

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

Santa Cruz County HMIS – YHDP Adult or Head of Household Enrollment

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

1) Client Name	First _____ Last _____																				
Relationship to HoH (HUD) <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																				
Relationship to HoH – Additional Detail	<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																				
2) Date of Program Enrollment <i>The date the client started being helped by the project (program); also called the project start date.</i>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">/</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">/</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </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															

Client Name _____

Head of Household Name (if not Self) _____

<p>3) Translation Assistance Needed</p> <p>[Head of Household]</p> <p><i>Does the client need access to translation services?</i></p> <p>If Yes, Preferred Language(s):</p> <p><i>If the client needs access to translation services, please select their preferred language(s).</i></p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Spanish <input type="checkbox"/> Mixteco <input type="checkbox"/> Zapoteco <input type="checkbox"/> Tzotil <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> American Sign Language <input type="checkbox"/> Farsi <input type="checkbox"/> Arabic <input type="checkbox"/> Russian </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Portuguese <input type="checkbox"/> Samoan <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Cambodian <input type="checkbox"/> Different Preferred Language, please specify: <hr style="width: 100%;"/> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer </td> </tr> </table>	<input type="checkbox"/> Spanish <input type="checkbox"/> Mixteco <input type="checkbox"/> Zapoteco <input type="checkbox"/> Tzotil <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> American Sign Language <input type="checkbox"/> Farsi <input type="checkbox"/> Arabic <input type="checkbox"/> Russian	<input type="checkbox"/> Portuguese <input type="checkbox"/> Samoan <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Cambodian <input type="checkbox"/> Different Preferred Language, please specify: <hr style="width: 100%;"/> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer								
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<p>4) Housing Move-In Date</p> <p>[Head of Household]</p> <p><i>(Required for Permanent Housing Projects)</i></p> <p><i>This is the date a client moves into a permanent housing situation while enrolled in Rapid Rehousing, Permanent Supportive Housing or Other Permanent Housing programs, even if the move-in date is the same as the project enrollment date. Leave blank if there is no move-in date yet. Update the enrollment data with a move-in date after move-in happens.</i></p>	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%; text-align: center;">/</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%; text-align: center;">/</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> <p style="text-align: center; margin: 0;"> Month Day Year </p>			/			/				
		/			/						
<p>5) Date of Engagement <i>(only for Street Outreach, Night-by-Night Emergency Shelter, or Services Only programs)</i></p> <p>[Head of Household and Adults]</p> <p><i>The date the client relationship results in a collaboratively developed action plan with a provider. Leave blank if still working to engage. Update the enrollment data after engagement happens.</i></p>	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%; text-align: center;">/</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%; text-align: center;">/</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> <p style="text-align: center; margin: 0;"> Month Day Year </p>			/			/				
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Client Name _____

Head of Household Name (if not Self) _____

<p>6) Prior Living Situation: Type of Residence</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>Ask the client "where did you stay or sleep last night"?</p> <p>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.</p>	<p><u>Homeless Situations</u></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)</p> <p><input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter</p> <p><input type="checkbox"/> Safe Haven</p> <p><u>Institutional Situations (Answer Q8)</u></p> <p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non—psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison, or juvenile detention facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility or detox center</p> <p><u>Temporary Housing Situations (Answer Q9)</u></p> <p><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</p> <p><input type="checkbox"/> Residential project or halfway house with no homeless criteria</p> <p><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</p> <p><input type="checkbox"/> Host Home (non-crisis)</p> <p><input type="checkbox"/> Staying or living in a friend's room, apartment, or house</p> <p><input type="checkbox"/> Staying or living in a family member's room, apartment, or house</p> <p><u>Permanent Housing Situations (Answer Q9)</u></p> <p><input type="checkbox"/> Rental by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, with ongoing housing subsidy [collect additional info below]</p> <p><input type="checkbox"/> Owned by client, with ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, no ongoing housing subsidy</p> <p><u>Other</u></p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p>
<p>Rental Subsidy Type: If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.</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>

