

HMIS # _____
Staff Name _____
Date Form Completed ____ / ____ / ____

## Santa Cruz County HMIS – PATH Adult Enrollment

The service provider should complete this form while interviewing an adult client or the Head of Household. This form should be used for all PATH-funded programs. Separate PATH client enrollments should be completed for each client who is **over** the age of 17 or the Head of Household. **Separate client profiles must be completed for children as well, but please be sure to use the Standard HMIS Child Client Enrollment form.**

<b>1) Client Name</b>	<b>First</b>	<b>Last</b>																				
<b>Relationship to HoH (HUD)</b> <i>Single individuals are also heads of household (HoH). In multiple person households one person must be designated head of household</i>	<input type="checkbox"/> Self (HoH) <input type="checkbox"/> Child of HoH <input type="checkbox"/> Spouse/partner of HoH <input type="checkbox"/> Relative member of household <input type="checkbox"/> Non-relative member of household																					
<b>Relationship to HoH – Additional Detail</b>	<input type="checkbox"/> Self <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Father/Mother <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Roommate <input type="checkbox"/> Grandchild <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Grandparent <input type="checkbox"/> Significant Other <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other <input type="checkbox"/> Stepdaughter/Stepson																					
<b>2) Date of Program Enrollment</b>  <i>The date of <b>first contact</b> between the PATH-funded worker and the participant; also called the project start date.</i>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td colspan="3">Month</td> <td colspan="3">Day</td> <td colspan="4">Year</td> </tr> </table>				/			/					Month			Day			Year			
		/			/																	
Month			Day			Year																
<b>3) Translation Assistance Needed</b>  [Head of Household] <i>Does the client need access to translation services?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer																					

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

<p><b>If Yes, Preferred Language(s):</b></p> <p><i>If the client needs access to translation services, please select their preferred language(s).</i></p>	<table border="0"> <tr> <td><input type="checkbox"/> Spanish</td> <td><input type="checkbox"/> Portuguese</td> </tr> <tr> <td><input type="checkbox"/> Mixteco</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Zapoteco</td> <td><input type="checkbox"/> Tagalog</td> </tr> <tr> <td><input type="checkbox"/> Tzotil</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Mandarin</td> <td><input type="checkbox"/> Korean</td> </tr> <tr> <td><input type="checkbox"/> Cantonese</td> <td><input type="checkbox"/> Cambodian</td> </tr> <tr> <td><input type="checkbox"/> American Sign Language</td> <td><input type="checkbox"/> Different Preferred Language, please specify:</td> </tr> <tr> <td><input type="checkbox"/> Farsi</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Arabic</td> <td><input type="checkbox"/> Client doesn't know</td> </tr> <tr> <td><input type="checkbox"/> Russian</td> <td><input type="checkbox"/> Client prefers not to answer</td> </tr> </table>	<input type="checkbox"/> Spanish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Mixteco	<input type="checkbox"/> Samoan	<input type="checkbox"/> Zapoteco	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Tzotil	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Korean	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Cambodian	<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Different Preferred Language, please specify:	<input type="checkbox"/> Farsi	_____	<input type="checkbox"/> Arabic	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Russian	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Spanish	<input type="checkbox"/> Portuguese																				
<input type="checkbox"/> Mixteco	<input type="checkbox"/> Samoan																				
<input type="checkbox"/> Zapoteco	<input type="checkbox"/> Tagalog																				
<input type="checkbox"/> Tzotil	<input type="checkbox"/> Vietnamese																				
<input type="checkbox"/> Mandarin	<input type="checkbox"/> Korean																				
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Cambodian																				
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Different Preferred Language, please specify:																				
<input type="checkbox"/> Farsi	_____																				
<input type="checkbox"/> Arabic	<input type="checkbox"/> Client doesn't know																				
<input type="checkbox"/> Russian	<input type="checkbox"/> Client prefers not to answer																				
<p><b>4) Connection with SOAR (SOAR = SSI/SSDI Outreach, Access, and Recovery)</b></p> <p>[Head of Household and Adults]</p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Client doesn't know  <input type="checkbox"/> Client prefers not to answer</p> <p><i>The answer to this question will likely always be "No," as there are currently no SOAR programs in Santa Cruz County.</i></p>																				
<p><b>5) Prior Living Situation: Type of Residence</b></p> <p>[Head of Household and Adults]</p> <p><i>What was the client's living situation the night before enrolling in the project?</i></p> <p><i>Ask the client "where did you stay or sleep last night"?</i></p> <p><i>There are no Safe Havens in Santa Cruz County. This could apply if the client spent the night before in a Safe Haven in another County.</i></p>	<p><b><u>Homeless Situations</u></b></p> <p><input type="checkbox"/> Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside)  <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter  <input type="checkbox"/> <b>Safe Haven</b></p> <p><b><u>Institutional Situations</u></b></p> <p><input type="checkbox"/> Foster care home or foster care group home  <input type="checkbox"/> Hospital or other residential non—psychiatric medical facility  <input type="checkbox"/> Jail, prison, or juvenile detention facility  <input type="checkbox"/> Long-term care facility or nursing home  <input type="checkbox"/> Psychiatric hospital or other psychiatric facility  <input type="checkbox"/> Substance abuse treatment facility or detox center</p> <p><b><u>Temporary Housing Situations</u></b></p> <p><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)  <input type="checkbox"/> Residential project or halfway house with no homeless criteria  <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher  <input type="checkbox"/> Host Home (non-crisis)  <input type="checkbox"/> Staying or living in a friend's room, apartment, or house  <input type="checkbox"/> Staying or living in a family member's room, apartment, or house</p> <p><b><u>Permanent Housing Situations</u></b></p> <p><input type="checkbox"/> Rental by client, no ongoing housing subsidy  <input type="checkbox"/> <b>Rental by client, with ongoing housing subsidy</b>  <input type="checkbox"/> Owned by client, with ongoing housing subsidy  <input type="checkbox"/> Owned by client, no ongoing housing subsidy</p>																				

