |
| ○ | He/him | ○ | Client refused |
| ○ | They/Them | ○ | Data not collected |
| ○ | Not Listed |  |  |
| Not Listed, please specify: | | | |

WHAT IS THE CLIENT’S SELF DESCRIBED SEXUAL ORIENTATION OR SEXUAL IDENTITY

*[All Clients over age 11]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Straight / Heterosexual | ○ | Not Listed |
| ○ | Bisexual | ○ | Declined to Answer |
| ○ | Gay / Lesbian / Same-Gender Loving | ○ | Not Asked |
| ○ | Questioning / Unsure | ○ | Incomplete / Missing Data |
| ○ | Other |  |  |
| ○ | If Other, please describe: |  |  |

RACE (Select all applicable) *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | American Indian, Alaska Native, or Indigenous | ○ | Client does not know |
| ○ | Asian or Asian American | ○ | Client refused |
| ○ | Black, African American, or African | ○ | Data Not Collected |
| ○ | Native Hawaiian or Pacific Islander |  |  |
| ○ | White |  |  |

# **ETHNICITY** [All Clients]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Non-Hispanic/ Non-Latino(a)(o)(x) | ○ | Client does not know |
| ○ | Client refused |
| ○ | Hispanic/Latino(a)(o)(x) | ○ | Data Not Collected |
| ○ | Other |

PRIMARY LANGUAGE

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | English | ○ | Korean |
| ○ | Spanish | ○ | Russian |
| ○ | Chinese (Cantonese) | ○ | Samoan |
| ○ | Chinese (Mandarin) | ○ | Tigrinya |
| ○ | Filipino (Tagalog) | ○ | Vietnamese |
| ○ | Amharic | ○ | American Sign Language (ASL) |
| ○ | Arabic | ○ | Other: |
| ○ | French | ○ | Client Doesn’t Know |
| ○ | Hindi | ○ | Client Refused |
| ○ | Japanese | ○ | Data Not Collected |

SECONDARY LANGUAGE

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | English | ○ | Korean |
| ○ | Spanish | ○ | Russian |
| ○ | Chinese (Cantonese) | ○ | Samoan |
| ○ | Chinese (Mandarin) | ○ | Tigrinya |
| ○ | Filipino (Tagalog) | ○ | Vietnamese |
| ○ | Amharic | ○ | American Sign Language (ASL) |
| ○ | Arabic | ○ | Other: |
| ○ | French | ○ | Client Doesn’t Know |
| ○ | Hindi | ○ | Client Refused |
| ○ | Japanese | ○ | Data Not Collected |

Did the Client Serve in the US Military? *[All Adults over 18]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ○ | No |  | ○ | Client doesn’t know |
| ○ | Yes |  | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO VETERAN STATUS | |  | |  |
| Year entered military service (year) | |  | |  |
| Year separated from military service (year) | |  | |  |
|  | |  | |  |
| Theater of Operations: World War II | |  | |  |
| ○ | No |  | ○ | Client doesn’t know |
| ○ | Yes |  | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Korean War | |  | |  |
| ○ | No |  | ○ | Client doesn’t know |
| ○ | Yes |  | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Vietnam War | |  | |  |
| ○ | No |  | ○ | Client doesn’t know |
| ○ | Yes |  | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Persian Gulf War | |  | |  |
| ○ | No |  | ○ | Client doesn’t know |
| ○ | Yes |  | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Afghanistan | |  | |  |
| ○ | No |  | ○ | Client doesn’t know |
| ○ | Yes |  | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Iraq (Iraqi Freedom) | | | |  |
| ○ | No |  | ○ | Client doesn’t know |
| ○ | Yes |  | ○ | Client refused |
| ○ | Data not collected |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Theater of Operations: Iraq (Operation New Dawn) | | | | | |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) | | | | | |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| Branch of the Military | | | | | |
| ○ | Army | ○ | Coast Guard | | |
| ○ | Air Force | | | ○ | Client doesn’t know |
| ○ | Navy | | | ○ | Client refused |
| ○ | Marines | | | ○ | Data not collected |
| Discharge Status | | | | | |
| ○ | Honorable | ○ | Dishonorable | | |
| ○ | General under honorable conditions | ○ | Uncharacterized | | |
| ○ | Other than honorable conditions (OTH) | | | ○ | Client doesn’t know |
| ○ | Client refused |
| ○ | Bad Conduct | | | ○ | Data not collected |

RELATIONSHIP TO HEAD OF HOUSEHOLD *[All Client Households]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Self | ○ | Head of household - other relation to member |
| ○ | Head of household’s child |
| ○ | Head of household’s spouse or partner | ○ | Other: non--relation member |