Client Name _____

Head of Household Name (if not Self) _____

<p>7) Length of stay in prior living situation</p> <p>[Head of Household and Adults]</p> <p><i>How long have you been sleeping/staying where you stayed/slept last night? If the client stayed in situation in the same type of place, but not exactly the same place, include the total time in that type of situation, (e.g., slept in different hotels).</i></p>	<p> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer </p>										
<p>8) If the client stayed in an Institutional Situation last night, was the stay less than 90 days?</p> <p>If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the institutional situation?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No </p>										
<p>9) If the client stayed in Transitional/Permanent housing last night, was the stay less than 7 days?</p> <p>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?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No </p>										
<p>10) Approximate date <i>this episode</i> of homelessness started:</p> <p>[Head of Household and Adults]</p> <p><i>When was the date your current episode of homelessness 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>	<p><input type="checkbox"/> Not Applicable</p> <p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> </p> <p style="color: red;">This information can be by client self-report</p>			/			/				
		/			/						

Client Name _____

Head of Household Name (if not Self) _____

<p>11) Number of separate times (episodes) the client has been on the streets or in Emergency Shelter in the <u>past three years</u> including today</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>12) Total number of months client has been on the streets or in Emergency Shelter in the <u>past three years</u></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</p> <p><input type="checkbox"/> 3 months</p> <p><input type="checkbox"/> 4 months</p> <p><input type="checkbox"/> 5 months</p> <p><input type="checkbox"/> 6 months</p> <p><input type="checkbox"/> 7 months</p> <p><input type="checkbox"/> 8 months</p> <p><input type="checkbox"/> 9 months</p> <p><input type="checkbox"/> 10 months</p> <p><input type="checkbox"/> 11 months</p> <p><input type="checkbox"/> 12 months</p> <p><input type="checkbox"/> More than 12 months</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p>

Disabling Conditions (All Responses required)

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

<p>1) Does the client currently have a disabling condition?</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>All questions in this section MUST be answered even if the answer is "no" to this question.</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>2) Does the client have a Physical Disability?</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>3) Does the client have a Developmental Disability?</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>4) Does the client have a Chronic Health Condition?</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>	<table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><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								
<p>5) Does the client have HIV – AIDS?</p>	<table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><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								
<p>6) Does the client have a Mental Health Disorder?</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>	<table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><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								
<p>7) Does the client have any Substance Use Disorder?</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>	<table border="0"> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Client doesn't know</td> </tr> <tr> <td><input type="checkbox"/> Alcohol use disorder</td> <td><input type="checkbox"/> Client prefers not to answer</td> </tr> <tr> <td><input type="checkbox"/> Drug use disorder</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Both Alcohol & Drug Abuse Use Disorders</td> <td></td> </tr> </table>	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Alcohol use disorder	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Drug use disorder		<input type="checkbox"/> Both Alcohol & Drug Abuse Use Disorders	
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know								
<input type="checkbox"/> Alcohol use disorder	<input type="checkbox"/> Client prefers not to answer								
<input type="checkbox"/> Drug use disorder									
<input type="checkbox"/> Both Alcohol & Drug Abuse Use Disorders									

Domestic Violence [Head of Household and Adults]

<p>1) Survivor of Domestic Violence</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><i>If the answer is "no", skip to "Monthly Income – Cash Benefits" section.</i></p> <p><i>If the answer is "yes", COMPLETE questions 2 and 3.</i></p>	<table border="0"> <tr> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Client doesn't know</td> </tr> <tr> <td><input type="checkbox"/> Client prefers not to answer</td> </tr> </table>	<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					

Client Name _____

Head of Household Name (if not Self) _____

<p>2) Most Recent Occurrence</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>	<p><input type="checkbox"/> Within the past three months</p> <p><input type="checkbox"/> Three to six months ago (excluding six months exactly)</p> <p><input type="checkbox"/> Six months to one year ago (excluding one year exactly)</p> <p><input type="checkbox"/> One year ago or more</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p>
<p>3) Current Status</p> <p><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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer</p>