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

	<p><b>Other</b></p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p>
<p><b>Rental Subsidy Type:</b>  <i>If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.</i></p>	<p><input type="checkbox"/> GPD TIP housing subsidy</p> <p><input type="checkbox"/> VASH housing subsidy</p> <p><input type="checkbox"/> RRH or equivalent subsidy</p> <p><input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated)</p> <p><input type="checkbox"/> Public housing unit</p> <p><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</p> <p><input type="checkbox"/> Emergency Housing Voucher (EHV)</p> <p><input type="checkbox"/> Family Unification Program Voucher (FUP)</p> <p><input type="checkbox"/> Foster Youth to Independence Initiative (FYI)</p> <p><input type="checkbox"/> Permanent Supportive Housing</p> <p><input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons</p>
<p><b>6) Length of stay in prior living situation</b>                  [Head of Household and Adults]</p> <p><i>How long have you been sleeping/staying where you stayed/slept last night? If the client has stayed in similar situations (e.g., outside, homes of friends) but not exactly the same PLACE, include the total time in that type of situation.</i></p>	<p><input type="checkbox"/> One night or less</p> <p><input type="checkbox"/> Two to six nights</p> <p><input type="checkbox"/> One week or more, but less than one month</p> <p><input type="checkbox"/> One month or more, but less than 90 days</p> <p><input type="checkbox"/> 90 days or more, but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p>
<p><b>7) If the client stayed in an Institutional Situation last night, was the stay less than 90 days?</b></p> <p><b>If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the institutional situation?</b></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>8) If the client stayed in Transitional/Permanent housing last night, was the stay less than 7 days?</b></p> <p><b>If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the transitional or permanent placement?</b></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

