HMIS Intake and Enrollment Form

Client Name / ID: _____

Identification *- All fields required unless otherwise noted*

HMIS consent? ☐ No (refused) ☐ Written ☐ Verbal (HFSS only) If verbal: Agency_____ Staff_____ Date _____

First Name: _____ **Middle Name** (Optional)**:** _____

Last Name: _____ **Suffix** (Optional)**:** _____

Name Data Quality: Did the client provide their full name?	**Physical Description** (Optional)**:**	**Last Known Permanent Address:** Where have you last lived for 90 days or more? (Not including emergency shelters and transitional housing)
☐ Full Name Reported ☐ Partial, street name, or code name reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected		Address: _____ City: _____ County: _____ State: _____ Zip: _____ Address Quality: ☐ Full Address Reported ☐ Incomplete or Estimated Address Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected
Date of Birth:	**SSN:**	
_____/_____/_____ ☐ Full DOB reported ☐ Approximate or partial DOB reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	_____-_____-_____ ☐ Full SSN reported ☐ Approximate or partial SSN reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	

Contact Information *- Optional but extremely helpful*

Phone Number (*Do you have a number and email where I can follow-up with you or leave a message?)*	**Phone Type**	**Contact Preference**
Main: (_____)_____-_____ x_____ ☐ Leave message	☐ Home ☐ Work ☐ Cell ☐ Message Center	☐ Phone ☐ Text ☐ Email
Alternate:(_____)_____-_____ x_____ ☐ Leave message	☐ Home ☐ Work ☐ Cell ☐ Message Center	
Email _____@_____	**Notes**	

Demographics *- All fields required unless otherwise noted*

Housing Status:		**Family Type:**
☐ Category 1 - Homeless ☐ Category 2 – At Imminent Risk of Losing Housing (within 14 days or less) ☐ Category 3 – Homeless only under other Federal Statutes ☐ Category 4 – Fleeing Domestic Violence ☐ At Risk of Homelessness ☐ Stably Housed	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	☐ Unaccompanied ☐ Single Parent ☐ Two Parents ☐ Adults No children

TB Clearance Date (Optional)	**Clinic Providing Clearance** (Optional)

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Relation *(to Head of Household)*	**Gender:**	
☐ Self	☐ Male	☐ Client Doesn't Know
☐ Head of Household's Child	☐ Female	☐ Client Refused
☐ Head of Household's Spouse or Partner	☐ Transgender Female to Male	☐ Data not Collected
☐ Head of Household's other Relation Member	☐ Transgender Male to Female	
☐ Other: Non-relation Member	☐ Doesn't identify as male, female, or transgender	

Disabled? *(Physical, Developmental, Mental Health, Chronic Health Condition, HIV/AIDS, Substance Abuse)*	**Veteran** (Have you ever served in the U.S. Military?)	**Education Level** (What is the highest level of education you've completed?)	
☐ Yes	☐ Yes*	☐ Less than Grade 5	☐ Associate's degree
☐ No	☐ No	☐ Grades 5-6	☐ Bachelor's degree
☐ Client Doesn't Know	☐ Client Doesn't Know	☐ Grades 7-8	☐ Graduate degree
☐ Client Refused	☐ Client Refused	☐ Grade 12 / High school diploma	☐ Vocational certification
☐ Data not Collected	☐ Data not Collected	☐ School program does not have grade levels	☐ Client Doesn't Know
	**If yes, please administer VA release of information*	☐ GED	☐ Client refused
		☐ Some college	☐ Data not collected

Insurance (Health Insurance Provider) (Check all that apply)		**Ethnicity**	**Residency Status**
☐ HealthNet	☐ L.A. Care	☐ Non-Hispanic	☐ Citizen
☐ Anthem Blue Cross	☐ L.A. Care Health Plan	☐ Hispanic	☐ Permanent Legal Resident
☐ Kaiser Permanente	☐ L.A. Care Health Partners	☐ Client Doesn't Know	☐ Asylee, Refugee, or other Eligible Immigrant
☐ VA	☐ Other	☐ Client Refused	☐ Ineligible Immigrant
☐ Care 1st Health Plan	☐ Unknown	☐ Data not Collected	☐ Client Doesn't Know
	☐ None		☐ Client Refused

