

HMIS Intake and Enrollment Form SSVF RRH & HP

Client ID: _____

Program Start Date _____

Staff Completing HMIS Form: _____

Identification - All fields required unless otherwise noted

Completed HMIS Consent Form No (Refused) Signed

First Name _____ Middle Name _____

Last Name _____ Suffix _____

Name Data Quality: Did the client provide their full name?	Social Security Number (SSN)	Birth Date (DOB)
<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, street name, or code name reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	_____ - _____ - _____ <input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	____/____/_____ <input type="checkbox"/> Approximate or partial DOB reported <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Basic Demographics – All fields required unless otherwise noted

Gender	Race (Check all that apply)	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (Male to Female) <input type="checkbox"/> Trans Male (Female to Male) <input type="checkbox"/> Gender Non-Conforming (Not exclusively male or Female) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Relationship to Head of Household	Ethnicity	Percent of AMI
<input type="checkbox"/> Self <input type="checkbox"/> Head of Household's Child <input type="checkbox"/> Head of Household's Spouse or Partner <input type="checkbox"/> Head of Household's other Relation Member (Other relation to head of household) <input type="checkbox"/> Other: Non-relation Member	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/ Non-Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Less than 30% <input type="checkbox"/> 30% to 50% <input type="checkbox"/> Greater than 50%
Veteran (Have you ever served in the U.S. Military?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
VAMC Station Number <input type="checkbox"/> 640 Palo Alto <input type="checkbox"/> 662 San Francisco <input type="checkbox"/> Other: _____		
Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Housing Move in Date(All PH - HOH ONLY)		
_____/_____/_____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		

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Universal Data Assessment		
Client Location: <input type="checkbox"/> CA-510 – Turlock/ Modesto/ Stanislaus County CoC <input type="checkbox"/> Other: _____		
Living Situation: (FOR ALL PROJECTS EXCEPT EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH)		
<p>1. What was the living Situation you were living in immediately prior to project entry? <i>Literally Homeless Situations</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing 	<p>2. Length of stay in prior living situation? <i>For literally homeless situations:</i></p> <ul style="list-style-type: none"> <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 refused 	<p>3. Did the Client stay less than...? Not Applicable (Continue to questions 5-7)</p>
<p>1. What was the living Situation you were living in immediately prior to project entry? <i>Institutional Situations</i></p> <ul style="list-style-type: none"> <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>2. Did you stay less than...? 90 Days</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes (Answer 3-4) <input type="checkbox"/> No (Enter Wellness Assessment) 	<p>3. Length of stay in prior living situation? <i>For institutional situations:</i></p> <ul style="list-style-type: none"> <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 refused
<p>1. What was the living Situation you were living in immediately prior to project entry? <i>Transitional & Permanent Housing Situations</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing (Other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy (Including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) 	<p>2. Did you stay less than...? 7 Nights</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes (Answer 3-7) <input type="checkbox"/> No (Answer 3 then continue to Wellness Assessment) 	<p>3. Length of stay in prior living situation? <i>Transitional & Permanent Housing Situations</i></p> <ul style="list-style-type: none"> <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 refused

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4. On the night before your current housing situation did you stay on the street, Emergency Shelter, or Safe Haven	<input type="checkbox"/> Yes(Continue to questions 5-7) <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> No (Continue with Wellness Assessment) <input type="checkbox"/> Client Refused
5. When did the client start staying on the streets, in emergency shelters, or in the safe havens this time?	_____ / _____ / _____	
6. How many times has the client been homeless on the streets, in shelters in the past 3 years?	<input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Three Times	<input type="checkbox"/> Four or more times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
7. How many months, in total, have the client has been homeless on the street, in an emergency shelter, or Safe Haven over the past three years?	<input type="checkbox"/> One Month (this time is the first month) <input type="checkbox"/> 2-12 (____ months)	<input type="checkbox"/> More than 12 <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Wellness Assessment

Last Permanent Address (Head of Household)

