

Project Entry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Intake Staff Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

HMIS Client ID (ServicePoint Generated): \_\_\_\_\_

<b>First Name</b>		<b>Client Location</b>	<input type="checkbox"/> CA-515 (CoC Code for Placer County) <input type="checkbox"/> CA-531 (CoC Code for Nevada County)
<b>Middle Name</b>		<b>Name Quality</b>	<input type="checkbox"/> Full Name <input type="checkbox"/> Partial, Street Name, or Code Name <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>Last Name</b>			
<b>SS#</b>	_____ - _____ - _____	<b>SS Quality</b>	<input type="checkbox"/> Full SSN <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Partial SSN <input type="checkbox"/> Client Refused
<b>Date of Birth</b>	_____/_____/_____	<b>DOB Type</b>	<input type="checkbox"/> Full DOB <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Approximate or Partial DOB <input type="checkbox"/> Client Refused
<b>Phone Number</b>	(      ) _____	<b>Served "Active Duty" in Armed Forces?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused
<b>Email Address</b>		<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>Address or Current Location</b>			
<b>Zip Code</b>			
<b>Relationship to Head of Household (HoH)</b>	<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> HoH's Child <input type="checkbox"/> HoH's Spouse or Partner <input type="checkbox"/> HoH's other relation member <input type="checkbox"/> Other: non-relation member <i>If not Self, write Head of Household's Name:</i> _____	<b>Ethnicity</b>	<input type="checkbox"/> Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Non-Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
		<b>Race</b>	Check ALL that apply (and circle ONE Primary) <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

**Prior Living Situation: What Type of Residence was client in just before project start? (Select ONE type of residence. Answer sub-questions.)**

**Literally Homeless**

- Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station, airport, or anywhere outside)
- Emergency shelter, including hotel/motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- Safe Haven

**Length of Stay** \_\_\_\_\_ days *Answer CH Questions.*

**Institutional Situation**

- Foster care home or foster care group home
- Hospital or other, 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/detox

**Length of Stay** \_\_\_\_\_ days *If more than 90 days, skip CH Questions. If less than 90 days, ask question below.*

**On the night before, did you stay on the streets, in shelter or in safe haven?** Yes No *If YES, answer CH Questions.*

**Transitional and Permanent Housing Situation**

- Residential project or halfway house with no homeless criteria (ie. sober living with no lease/tenancy rights)
- Hotel or motel paid for without an emergency voucher
- Transitional housing for homeless persons (inc. youth)
- Host home (non-crisis)
- Staying in family member's room, apartment or house
- Staying in friend's room, apartment or house
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with VASH housing subsidy
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with Housing Choice Voucher (HCV)
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Rental by client in a public housing unit
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy

**Length of Stay** \_\_\_\_\_ days *If more than 7 days, skip CH Questions.*

*On the night before, did you stay on the streets, in shelter or in safe haven?* *If less than 7 days, ask question below.*  
 Yes  No *If YES, answer CH Questions.*

CH QUESTIONS	
<b>Approximate Date Most Recent Episode of Homelessness Started</b>	____/____/____
<b>(Regardless of where they stayed last night) Total number of <u>times</u> homeless on the street, in Emergency Shelter, or Safe Haven in the past three years including today</b>	<input type="checkbox"/> 1 time <span style="float: right;"><input type="checkbox"/> 4 or more times</span> <input type="checkbox"/> 2 times <span style="float: right;"><input type="checkbox"/> Client Doesn't Know</span> <input type="checkbox"/> 3 times <span style="float: right;"><input type="checkbox"/> Client Refused</span>
<b>Total number of <u>months</u> homeless on the street, in Emergency Shelter, or Safe Haven in the past three years</b>	<input type="checkbox"/> One month (this time is the first month) <span style="float: right;"><input type="checkbox"/> Client Doesn't Know</span> <input type="checkbox"/> _____ 2-12 months (write number) <span style="float: right;"><input type="checkbox"/> Client Refused</span> <input type="checkbox"/> More than 12 months