Race (Check all that apply)				
☐ Asian	☐ Black or African American	☐ Data not Collected ☐ Native Hawaiian or Other Pacific Islander	☐ Client Doesn't Know ☐ American Indian or Alaska Native	☐ Client Refused ☐ White

Income and Insurance *- All fields required unless otherwise noted*

DPSS ID (Optional): _____ ☐ GAIN Participant (Optional)

Income Source (Check all that apply)	**Stated Income**	**Pay Interval**					
		Weekly	Every Other Week	Twice A Month	Monthly	Quarterly	Yearly
☐ No financial resources	$	☐	☐	☐	☐	☐	☐
☐ Earned Income *(employment wages / cash)*	$	☐	☐	☐	☐	☐	☐
☐ Unemployment Insurance	$	☐	☐	☐	☐	☐	☐
☐ Supplemental Security Income (SSI)	$	☐	☐	☐	☐	☐	☐
☐ Social Security Disability Income (SSDI)	$	☐	☐	☐	☐	☐	☐
☐ VA Service-Connected Disability Compensation	$	☐	☐	☐	☐	☐	☐
☐ VA Non-Service-Connected Disability Pension	$	☐	☐	☐	☐	☐	☐
☐ Private Disability Insurance	$	☐	☐	☐	☐	☐	☐
☐ Workers Compensation	$	☐	☐	☐	☐	☐	☐
Continued on Next Page →							

HMIS Intake and Enrollment Form

Client Name / ID: _____

☐ Temporary Assistance for Needy Families *(CalWORKs)*	$	☐	☐	☐	☐	☐	☐	
☐ General Assistance (GA) *(General Relief (GR))*	$	☐	☐	☐	☐	☐	☐	
☐ Retirement Income from Social Security	$	☐	☐	☐	☐	☐	☐	
☐ Pension or retirement income from a former job	$	☐	☐	☐	☐	☐	☐	
☐ Child Support	$	☐	☐	☐	☐	☐	☐	
☐ Alimony or other spousal support	$	☐	☐	☐	☐	☐	☐	
☐ Other Source (Specify:_____)	$	☐	☐	☐	☐	☐	☐	
☐ Client Doesn't Know								
☐ Client Refused								
☐ Data not Collected								

Income Documentation (Optional):

☐ GR Form	☐ CalWORKs Form	☐ Pension Letter/Stub
☐ Pay Stub	☐ Unemployment Insurance Forms	☐ Unemployment Forms
☐ Utility Allowance	☐ W-2 Forms	☐ Self Declaration
☐ Child Support Forms	☐ SSDI Form	☐ Employer Printout/Letter
☐ Social Security Forms	☐ Workmans Comp	☐ VA Documentation
☐ SSI Forms	☐ Self Employment Docs	

Comments (Optional)**:**

Non-Cash Benefits (Check all that apply):

☐ None	☐ Client Doesn't Know	☐ Client Refused	☐ Data not Collected
☐ Food Stamps (CalFresh) Amount: _____	☐ CalWorks Child Care	☐ Temporary Rental Assistance	
	☐ CalWorks Transportation	☐ Section 8 or Rental Assistance	☐ Medically Needy Amount: _____
☐ WIC	☐ Other CalWorks-Funded Services	☐ Other _____	

Health Insurance (Check all that apply)**:**

☐ No Health Insurance		☐ Client Doesn't Know	☐ Client Refused	☐ Data not Collected
☐ Medi-Cal	☐ MEDICARE	☐ State Children's Health	☐ VA Medical Services	☐ Indian Health Services Program
☐ Employer Provided	☐ COBRA	☐ Private Health Insurance		☐ Other: _____

Location Information *- Optional*

Location Type:
On a regular day, where is it easiest to find you?

