HMIS # _____

Staff Name _____

Date Form Completed _____ / _____ / _____

Santa Cruz County Standard Intake – Adult Client Profile

The service provider should complete this form while interviewing an adult client or the Head of Household. Separate client profiles 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 Profile form.**

1) Client Name	**First** **Middle**
	Last **Suffix**
Preferred Name (if multiple, separate by commas)	
Pronouns	❏ She/Her/Hers ❏ He/Him/His ❏ They/Them/Theirs ❏ Manual Entry: _____ ❏ Client doesn't know ❏ Client prefers not to answer *If "Manual Entry" is chosen, a text line will appear where you can manually enter the participant's preferred pronouns.*
Quality of Name	❏ Full Name Reported ❏ Client doesn't know ❏ Partial Name or Nickname ❏ Client prefers not to answer
2) Social Security Number (SSN) ***Please verify this SSN is the same as the one in HMIS.*** **Collect the full SSN whenever possible – some funding sources require at least the last 4 digits of SSN.*	☐☐☐ - ☐☐ - ☐☐☐☐
Quality of Social Security Number	❏ Full SSN Reported ❏ Client doesn't know ❏ Approximate or Partial SSN ❏ Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

3) **Date of Birth (DOB)**	☐ ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐
	Month　　　Day　　　Year
Quality of Date of Birth	☐ Full DOB Reported　　　　☐ Client doesn't know ☐ Approximate or Partial DOB　☐ Client prefers not to answer
4) **Gender** *Which of these genders best describes how the client identifies?*	☐ Woman (Girl if child)　　　☐ Transgender ☐ Man (Boy if child)　　　　☐ Non-Binary ☐ Culturally Specific Identity (e.g., Two-Spirit)　☐ Questioning ☐ Different Identity: _____ ☐ Client doesn't know ☐ Client prefers not to answer
5) **Race and Ethnicity (Required)** *What race(s) or ethnicity(ies) best describe how the client identifies? Check all that apply*	☐ American Indian, Alaska Native, Indigenous　☐ White ☐ Asian or Asian American　☐ Client doesn't know ☐ Black, African American, or African　☐ Client prefers not to answer ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander
Additional Race and Ethnicity Detail: *Enter any additional race or ethnicity information the client wishes to share. For example, a person may identify as "Hispanic/Latina/e/o" based on the response options provided, but more specifically identifies as Puerto Rican.*	
6) **Veteran Status [Adults only]** *Is the client a veteran of the US armed forces? Were they ever on active duty in the military?* **If the answer is "no," STOP here.** **If the answer is "yes", COMPLETE questions 7 through 11.**	☐ No　　　　☐ Client doesn't know ☐ Yes　　　☐ Client prefers not to answer
7) **Year Entered Military Service**	☐ ☐ ☐ ☐ Year

Client Name _____

Head of Household Name (if not Self) _____

8) Year Separated from Military Service	☐☐☐☐ Year
9) Theater of Operations Served:	*In what theater or theaters of operation was client active?*
World War II	☐ Yes ☐ Client doesn't know ☐ No ☐ Client prefers not to answer
Korean War	☐ Yes ☐ Client doesn't know ☐ No ☐ Client prefers not to answer
Vietnam War	☐ Yes ☐ Client doesn't know ☐ No ☐ Client prefers not to answer
Persian Gulf War (Operation Desert Storm)	☐ Yes ☐ Client doesn't know ☐ No ☐ Client prefers not to answer
Afghanistan (Operation Enduring Freedom)	☐ Yes ☐ Client doesn't know ☐ No ☐ Client prefers not to answer
Iraq (Operation Iraqi Freedom)	☐ Yes ☐ Client doesn't know ☐ No ☐ Client prefers not to answer
Iraq (Operation New Dawn)	☐ Yes ☐ Client doesn't know ☐ No ☐ Client prefers not to answer
Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	☐ Yes ☐ Client doesn't know ☐ No ☐ Client prefers not to answer
10) Branch of Military	☐ Army ☐ Coast Guard ☐ Air Force ☐ Space Force ☐ Navy ☐ Client doesn't know ☐ Marines ☐ Client prefers not to answer
11) Discharge Status	☐ Honorable ☐ Dishonorable ☐ General Under Honorable Conditions ☐ Uncharacterized ☐ Under Other Than Honorable Conditions (OTH) ☐ Client doesn't know ☐ Bad Conduct ☐ Client prefers not to answer
12) Deceased	If the participant becomes deceased, please set the toggle to "ON" and complete the *Estimated Date of Death* and *Note* fields that will appear on the client profile in the HMIS when the deceased toggle is on.

Client Name _____

Head of Household Name (if not Self) _____