

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

Santa Cruz County Standard Intake – Child Client Profile

The service provider should complete this form while interviewing a child household member. Separate client profiles should be completed for each client who is **under** the age of 18 *unless they are the Head of Household*. **Separate client profiles must be completed for adults as well, but please be sure to use the Standard HMIS Adult Client Profile form.**

1) Client Name	First	Middle											
	Last	Suffix											
Preferred Name (if multiple, separate by commas)													
Pronouns	<input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Manual Entry: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <i>If "Manual Entry" is chosen, a text line will appear where you can manually enter the participant's preferred pronouns.</i>												
Quality of Name	<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial Name or Nickname <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer												
2) Social Security Number (SSN)	<p><i>Please verify this SSN is the same as the one in HMIS.</i></p> <p><i>*Collect the full SSN whenever possible – some funding sources require at least the last 4 digits of SSN.</i></p> <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> <td style="width: 20px;"> </td> </tr> </table>					-			-				
			-			-							
Quality of Social Security Number	<input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or Partial SSN <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>3) Date of Birth (DOB)</p> <p>Quality of Date of Birth</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;">/</td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;">/</td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td>Month</td> <td>Day</td> <td></td> <td>Year</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			/			/					Month	Day		Year						
		/			/																
Month	Day		Year																		
<p>4) Gender</p> <p><i>Which of these genders best describes how the client identifies?</i></p>	<input type="checkbox"/> Woman (Girl if child) <input type="checkbox"/> Man (Boy if child) <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity: <hr style="width: 100%;"/> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer																				
<p>5) Race and Ethnicity (Required)</p> <p><i>What race(s) or ethnicity(ies) best describe how the client identifies? Check all that apply</i></p> <p>Additional Race and Ethnicity Detail:</p> <p><i>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.</i></p>	<input type="checkbox"/> American Indian, Alaska Native, Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer																				
<p>6) Deceased</p>	<p>If the participant becomes deceased, please set the toggle to "ON" and complete the <i>Estimated Date of Death</i> and <i>Note</i> fields that will appear on the client profile in the HMIS when the deceased toggle is on.</p>																				

Client Name _____

Head of Household Name (if not Self) _____