- ☐ Street
- ☐ Vehicle
- ☐ Abandoned building
- ☐ Bus/train/subway station/airport
- ☐ Drop in center
- ☐ Day services center
- ☐ Soup kitchen
- ☐ Emergency Shelter
- ☐ Transitional Housing
- ☐ Permanent Housing
- ☐ Clinic/Hospital - Health
- ☐ Clinic/Hospital – Mental Health
- ☐ Clinic/Hospital – Substance Abuse
- ☐ Jail, prison, or juvenile detention facility
- ☐ Family or friend's room, apartment, condo, or house
- ☐ Foster care or group home

Address Type
(Enter one: Address, Intersection, or Landmark)**:**

Address: _____

Intersection: _____ and _____

Landmark: _____

City, County, State, and Zip (Enter all)**:**

City: _____

County: _____

State: _____

Zip: _____

Zip Quality: ☐ Full ☐ Client Refused ☐ Client Doesn't Know ☐ Data not Collected

HMIS Intake and Enrollment Form

Client Name / ID: _____

Documentation *- Optional*

Document Type	Obtained Date (If applicable)	Document Status: (If applicable)			Expiration Date (If applicable)
		N/A	Need	Have	
☐ Birth Certificate		☐	☐	☐	
☐ Certificate of Disability		☐	☐	☐	
☐ DD214 (Veterans Only)		☐	☐	☐	
☐ Driver's License / CA ID		☐	☐	☐	
☐ Homeless Verification		☐	☐	☐	
☐ Proof of Residency		☐	☐	☐	
☐ Reference Letter		☐	☐	☐	
☐ Social Security Card		☐	☐	☐	
☐ TB Certification		☐	☐	☐	
☐ Verification of Income		☐	☐	☐	
☐ VA Release		☐	☐	☐	
☐ LACDMH 677 Authorization Consent		☐	☐	☐	
☐ DHS Pre-release		☐	☐	☐	
☐ Other: _____		☐	☐	☐	

Client Note *- Optional*

Client Note:	
Type: ☐ Information ☐ Alert	
Private Customer: ☐ Yes ☐ No	
Note Date: ____/____/____	

Emergency Contact Information *- Optional*

Contact Type	Phone Number	Phone Type	Email
Alternate Contact *(Who is the best person to get in touch with you?)* Relationship: _____ First Name: _____ Last Name: _____	(_____)_____-_____ x_____	☐ Home ☐ Cell ☐ Work ☐ Message Center	
Emergency Contact *(In case of an emergency, who should we alert?)* ☐ Same as above Relationship: _____ First Name: _____ Last Name: _____	(_____)_____-_____ x_____	☐ Home ☐ Cell ☐ Work ☐ Message Center	

Program Entry *- All fields required unless otherwise noted*

Program Name: _____ **Program Entry Date:** _____/_____/_____

Case Manager: _____

HMIS Intake and Enrollment Form

Client Name / ID: _____

HOMELESSNESS – *Adults aged 18 and older and Head of Household < 18 years old, required questions are shaded*

FOR ALL PROJECTS EXCEPT EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH:

1. What was the situation you were living in immediately prior to project entry? *(Type of residence)*	**2. How long was the client staying in that place?** *(Length of stay in prior living situation)*	**3. Did the client stay less than…**
Literally Homeless Situations ☐ Place not meant for habitation ☐ Emergency shelter, including hotel or motel paid for with emergency shelter ☐ Safe Haven ☐ Interim Housing	***For literally homeless situations:*** ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client doesn't know ☐ Client refused ☐ Data not collected	**Not Applicable** *Go to question 6*
Institutional Situations ☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center	***For institutional situations:*** ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client doesn't know ☐ Client refused ☐ Data not collected	***90 days:*** ☐ Yes *Go to question 6* ☐ No *Go to question 10*
Transitional & Permanent Housing Situations ☐ Hotel or motel paid for without emergency shelter voucher ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Permanent housing for formerly homeless persons ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with VASH subsidy ☐ Rental by client, with GPD TIP subsidy ☐ Rental by client, with other ongoing housing subsidy ☐ Residential project or halfway house with no homeless criteria ☐ Staying or living in a family member's room, apartment or house ☐ Staying or living in a friend's room, apartment or house ☐ Transitional housing for homeless persons (including homeless youth) ***Other*** ☐ Client doesn't know ☐ Client refused ☐ Data not collected	***For transitional & permanent housing situations:*** ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client doesn't know ☐ Client refused ☐ Data not collected	***7 nights:*** ☐ Yes *Go to question 6* ☐ No *Go to question 10*