Any Disabling Condition*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused				For each condition identified, provide an answer (X) below whether that condition is expected to be of long-continued/indefinite duration and substantially impedes ability to live independently.			
<i>Provide answer (X) for each condition below:</i>	Yes	No	Client Doesn't Know	Client Refused	Yes	No	Client Doesn't Know	Client Refused
<b>Physical Disability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chronic Health Condition</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mental Health Disorder</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Substance Use</b>	<input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Both Alcohol & Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HIV/AIDS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Answer YES to 'Any Disabling Condition' if answer above is YES to any condition, or if client has HIV/AIDS or a Developmental Disability or is a veteran with a qualifying injury/illness incurred during active service.			
<b>Developmental Disability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Income Received from Any Source?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused		Answer Yes or No for ALL sources of income below, and if Yes, provide monthly dollar amount client is receiving.		
Source of Income	Receiving?	Amount	Source of Income	Receiving?	Amount
Earned Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ .	Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ .
Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ .	General Assistance (GA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ .
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ .	Retirement Income from Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ .
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ .	Pension/Retirement from a former job	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ .
VA Service – Connected Disability Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ .	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ .
VA Non-Service Connected Disability Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ .	Alimony/Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ .

# Homeless Resource Council of the Sierras HMIS Entry Form – PSH, RRH, TH and HP

Private Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ .	Other: _____	\$ .
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ .	<b>Total Monthly Income</b>	\$ .

<b>Non-Cash Benefits Received?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<b>Covered by Health Insurance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<i>Answer Yes or No to all sources below:</i>			<i>Answer Yes or No to all sources below:</i>		
<b>Source of Non-Cash Benefit</b>	<b>Yes</b>	<b>No</b>	<b>Source of Health Insurance</b>	<b>Yes</b>	<b>No</b>
Supplemental Nutritional Assistance Program (SNAP) (CalFresh or "Food Stamps")	<input type="checkbox"/>	<input type="checkbox"/>	MEDICAID (Medi-Cal)	<input type="checkbox"/>	<input type="checkbox"/>
Special Supplementation Nutritional Program for (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE	<input type="checkbox"/>	<input type="checkbox"/>
TANF Child Care Services	<input type="checkbox"/>	<input type="checkbox"/>	State Children Health Insurance Program	<input type="checkbox"/>	<input type="checkbox"/>
TANF Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	VA Medical Services	<input type="checkbox"/>	<input type="checkbox"/>
Other TANF-Funded Services	<input type="checkbox"/>	<input type="checkbox"/>	Employer Provided Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance obtained through COBRA	<input type="checkbox"/>	<input type="checkbox"/>
			Private Pay Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
			State Health Insurance for Adults	<input type="checkbox"/>	<input type="checkbox"/>
			Indian Health Services Program	<input type="checkbox"/>	<input type="checkbox"/>
			Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

<b>DV/ SA/ HT/ Stalking Victim/Survivor</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<i>If yes to DV, when experience occurred</i>	<input type="checkbox"/> Within past three months <input type="checkbox"/> Three to six months ago <input type="checkbox"/> Six to twelve months ago	<input type="checkbox"/> More than a year ago <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<i>If yes to DV, are you currently fleeing?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

HUD CoC Funded Permanent Supportive Housing Projects Only	
Well-being questions	
Client perceives their life has value and worth	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Client perceives they have support from others who will listen to problems	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

**Homeless Resource Council of the Sierras      HMIS Entry Form – PSH, RRH, TH and HP**

Client perceives they have a tendency to bounce back after hard times	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Somewhat agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Somewhat disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Client's frequency of feeling nervous, tense, worried, frustrated, or afraid	<input type="checkbox"/> Not at all <input type="checkbox"/> Once a month <input type="checkbox"/> Several times a month <input type="checkbox"/> Several times a week <input type="checkbox"/> At least every day <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

**Moving On Assistance Provided**

Date of Moving On Assistance	_____/_____/_____
Moving On Assistance	<input type="checkbox"/> Subsidized housing application assistance <input type="checkbox"/> Financial assistance for Moving On (e.g., security deposit, moving expenses) <input type="checkbox"/> Non-financial assistance for Moving On (e.g., housing navigation, transition support) <input type="checkbox"/> Housing referral/placement Other: _____

**Permanent Housing Projects (RRH and PSH Only)**

Housing Move-In Date	_____/_____/_____	
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