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

<p>Current income from any source? <i>Is the client currently receiving any income from any source?</i></p> <p>Specify the type(s) and amount(s) of income the client currently receives.</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> <p>Total Cash Income for Individual</p>	<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>
	<p><input type="checkbox"/> Earned Income \$ _____</p> <p><input type="checkbox"/> Unemployment Insurance \$ _____</p> <p><input type="checkbox"/> Supplemental Security Income SSI \$ _____</p> <p><input type="checkbox"/> Social Security Disability Insurance SSDI \$ _____</p> <p><input type="checkbox"/> VA Service-Connected Disability Pension \$ _____</p> <p><input type="checkbox"/> VA Non-service connect disability pension \$ _____</p> <p><input type="checkbox"/> Private Disability Insurance \$ _____</p> <p><input type="checkbox"/> Worker's Compensation \$ _____</p> <p><input type="checkbox"/> Temporary Assistance for Needy Families TANF/CalWORKs \$ _____</p> <p><input type="checkbox"/> General Assistance (GA) \$ _____</p> <p><input type="checkbox"/> Retirement income from Social Security \$ _____</p> <p><input type="checkbox"/> Pension or Retirement Income from a Former Job \$ _____</p> <p><input type="checkbox"/> Child Support \$ _____</p> <p><input type="checkbox"/> Alimony and Other Spousal Support \$ _____</p> <p><input type="checkbox"/> Other Cash Income \$ _____</p> <p>If Other Specify: _____</p> <p style="background-color: #cccccc;">TOTAL: \$ _____</p>

Client Name _____

Head of Household Name (if not Self) _____

Non-Cash Benefits [Head of Household and Adults]

<p>Currently receiving Non-Cash Benefits? <i>Is the client currently receiving one of the non-cash benefits listed below?</i></p> <p>If Yes, indicate all the non-cash benefits the client is receiving:</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>Currently covered by health insurance? <i>Is the client currently covered by health insurance?</i></p> <p>If Yes, type(s) of insurance(s):</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>What is the client's sexual orientation?</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) _____	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
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Health Status [Head of Household and Adults]

<p>1) What is the client's general health status?</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																				
<p>2) What is the client's dental health status?</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																				
<p>3) What is the client's mental health status?</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																				
<p>4) Is the client pregnant?</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>If yes, due date:</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> <tr> <td colspan="2" style="text-align: center;">Month</td> <td colspan="2" style="text-align: center;">Day</td> <td colspan="6" style="text-align: center;">Year</td> </tr> </table>				/			/					Month		Day		Year					
		/			/																	
Month		Day		Year																		

Client Name _____

Head of Household Name (if not Self) _____

Employment Status [Head of Household and Adults]

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

Education Status [Head of Household]

<p>1) Current school enrollment and attendance</p>	<input type="checkbox"/> Not currently enrolled in any school or educational course <input type="checkbox"/> Current enrolled but NOT attending regularly (when school or the course is in session) <input type="checkbox"/> Currently enrolled and attending regularly (when school or the course is in session)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p>2) Most recent Educational Status <i>If the client answers "not currently enrolled in any school or education course" above, ask this question to determine their most recent education status:</i></p>	<input type="checkbox"/> K12: Graduated from High School <input type="checkbox"/> K12: Obtained GED <input type="checkbox"/> K12: Dropped Out <input type="checkbox"/> K12: Suspended <input type="checkbox"/> K12: Expelled <input type="checkbox"/> Higher Education: Pursuing a credential but not currently attending <input type="checkbox"/> Higher Education: Dropped Out <input type="checkbox"/> Higher Education: Obtained a credential/degree	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p>3) Current educational status <i>If the client is currently enrolled in any school or education course, specify the current educational status (the type of degree or credential they are currently pursuing):</i></p>	<input type="checkbox"/> Pursuing a high school diploma or GED <input type="checkbox"/> Pursuing Associate's Degree <input type="checkbox"/> Pursuing Bachelor's Degree <input type="checkbox"/> Pursuing Graduate Degree <input type="checkbox"/> Pursuing other post-secondary credential	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

System Involvement [Head of Household and Adults]

<p>1) Client has a history of involvement with Child Welfare or a Foster Care Agency.</p> <p><i>If yes, how long were they involved with Child Welfare or a Foster Care Agency?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer</p> <hr/> <p><input type="checkbox"/> 3 to 5 years or more</p> <p><input type="checkbox"/> 1 to 2 years</p> <p><input type="checkbox"/> Less than one year: specify number of months _____</p>
<p>2) Client has a history of involvement with the Juvenile Justice System.</p> <p><i>If yes, how long were they involved with the Juvenile Justice System?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer</p> <hr/> <p><input type="checkbox"/> 3 to 5 years or more</p> <p><input type="checkbox"/> 1 to 2 years</p> <p><input type="checkbox"/> Less than one year: specify number of months _____</p>

Last Permanent Address [Head of Household and Adults]

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

Client Name _____

Head of Household Name (if not Self) _____