HMIS Intake and Enrollment Form

Client Name / ID: _____

FOR EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH PROJECTS:

Question	Check One Answer	Comments
4. What was the situation you were living in immediately prior to project entry? *(Type of residence)*	☐ Place not meant for habitation ☐ Emergency shelter, including hotel or motel paid for with emergency shelter ☐ Safe Haven ☐ Interim Housing ☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center ☐ Hotel or motel paid for without emergency shelter voucher ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Permanent housing for formerly homeless persons ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with VASH subsidy ☐ Rental by client, with GPD TIP subsidy ☐ Rental by client, with other ongoing housing subsidy ☐ Residential project or halfway house with no homeless criteria ☐ Staying or living in a family member's room, apartment or house ☐ Staying or living in a friend's room, apartment or house ☐ Transitional housing for homeless persons (including homeless youth) ☐ Client doesn't know ☐ Client refused ☐ Data not collected	
5. How long was the client staying in that place? *(Length of stay in prior living situation)*	☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days ☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client doesn't know ☐ Client refused ☐ Data not collected	

After asnwering question 5, go to question 7

If the client is coming from an institution after having stayed less than 90 days or if the client is coming from a transitional, permanent, or other situation after having stayed less than 7 nights, then the following question is required:

Question	Check One Answer	Comments
6. On the night before your current housing situation, did you stay on the streets, in an emergency shelter, or at a safe haven?	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	

If the project being entered is an emergency shelter, safe haven, or street outreach, or if the client answered questions #4 and #5, then the following questions are required:

Question	Check One Answer	Comments
7. What approximate date did you start living on the streets, emergency shelter, or safe haven? *(Approximate date started)*	_____/_____/_____	

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Client Name / ID: _____

8. In the past three years, how many times have you returned to the streets, an emergency shelter, or a safe haven after being housed? *(Number of times the client has been on the streets, in ES, or SH in the past three years including today)*	☐ One Time ☐ Two Times ☐ Three Times ☐ Four or more times		☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected
9. In those three years, what is the total number of months spent homeless on the streets, in an emergency shelter, or in a safe haven? *(Total number of months homeless on the street, in ES, or SH in the past three years)*	☐ One Month (this time is the first month) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 months	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected

Continue for all clients:

WELLNESS *– All clients, required questions are shaded*

Question	Check One Answer		Comments
10. Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ No ☐ Yes*	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
If question #10 was answered as "Yes" (*), then the following questions are **required**:			
10a. Do you expect this to substantially impair your ability to live independently?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
10b. Do you have documentation of the disability and severity on file?	☐ No ☐ Yes		
10c. Are you currently receiving services or treatment for this condition?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
11. Do you have a chronic health condition? *A Chronic Health Condition is defined as a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to:* ***heart disease*** *(including coronary heart disease, angina, heart attack and any other kind of heart condition or disease);* ***severe asthma****; diabetes;* ***arthritis-related conditions*** *(including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia);* ***adult onset cognitive impairments*** *(including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions);* ***severe headache/migraine****;* ***cancer****;* ***chronic bronchitis****;* ***liver condition; stroke****; or* ***emphysema****.*	☐ No ☐ Yes*	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
If question #11 was answered as "Yes" (*), then the following questions are **required**:			
11a. Is this temporary, or do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
11b. Do you have documentation of the disability and severity on file?	☐ No ☐ Yes		
11c. Are you currently receiving services or treatment for this condition?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	