<p><b>9) Approximate date <u>this episode</u> of homelessness started:</b></p> <p>[Head of Household and Adults]</p> <p><i>When was the date the current homeless situation began?</i></p> <p><i>A break in homelessness is defined as being in any permanent or temporary housing situation for 7 consecutive nights or more, or spending 90 days or more in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).</i></p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <p style="color: red;">This information can be by client self-report</p>														
<p><b>10) Number of times the client has been on the streets or in Emergency Shelter in the <u>past three years</u> including today</b></p> <p>[Head of Household and Adults]</p>	<p><input type="checkbox"/> One Time</p> <p><input type="checkbox"/> Two Times</p> <p><input type="checkbox"/> Three Times</p> <p><input type="checkbox"/> Four or more times</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p>														
<p><b>11) Total number of months client has been on the streets or in Emergency Shelter in the <u>past three years</u></b></p> <p>[Head of Household and Adults]</p>	<p><input type="checkbox"/> One month (this time is the first month)</p> <p><input type="checkbox"/> 2 months      <input type="checkbox"/> 7 months      <input type="checkbox"/> 12 months</p> <p><input type="checkbox"/> 3 months      <input type="checkbox"/> 8 months      <input type="checkbox"/> More than 12 months</p> <p><input type="checkbox"/> 4 months      <input type="checkbox"/> 9 months      <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> 5 months      <input type="checkbox"/> 10 months      <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> 6 months      <input type="checkbox"/> 11 months</p>														
<p><b>12) Date of Engagement</b></p> <p>[Head of Household and Adults]</p> <p><i>The point an interactive client relationship results in a deliberate <b>client assessment</b> or the beginning of a <b>case plan</b>.</i></p> <p><i>Although some interactions with a client may result in positive outcomes, such as assisting a client to access a shelter bed, without a deliberate client assessment or the beginning of a case plan, those interactions are not considered to be an engagement.</i></p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <p style="text-align: center;">Month                  Day                  Year</p> <p><i>Engagement is a one-time event within any given enrollment and may occur on or after the Project Start Date, and must occur prior to recording a PATH Status.</i></p>														

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

### PATH Status [Head of Household and Adults]

Date of Status Determination should only be completed one time throughout the client's program enrollment, at the time that the PATH enrollment status for the client has been determined. There should only be one Date of Status Determination per Project Stay.

<p><b>1) Date of Status Determination</b></p> <p><i>The date the client is <b>determined eligible</b> for the PATH Outreach program.</i></p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			/			/				
		/			/						
<p><b>2) Client became enrolled in PATH?</b></p> <p><i>If No, the reason the client did not enroll:</i></p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>										
	<p><input type="checkbox"/> Client was found ineligible for PATH</p> <p><input type="checkbox"/> Client was not enrolled for other reason(s)</p> <p><input type="checkbox"/> Unable to locate client</p>										

### Disabling Conditions (All Responses required)

A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.

<p><b>1) Does the client currently have a disabling condition?</b></p> <p><i>A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.</i></p> <p><i>This question is used with other information to determine if the client meets criteria for chronic homelessness.</i></p> <p><b>All questions in this section MUST be answered even if the answer is "no" to this question.</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p>
<p><b>2) Does the client have a Physical Disability?</b></p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p>
<p><b>3) Does the client have a Developmental Disability?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p>

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

<p><b>4) Does the client have a Chronic Health Condition?</b></p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p><b>5) Does the client have HIV – AIDS?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p><b>6) Does the client have a Mental Health Disorder?</b></p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p><b>7) Does the client have any Substance Use Disorder?</b></p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both Alcohol & Drug Abuse Use Disorders	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

**Domestic Violence [Head of Household and Adults]**

<p><b>1) Survivor of Domestic Violence</b></p> <p><i>Ask the client "Have you ever experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions against you or a member of your family, including a child, that has happened in the place you were living?"</i></p> <p><b><i>If the answer is "no", skip to "Monthly Income – Cash Benefits" section. If the answer is "yes", COMPLETE questions 2 and 3.</i></b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p><b>2) Most Recent Occurrence</b></p> <p><i>Ask the client "How long ago was your most recent experience of domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions?"</i></p>	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> Six months to one year ago (excluding one year exactly) <input type="checkbox"/> One year ago or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

<p><b>3) Current Status</b>  <i>Ask the client "Are you currently fleeing, or attempting to flee, the domestic violence situation, or are you afraid to return to the place you are living?"</i></p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Yes</td> <td style="width: 50%;"><input type="checkbox"/> Client doesn't know</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Client prefers not to answer</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know				
<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer				