CLIENT CONTACT INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PHONE NUMBER |  |  |  | *-* |  |  |  | *-* |  |  |  |  |  |
| SECONDARY NUMBER |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EMERGENCY CONTACT: |  | | | | | | | | | | | | |
| EMERGENCY CONTACT PHONE NUMBER: |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CAAP/ Medi-Cal/ Calfresh:** | ○ | **No** | | ○ | **Yes** | |
| **CAAP Active Date:** | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **CAAP Eligibility Status:** | ○ | **FI – Fail/Ineligible** | ○ | | | **Client Doesn’t Know** |
| ○ | **PS – Pass/Eligible** | ○ | | | **Client Refused** |
|  | | ○ | | | **Data Not Collected** |
| **CAAP Housing Status:** |  | | | | | |
| **CAAP Verification Date:** |  | | | | | |
| **CAAP Eligibility Date:** |  | | | | | |
| **CAAP Case ID:** |  | | | | | |
| **CAAP Program:** |  | | | | | |

HOUSING STATUS AT ENTRY

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Category 1 – Homeless | ○ | Stably Housed |
| ○ | Category 2 – At Imminent risk of losing housing | ○ | Client doesn’t know |
| ○ | Category 3 – Homeless only under other federal statutes | ○ | Client refused |
| ○ | Category 4 – Fleeing Domestic Violence | ○ | Data not collected |
| ○ | At Risk of homelessness | ○ |  |

EMERGENCY PLACEMENT QUESTIONS

|  |  |  |  |
| --- | --- | --- | --- |
| Agency that made first contact | | | |
| ○ | SFHOT | ○ | Self-Referral |
| ○ | HSOC | ○ | Client doesn’t know |
| ○ | Coordinated Entry | ○ | Client refused |
| ○ | Transfer from other Family Shelter | ○ | Data not collected |
| ○ | HSH Admin |  |  |
| If Coordinated Entry | | | |
| ○ | Central City Access Point | ○ | Client doesn’t know |
| ○ | Mission Access Point | ○ | Client refused |
| ○ | Bayview Access Point | ○ | Data not collected |

CONNECTION TO SOAR

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

# **IN PERMANENT HOUSING** [Permanent Housing Projects, for Heads of Households]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IF “YES” TO PERMANENT HOUSING | |  | | |
| Housing Move-In Date: | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | |
| Address: |  | | Unit Number: |  |
| City |  | | Zip Code: |  |

NAVIGATION CENTER QUESTIONS

|  |  |
| --- | --- |
| STAFF COMPLETING ENROLLMENT |  |

AGENCY THAT FIRST MADE CONTACT

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ○ | SF HOT | | | ○ | Direct Transfer from Other Nav | | | |
| ○ | HSOC | | | ○ | Change in Stay Type | | | |
| ○ | Coordinated Entry | | | ○ | Hospital Isolation and Quarantine | | | |
| ○ | Homeward Bound | | | ○ | Other | | | |
| Stay Type | | | | | | | | |
| ○ | Housing Referral Status Stay | | | ○ | Homeward Bound Stay | | | |
| ○ | Time-Limited Stay/Problem Solving | | |  |  | | | |
| Expected Exit Date | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Dorm # | |  | Bed# / Room# | | |  | Locker # |  |

ARE YOU ARRVING FROM AN ENCAMPENT?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ○ | No |  | ○ | Client doesn’t know |
| ○ | Yes |  | ○ | Client refused |
| ○ | Data not collected |

ARE YOU ARRIVING WITH ANY PETS?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ○ | No |  | | | ○ | Client doesn’t know |
| ○ | Yes |  | | | ○ | Client refused |
| ○ | Data not collected |
| Pet Type: | |  | Pet Name: |  | | |

DO YOU HAVE A PARTNER OR SPOUSE?

|  |  |  |
| --- | --- | --- |
| ○ | No | |
| ○ | Yes | |
| ARE YOU ARRIVING WITH PARTNER OR SPOUSE? | | |
| ○ | No | |
| ○ | Yes | |
| Partner / Spouse Name: | |  |

DO YOU HAVE MORE THAN TWO BAGS?

|  |  |
| --- | --- |
| ○ | No |
| ○ | Yes |

DO YOU HAVE ANY SPECIAL ACCOMODATIONS?

|  |  |  |
| --- | --- | --- |
| ○ | No | |
| ○ | Yes | |
| Please list the accommodation needed: | |  |

LOCATION CLIENT SLEEPS AT WHEN NOT AT A NAVIGATION CENTER

WHERE DO YOU USUALLY SLEEP? (Address when not at a Navigation Center)

|  |
| --- |
|  |

DO YOU HAVE OTHER PLACES YOU SLEEP? (Address or Locations)