HMIS Intake and Enrollment Form

Client Name / ID: _____

12. Do you have a physical disability?	☐ No ☐ Yes*	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
If question #12 was answered as "Yes" (*), then the following questions are **required**:			
12a. Is this temporary, or do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
12b. Do you have documentation of the disability and severity on file?	☐ No ☐ Yes		
12c. Are you currently receiving services or treatment for this condition?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
13. Do you *currently* have a drug or alcohol problem?	☐ No ☐ Alcohol* ☐ Drug* ☐ Both*	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
If question #13 was answered as "Alcohol", "Drug", or "Both" (*), then the following questions are **required**:			
13a. Is this temporary, or do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
13b. Do you have documentation of the disability and severity on file?	☐ No ☐ Yes		
13c. Are you currently receiving services or treatment for this condition?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
14. Have you ever been told you have a learning disability or developmental disability?	☐ No ☐ Yes*	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
If question #14 was answered as "Yes" (*), then the following questions are **required**:			
14a. Is this temporary, or do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
14b. Do you have documentation of the disability and severity on file?	☐ No ☐ Yes		
14c. Are you currently receiving services or treatment for this condition?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
15. Do you feel you currently have a mental health problem?	☐ No ☐ Yes*	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
If question #15 was answered as "Yes" (*), then the following questions are **required**:			
15a. Is this temporary, or do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
15b. Do you have documentation of the disability and severity on file?	☐ No ☐ Yes		
15c. Are you currently receiving services or treatment for this condition?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	

16. Have you been a victim of domestic violence or a victim of intimate partner violence?	☐ No ☐ Yes* ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
If question #16 was answered as "Yes" (*), then the following question is **required**:		
16a. How long ago did you have this experience?	☐ Within the past three months ☐ Three to six months ago (excluding six months exactly) ☐ From six to twelve months ago (excluding one year exactly) ☐ More than a year ago ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
16b. Are you currently fleeing?	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	

TUBERCULOSIS *– Emergency Shelters and Winter Shelters only, required questions shaded*

Question	Check One Answer	Comments
17. Do you have a cough that has lasted longer than 3 weeks?	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused	
18. Have you recently lost weight without explanation during the past month?	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused	
19. Have you had frequent night sweats during the past month, soaking your sheets or clothing?	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused	
20. Have you coughed up blood in the past month?	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused	
21. Have you been feeling much more tired than usual over the past month?	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused	
22. Have you had fevers almost daily for more than one week?	☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused	

EMPLOYMENT *- For adults18 and older or Head of Household < 18 years old, required questions shaded*

Question	Check One Answer	Comments
23. Are you currently employed?	☐ No* ☐ Yes** ☐ Client Doesn't Know ☐ Client Refused	
If question #23 was answered as "No" (*), then the following question is **required**:		
23a. Why are you not employed?	☐ Looking for work ☐ Unable to work ☐ Not looking for work	
If question #23 was answered as "Yes" (**), then the following question is **required**:		
23b. What type of employment do you have?	☐ Full-time ☐ Part-time ☐ Seasonal / sporadic (including day labor)	

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Client Name / ID: _____

INCOME *- Adults aged 18 and older having* ***NO*** *financial resources only*

Question	Check One Answer		Comments
24. If you do not have an income, and are unable to receive general relief, what's the reason why?	☐ Sanctioned ☐ Time Limits ☐ Employment	☐ Other	

PREGNANCY *- Women aged 15 and older only*

Question	Check One Answer		Comments
25. Are you pregnant?	☐ No ☐ Yes*	☐ Client Doesn't Know ☐ Client Refused	
If question #25 was answered as "Yes" (*), then the following question is **required**:			
25a. What is your due date?	____/____/_____		

YOUTH *- Head of Households aged 17 and under only*

Question	Check One Answer		Comments
26. Did you run away from home or a foster care home?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused	

TRANSITION AGE YOUTH (TAY) *- Head of Households aged 16 to 24 only, required questions are shaded*

Question	Check One Answer		Comments
27. Are you a current or former foster care youth?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused	
28. Have you ever been in the juvenile justice system?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused	
29. Have you ever been on adult probation?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused	
30. Which of the following best represents how you think about yourself?	☐ Straight ☐ Lesbian or Gay ☐ Bisexual	☐ Questioning ☐ Client Doesn't Know ☐ Client Refused	

HMIS Intake and Enrollment Form

Client Name / ID: _____

VETERAN *- US Veterans only, required questions are shaded*

Question	Check One Answer	Comments
31. Which branch of the military did you serve in?	☐ Army ☐ Coast Guard ☐ Air Force ☐ Client Doesn't Know ☐ Navy ☐ Client Refused ☐ Marines ☐ Data not Collected	
32. What type of discharge did you receive?	☐ Honorable ☐ General under honorable conditions ☐ Other than honorable conditions (OTH) ☐ Bad Conduct ☐ Dishonorable ☐ Uncharacterized ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
33. When did you enter military service?	____/____/_____ ☐ Doesn't Know	

NOTE: The following questions are required for SSVF programs, but HIGHLY recommended to be completed for all veterans.