Street Address		Address Data Quality
City		<input type="checkbox"/> Full Address Reported <input type="checkbox"/> Incomplete or Estimated address reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
State		
Zip		

Health Insurance

Yes (Enter the Source) No Client Doesn't Know Client Refused

Health Insurance Sources

<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> MEDICAID <input type="checkbox"/> State Children's Health Insurance(SCHIP) <input type="checkbox"/> VA Medical Services	<input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> State Health Insurance Adults (Medi-cal) <input type="checkbox"/> Indian Health Services Program Other: _____
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Military Service History

Date Entered Military Service	_____ / _____ / _____	Date Separated Military Service	_____ / _____ / _____
Branch of the Military	<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines	<input type="checkbox"/> Coast Guard <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Discharge Status	<input type="checkbox"/> Honorable <input type="checkbox"/> General under Honorable Conditions <input type="checkbox"/> Under other than honorable conditions (OTH) <input type="checkbox"/> Bad conduct	<input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Theater of Operations	<input type="checkbox"/> Yes (Answer questions below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Please Mark All that apply	<input type="checkbox"/> World War II <input type="checkbox"/> Vietnam War <input type="checkbox"/> Persian Gulf Ware (Operation Desert Storm) <input type="checkbox"/> Afghanistan (Operation Enduring Freedom) <input type="checkbox"/> Iraq (Operation Iraqi Freedom) <input type="checkbox"/> Iraq (Operation New Dawn) <input type="checkbox"/> Other Peace-keeping Operations or Military Interventions (Such as Lebanon, Panama, Somalia, Bosnia, Kosovo) <input type="checkbox"/> Korean War		
Connection with SOAR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		

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HP Targeting Criteria – For Homeless Prevention Only	
Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not No (0 points) meant for human habitation.	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Current housing loss expected within...	<input type="checkbox"/> 0-6 days <input type="checkbox"/> 7-13 days <input type="checkbox"/> 14-21 days <input type="checkbox"/> More than 21 days (0 points)
Current household income is \$0	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Annual household gross income amount	<input type="checkbox"/> 0-14% of Area Median Income (AMI) for household size <input type="checkbox"/> 15-30% of AMI for household size <input type="checkbox"/> More than 30% of AMI for household size (0 points)
Sudden and significant decrease in cash income (employment and/or cash benefits) AND/OR unavoidable increase in nondiscretionary expenses (e.g., rent or medical expenses) in the past 6 months	<input type="checkbox"/> No (0 points) <input type="checkbox"/> past 6 months
Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Rental Evictions within the Past 7 Years	<input type="checkbox"/> 4 or more prior rental evictions <input type="checkbox"/> 2-3 prior rental evictions <input type="checkbox"/> 1 prior rental eviction <input type="checkbox"/> No prior rental evictions (0 points)
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
History of Literal Homelessness (street/shelter/transitional housing)	<input type="checkbox"/> 4+ times OR a total of 12+ months in the past three years <input type="checkbox"/> 2-3 times in the past three years <input type="checkbox"/> 1 time in the past three years <input type="checkbox"/> None (0 points)
Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Registered sex offender	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
At least one dependent child under age 6	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Single parent with minor child(ren)	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Household size of 5 or more requiring at least 3 bedrooms to age/gender mix)	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Any Veteran in household served in Iraq or Afghanistan?	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Female Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
HP applicant total points	
Grantee targeting threshold score	