*[Add outreach location when entering information into the ONE System]*

|  |
| --- |
|  |

PRIOR LIVING SITUATION *[Head of Household and Adults]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | | | ○ | Staying or living in a family member’s room, apartment or house | | |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter | | | ○ | Rental by client, with GPD TIP housing subsidy | | |
| ○ | Safe Haven | | | ○ | Rental by client, with VASH housing subsidy | | |
| ○ | Foster care home or foster care group home | | | ○ | Permanent housing (other than RRH) for formerly homeless persons | | |
| ○ | Hospital or other residential non­-psychiatric medical facility | | | ○ | Rental by client, with RRH or equivalent subsidy | | |
| ○ | Jail, prison or juvenile detention facility | | | ○ | Rental by client, with HCV voucher (tenant or project based) | | |
| ○ | Long-term care facility or nursing home | | | ○ | Rental by client in a public housing unit | | |
| ○ | Psychiatric hospital or other psychiatric facility | | | ○ | Rental by client, no ongoing housing subsidy | | |
| ○ | Substance abuse treatment facility or detox center | | | ○ | Rental by client, with other ongoing housing subsidy | | |
| ○ | Residential project or halfway house with no homeless criteria | | | ○ | Owned by client, with ongoing housing subsidy | | |
| ○ | Hotel or motel paid for without emergency shelter voucher | | | ○ | Owned by client, no on­going housing subsidy | | |
| ○ | Transitional housing for homeless persons (including homeless youth) | | | ○ | Client doesn’t know | | |
| ○ | Host Home (non-crisis) | | | ○ | Client refused | | |
| ○ | Staying or living in a friend’s room, apartment or house | | | ○ | Data not collected | | |
| LENGTH OF STAY IN PRIOR LIVING SITUATION | | | | | | | |
| ○ | One night or less | ○ | One month or more, but less than 90 days | | | ○ | Client doesn’t know |
| ○ | Two to six nights | ○ | 90 days or more, but less than one year | | | ○ | Client refused |
| ○ | One week or more, but less than one month | ○ | One year or longer | | | ○ | Data not collected |

LENGTH OF STAY LESS THAN 7 NIGHTS (Conditional Question - Only ask if previous response program type is residential project or halfway house with no homeless criteria, hotel or motel paid for without emergency shelter voucher, transitional housing for homeless persons (including homeless youth), host home (non-crisis), staying or living in a friend’s room, apartment or house, staying or living in a family member’s room, apartment or house, rental by a client, with GPD TIP housing subsidy, rental by a client, with VASH housing subsidy, permanent housing (other than RRH) for formerly homeless persons, rental by client, with RRH or equivalent subsidy, rental by client, with HCV voucher (tenant or project based), rental by client in a public housing unit, rental by client, no ongoing subsidy, rental by client, with other ongoing subsidy, owned by client, with ongoing housing subsidy, owned by client, no ongoing housing subsidy)

|  |  |
| --- | --- |
| ○ | No |
| ○ | Yes |

LENGTH OF STAY LESS THAN 90 DAYS (Conditional – Only ask if response to Prior Living Situation is (Hospital or other residential non-psychiatric medical facility, jail, prison or juvenile detention facility, long-term care facility or nursing home, psychiatric hospital or other psychiatric facility, substances abuse treatment facility or detox center)

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN (Conditional – Only ask if response to length of stay less than 7 nights or length of stay less than 90 days equals yes.)

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Approximate Date Homelessness Started | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | |
| Number of *times* the client has been on the streets, ES, or Safe Haven in the last 3 years | | | | |
| ○ | One Time | | ○ | Client doesn’t know |
| ○ | Two Times | | ○ | Client refused |
| ○ | Three Times | | ○ | Data not collected |
| ○ | Four or More Times | |  |  |
| Total Number of *Months* homeless on the streets, ES, or Safe Haven in the last 3 years | | | | |
| ○ | One month (this time is the first month) | | ○ | Client doesn’t know |
| ○ | 2­-12 months (specify number of months): \_\_\_\_\_\_\_\_ | | ○ | Client refused |
| ○ | More than 12 months | | ○ | Data not collected |

LIFETIME LENGTH OF HOMELESSNESS IN SF

HAVE YOU EVER BEEN HOMELESS IN SAN FRANCISCO?

# [Head of Household or Over the age of 17]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No |  | | ○ | Client doesn’t know |
| ○ | Yes |  | | ○ | Client refused |
|  | |  | | ○ | Data not collected |
| If Yes: | | | |  |  |
| How many years: | |  | Months: |  |  |

LIFETIME LENGTH OF HOMELESSNESS OUTSIDE OF SF

HAVE YOU EVER BEEN HOMELESS OUTSIDE OF SAN FRANCISCO?