34. When did you separate from military service?	____/____/_____ ☐ Doesn't Know	
35. What is the AMI percentage for the Household's Income?	☐ Less than 30% ☐ 30% to 50% ☐ Greater than 50%	

Did you serve in any of the following wars/war eras?

36. World War II *Dec. 1941 – Dec. 1946*	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused ☐ Data not Collected	
37. Korean War *Jun. 1950 – Jan. 1955*	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused ☐ Data not Collected	
38. Vietnam War *Feb. 1961 – May 1975*	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused ☐ Data not Collected	
39. Persian Gulf War (Operation Desert Storm) *Aug. 1990 – April 1991*	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused ☐ Data not Collected	
40. Afghanistan (Operation Enduring Freedom) *Oct. 2001 - Present*	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused ☐ Data not Collected	
41. Iraq (Operation Iraqi Freedom) *Mar. 2003 – Aug. 2010*	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused ☐ Data not Collected	
42. Iraq (Operation New Dawn) *Sept. 2010 – Dec. 2011*	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused ☐ Data not Collected	
43. Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	☐ No ☐ Client Doesn't Know ☐ Yes ☐ Client Refused ☐ Data not Collected	

HMIS Intake and Enrollment Form

Client Name / ID: _____

SSVF HP TARGETING CRITERIA *- US Veterans only, required for SSVF Prevention programs*

44. 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 meant for human habitation.

☐ No (0 points) ☐ Yes

45. 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

☐ No (0 points) ☐ Yes

46. Rental Evictions within the Past 7 Years

☐ 4 or more prior rental evictions ☐ 2-3 prior rental evictions ☐ 1 prior rental eviction ☐ No prior rental evictions (0 points)

47. Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit

☐ No (0 points) ☐ Yes

48. History of Literal Homelessness (street/shelter/transitional housing)

☐ 4 or more times or total of at least 12 months in past three years ☐ 2-3 times in past three years
☐ 1 time in past three years ☐ None (0 points)

49. Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing

☐ No (0 points) ☐ Yes

50. Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property

☐ No (0 points) ☐ Yes

51. Registered sex offender

☐ No (0 points) ☐ Yes

52. At least one dependent child under age 6

☐ No (0 points) ☐ Yes

53. Single parent with minor child(ren)

☐ No (0 points) ☐ Yes

54. Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)

☐ No (0 points) ☐ Yes

55. Any Veteran in household served in Iraq or Afghanistan

☐ No (0 points) ☐ Yes

56. Female Veteran

☐ No (0 points) ☐ Yes

57. HP applicant total points

58. Grantee targeting threshold score

USE OF OTHER CRISIS SERVICES *- US Veterans only, required for SSVF programs*

59. Number of visits to an emergency room in the past year

☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6-10 ☐ 11-20 ☐ More than 20 ☐ Client Doesn't Know ☐ Client refused ☐ Data not collected

60. Approximate number of nights in jail / prison in the past year

☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6-10 ☐ 11-20 ☐ More than 20 ☐ Client Doesn't Know ☐ Client refused ☐ Data not collected

61. Approximate number of nights spent in an inpatient medical facility in the past year

☐ Never ☐ 1-2 ☐ 3-5 ☐ 6-10 ☐ 11-20 ☐ More than 20 ☐ Client Doesn't Know ☐ Client refused ☐ Data not collected

HMIS Intake and Enrollment Form

Client Name / ID: _____

CHRONIC HOMELESSNESS *- Adults aged 18 and older and Head of Household < 18 years old, required questions are shaded*

Question	Check One Answer	Comments
ASSESSOR ONLY – DO NOT ASK: **44.** Is the respondent chronically homeless? *To be chronically homeless, the client must be an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless* for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time.*	☐ No ☐ Yes	

_____ _____ _____

Client Signature Site Date

_____ _____ _____

Agency Staff Signature Site Date