**Monthly Income – Cash Benefits [Head of Household and Adults]**

<p><b>Current income from any source?</b>  <i>Is the client currently receiving any income from any source?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p><b>Specify the type(s) and amount(s) of income the client currently receives.</b></p> <p><i>Only regular, recurrent sources that are current today should be included. Income received for a minor (under 18 years old) member of the household (e.g., SSI) should be recorded with the HoH's information.</i></p> <p><i>DO NOT include income received by other adults (18 years and older) in the household; record their income on their Enrollment form.</i></p>	<input type="checkbox"/> Earned Income \$ _____ <input type="checkbox"/> Unemployment Insurance \$ _____ <input type="checkbox"/> Supplemental Security Income SSI \$ _____ <input type="checkbox"/> Social Security Disability Insurance SSDI \$ _____ <input type="checkbox"/> VA Service-Connected Disability Pension \$ _____ <input type="checkbox"/> VA Non-service connect disability pension \$ _____ <input type="checkbox"/> Private Disability Insurance \$ _____ <input type="checkbox"/> Worker's Compensation \$ _____ <input type="checkbox"/> Temporary Assistance for Needy Families TANF/CalWORKs \$ _____ <input type="checkbox"/> General Assistance (GA) \$ _____ <input type="checkbox"/> Retirement income from Social Security \$ _____ <input type="checkbox"/> Pension or Retirement Income from a Former Job \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Alimony and Other Spousal Support \$ _____ <input type="checkbox"/> Other Cash Income \$ _____ If Other Specify: _____
<p><b>Total Cash Income for Individual</b></p>	<p><b>TOTAL: \$ _____</b></p>

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

### Non-Cash Benefits [Head of Household and Adults]

<p><b>Currently receiving Non-Cash Benefits?</b> <i>Is the client currently receiving one of the non-cash benefits listed below?</i></p> <p><b>If Yes, indicate all the non-cash benefits the client is receiving:</b></p> <p><i>Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's information.</i></p> <p><i>DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Enrollment form.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> TANF/CALWORKS Childcare Services <input type="checkbox"/> TANF/CALWORKS Transportation Services <input type="checkbox"/> Other TANF/CALWORKS-Funded Services <input type="checkbox"/> Other Non-Cash Benefit If Other Specify: _____

### Health Insurance

<p><b>Currently covered by health insurance?</b> <i>Is the client currently covered by health insurance?</i></p> <p><b>If Yes, type(s) of insurance(s):</b></p> <p><i>If the client is currently covered by multiple health insurances please select all that apply.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Medicaid (same as Medi-Cal) <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance (CHIP) Program <input type="checkbox"/> Veteran's Health Administration (VHA) <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Health Insurance Obtained Through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other Health Insurance If Other Specify: _____

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_



**Sexual Orientation [Head of Household and Adults]**

<p><b>What is the client's sexual orientation?</b></p>	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Other (please specify) <hr style="width: 20%; margin-left: 0;"/>	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
--	---	---

**General Health Status [Head of Household and Adults]**

<p><b>What is the client's general health status?</b></p>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
---	---	---

**Employment Status [Head of Household and Adults]**

<p><b>Currently Employed?</b> <i>Is the client currently employed?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p><b>If Yes, specify the type of employment</b></p>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Sporadic (including day labor)	
<p><b>If No, is the client looking for employment?</b></p>	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work	

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

**Education Status [Head of Household and Adults]**

<b>Specify the <u>last grade</u> of school completed by the client</b>	<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12/ High school diploma <input type="checkbox"/> School program does not have grade levels	<input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate’s degree <input type="checkbox"/> Bachelor’s degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client prefers not to answer
<b>Is the client <u>currently</u> enrolled in school or a training program?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client prefers not to answer
<b>If Yes, specify the type of school or training program</b>	<input type="checkbox"/> Kindergarten – 8 <sup>th</sup> grade <input type="checkbox"/> High School <input type="checkbox"/> Community College <input type="checkbox"/> Vocational Program	<input type="checkbox"/> Training Program <input type="checkbox"/> University <input type="checkbox"/> Other

**Last Permanent Address [Head of Household and Adults]**

<b><u>This is the address of the client’s last permanent housing prior to this experience of homelessness: not the address of a shelter or a location not meant for human habitation like the streets or a park.</u></b>	<b>Street Address</b>	<b>City</b>
	<b>State</b>	<b>Zip Code</b>

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_