# [Head of Household or Over the age of 17]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No |  | | ○ | Client doesn’t know |
| ○ | Yes |  | | ○ | Client refused |
|  | |  | | ○ | Data not collected |
| How many years: | |  | Months: |  |  |

LAST PERMANENT ZIP CODE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

QUALITY OF ZIPCODE

|  |  |
| --- | --- |
| ○ | Full or Partial Zip Code Reported |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |

COMPLETE DATE OF ENGAGEMENT WHEN THE CLIENT HAS BEEN ENAGAGED

*[Street Outreach Only, PATH Programs, Night-by-Night, or Emergency Shelter]*

|  |  |
| --- | --- |
| Date of Engagement: | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |

COMPLETE DATE OF STATUS DETERMINATION WHEN THE ENROLLMENT STATUS FOR THE CLIENT HAS BEEN DETERMINED *[PATH Programs Only]*

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Status Determination: | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | |
| Client Became Enrolled in PATH | | | |
| ○ | No | ○ | Yes |
| Reason Not Enrolled | | | |
| ○ | Client was found ineligible for PATH | | |
| ○ | Client was not enrolled for other reason(s) | | |
| ○ | Unable to locate client | | |

DISABLING CONDITIONS AND BARRIERS

DISABLING CONDITION ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

PHYSICAL DISABILITY ​*[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO PHYSICAL DISABILITY– SPECIFY | | | | | |
| Long Term? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

DEVELOPMENTAL DISABILITY ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

CHRONIC HEALTH CONDITION ​*[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY | | | | | |
| Long Term? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

HIV-AIDS ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

MENTAL HEALTH DISORDER ​*[All Clients]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | | Client doesn’t know |
| ○ | Yes | | | ○ | | Client refused |
| ○ | | Data not collected |
| IF “YES” TO MENTAL HEALTH CONDITION – SPECIFY | | | | | | |
| Long Term? | | ○ | No | ○ | Client doesn’t know | |
| ○ | Yes | ○ | Client refused | |
| ○ | Data not collected | |

SUBSTANCE USE DISORDER ​*[All Clients]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ○ | No | ○ | | Both alcohol and drug use disorder | | | |
| ○ | Alcohol use disorder | ○ | | Client doesn’t know | | | |
| ○ | | Client refused | | | |
| ○ | Drug use disorder | ○ | | Data not collected | | | |
| IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDER” – SPECIFY | | | | | | | |
| Long Term? | | | ○ | | No | ○ | Client doesn’t know |
| ○ | | Yes | ○ | Client refused |
| ○ | Data not collected |

# **MONTHLY INCOME AND SOURCES**

# **INCOME FROM ANY SOURCE** ​[Head of Household and Adults]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY | | | | | |
| Income Source | | Amount | Income Source | | Amount |
| ○ | Earned Income |  | ○ | CalWORKs |  |
| ○ | Unemployment Insurance |  | ○ | CAAP |  |
| ○ | Supplemental Security Income (SSI) |  | ○ | Retirement Income from Social Security |  |
| ○ | Social Security Disability Insurance (SSDI) |  | ○ | Pension or Retirement Income from a Former Job |  |
| ○ | VA Service-Connected Disability Compensation |  | ○ | Child Support |  |
| ○ | VA Non-Service-Connected Disability Pension |  | ○ | Alimony and Other Spousal Support |  |
| ○ | Private Disability Insurance |  | ○ | Other Income Source |  |
| ○ | Worker’s Compensation |  |  | | |
| Total Monthly Income for Individual: | |  | | | |

# **NON-CASH BENEFITS**

# **RECEIVING NON-­CASH BENEFITS**​ ​[Head of Household and Adults]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

|  |  |  |  |
| --- | --- | --- | --- |
| IF “YES” TO NON­-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY | | | |
| ○ | CalFresh | ○ | Section 8 |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | Temporary Rental Assistance |
| ○ | CalWORKs Childcare Services | ○ | Other Non-Cash Benefit |
| ○ | CalWORKs Transportation Services | If other, specify source: | |

HEALTH INSURANCE

COVERED BY HEALTH INSURANCE ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

|  |  |  |  |
| --- | --- | --- | --- |
| IF “YES” TO HEALTH INSURANCE ­ HEALTH INSURANCE COVERAGE DETAILS | | | |
| ○ | Medi-Cal | ○ | Employer-Provided Health Insurance |
| ○ | MEDICARE | ○ | Health Insurance Obtained Through COBRA |
| ○ | State Children’s Health Insurance | ○ | Private Pay Health Insurance |
| ○ | Veteran’s Administration (VA) Medical Services | ○ | State Health Insurance for Adults |
| ○ | Other Health Insurance | ○ | Indian Health Services Program |
| ○ | If yes to Other Health Insurance indicate Source Name: | | |