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Financial Assessment (Check all that Apply and Enter amount)			
Income Source (Check all that apply) <input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	Stated Income	Non-Cash Resources (Check all that apply) <input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	Stated Amounts
<input type="checkbox"/> Earned Income (<i>employment wages / cash</i>)	\$	<input type="checkbox"/> Special Supplemental nutritional Program Women and Children	\$
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> Food Stamps (CalFresh) SNAP	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> CalWorks Child Care/TANF Child Care Services	\$
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$	<input type="checkbox"/> CalWorks Transportation (TANF)	
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$	<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$	<input type="checkbox"/> Other	\$
<input type="checkbox"/> Private Disability Insurance	\$		
<input type="checkbox"/> Workers Compensation	\$		
<input type="checkbox"/> Pension or Retirement income from a job	\$		
<input type="checkbox"/> TANF	\$		
<input type="checkbox"/> General Assistance	\$		
<input type="checkbox"/> Retirement (Social Security)	\$		
<input type="checkbox"/> Child Support	\$		
<input type="checkbox"/> Alimony or other Spousal Support	\$		
<input type="checkbox"/> Other Income	\$		
Employment Assessment			
Is the client employed?	<input type="checkbox"/> Yes (Answer Below) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal/Sporadic	<input type="checkbox"/> No (Answer Below) <input type="checkbox"/> Looking for Work <input type="checkbox"/> Unable to Work <input type="checkbox"/> Not looking for work	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Educational Assessment			
Highest Grade Completed	<input type="checkbox"/> No School Completed <input type="checkbox"/> School program does not have a grade level <input type="checkbox"/> Nursery School to 4 th <input type="checkbox"/> 5 th or 6 th grade <input type="checkbox"/> 7 th or 8 th grade <input type="checkbox"/> 9 th grade	<input type="checkbox"/> 10 th grade <input type="checkbox"/> 11 th grade <input type="checkbox"/> 12 th grade, No Diploma <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Other Graduate/Professional degree <input type="checkbox"/> Vocational certification/ Certificate of advanced training or skilled artisan
School Status	<input type="checkbox"/> Attending school regularly <input type="checkbox"/> Attending School irregularly	<input type="checkbox"/> Graduated high school <input type="checkbox"/> Obtained GED	<input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

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VA Services			
Services		Date of Service	
Outreach			
Case Management services			
Assistance obtaining VA benefits <input type="checkbox"/> VA vocational and rehabilitation counseling <input type="checkbox"/> Employment training services <input type="checkbox"/> Educational Assistance <input type="checkbox"/> Health care services			
Assistance obtaining/coordinating other public benefits, specify <input type="checkbox"/> Health services <input type="checkbox"/> Daily living services <input type="checkbox"/> Personal financial planning services <input type="checkbox"/> Transportation service <input type="checkbox"/> Income support services <input type="checkbox"/> Fiduciary and representation payee services <input type="checkbox"/> Legal services-child support <input type="checkbox"/> Legal services-eviction prevention <input type="checkbox"/> Legal services-outstanding fines and penalties <input type="checkbox"/> Legal services-other <input type="checkbox"/> Child care <input type="checkbox"/> Housing counseling			
Direct provision of other public benefits, specify <input type="checkbox"/> Personal financial planning services <input type="checkbox"/> Transportation service <input type="checkbox"/> Income support services <input type="checkbox"/> Fiduciary and representation payee services <input type="checkbox"/> Legal services-child support <input type="checkbox"/> Legal services-eviction prevention <input type="checkbox"/> Legal services-outstanding fines and penalties <input type="checkbox"/> Legal services-other <input type="checkbox"/> Child care <input type="checkbox"/> Housing counseling			
Other (non-TFA) supportive services approved by VA, Specify below _____ _____			
Financial Assistance Provided			
Date Assistance Provided: _____			
Financial Assistance Provided: VA-SSVF	Amount	Financial Assistance Provided: VA-SSVF	Amount
<input type="checkbox"/> Rent	\$	<input type="checkbox"/> Child care	\$
<input type="checkbox"/> Utility Payment	\$	<input type="checkbox"/> General housing stability assistance-emergency supplies	\$
<input type="checkbox"/> Security Deposit	\$	<input type="checkbox"/> General housing stability-Other	\$
<input type="checkbox"/> Moving Costs	\$	<input type="checkbox"/> Emergency housing assistance	\$
<input type="checkbox"/> Transportation Services: token/vouchers	\$		
<input type="checkbox"/> Transportation Services: Vehicle repair/maintenance	\$		