HMIS Intake and Enrollment Form
VA GPD

Client ID: _____

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)**
□ Full Name Reported □ Partial, street name, or code name reported □ Client Doesn't Know □ Client Refused	_____-_____-_____ □ Full SSN reported □ Approximate or partial SSN reported □ Client Doesn't Know □ Client Refused	_____/_____/_____ □ Approximate or partial DOB reported □ Full DOB reported □ Client Doesn't Know □ Client Refused

Basic Demographics – All fields required unless otherwise noted

Gender

□ Male
□ Female
□ Trans Female (Male to Female)
□ Trans Male (Female to Male)
□ Gender Non-Conforming (Not exclusively male or Female)
□ Client Doesn't Know
□ Client Refused

Race (Check all that apply)

□ American Indian or Alaska Native
□ Asian
□ Black or African American
□ Native Hawaiian or Other Pacific Islander
□ White
□ Client Doesn't Know
□ Client Refused

Relationship to Head of Household

□ Self
□ Head of Household's Child
□ Head of Household's Spouse or Partner
□ Head of Household's other Relation Member (Other relation to head of household)
□ Other: Non-relation Member

Ethnicity

□ Hispanic/Latino
□ Non-Hispanic/ Non-Latino
□ Client Doesn't Know
□ Client Refused

Veteran (Have you ever served in the U.S. Military?)

□ Yes □ No □ Client Doesn't Know □ Client Refused

Disabling Condition

□ Yes □ No □ Client Doesn't Know □ Client Refused

Housing Move in Date(All PH - HOH ONLY)

_____/_____/_____

Program Name:	:
Case Manager:	
Program Start Date	

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Universal Data Assessment

Living Situation: BCPHP and TLP (FOR ALL PROJECTS EXCEPT EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH)

1. What was the living Situation you were living in immediately prior to project entry?	2. Did you stay less than…	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	**Not Applicable** **(Continue to questions 5-7)**
1. What was the living Situation you were living in immediately prior to project entry?	**2. Did you stay less than…**	**3. Length of stay in prior living situation?**
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	**90 Days** □ Yes (Answer 3-4) □ No (Enter Wellness Assessment)	***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
1. What was the living Situation you were living in immediately prior to project entry?	**2. Did you stay less than…**	**3. Length of stay in prior living situation?**
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 (Other than RRH) 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 (Including RRH) □ 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)	**7 Nights** □ Yes (Answer 3-7) □ No (Answer 3 then continue to Wellness Assessment)	***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

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4. On the night before your current housing situation did you stay on the street, Emergency Shelter, or Safe Haven	□ Yes(Continue to questions 5-7) □ Client Doesn't Know	□ No (Continue with Wellness Assessment) □ 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?	□ One Time □ Two Times □ Three Times	□ Four or more times □ Client Doesn't Know □ 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?	□ One Month (this time is the first month) □ 2-12 (_____ months)	□ More than 12 □ Client Doesn't Know □ Client Refused

Wellness Assessment

Health Insurance

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

Health Insurance Sources

□ Private Pay Health Insurance
□ Medicare
□ MEDICAID
□ State Children's Health Insurance(SCHIP)
□ VA Medical Services
□ Employer Provided Health Insurance
□ Health Insurance obtained through COBRA
□ State Health Insurance Adults (Medi-cal)
□ Indian Health Services Program
Other:_____

Military Service History

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

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Barriers:		
	Barrier Present	**Condition is Indefinite**
Alcohol Abuse	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Chronic Health Condition	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Development Disability	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Drug Abuse	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
HIV/AIDS	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Mental health	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Physical Disability	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused

Domestic Violence	
Is the client a domestic violence victim/survivor?	□ Yes (Answer questions below) □ No □ Client Doesn't Know □ Client Refused
If yes, How long ago did you have this experience?	□ Within the past 3 months □ 3 months to 6 months ago □ 6 months to one year □ One year ago or more □ Client Doesn't Know □ Client Refused
If yes are you currently Fleeing?	□ Yes (Answer questions below) □ No □ Client Doesn't Know □ Client Refused

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Financial Assessment			
Check all that Apply and Enter amount			
Income Source (Check all that apply) □ Yes (Check all Sources that Apply) □ No □ Client Doesn't Know □ Client Refused	**Stated Income**	**Non-Cash Resources** (Check all that apply) □ Yes (Check all Sources that Apply) □ No □ Client Doesn't Know □ Client Refused	**Stated Amounts**
□ Earned Income *(employment wages / cash)*	$	□ Special Supplemental nutritional Program Women and Children	$
□ Unemployment Insurance	$	□ Food Stamps (CalFresh) SNAP	$
□ Supplemental Security Income (SSI)	$	□ CalWorks Child Care/TANF Child Care Services	$
□ Social Security Disability Income (SSDI)	$	□ CalWorks Transportation (TANF)	
□ VA Service-Connected Disability Compensation	$	□ Other CalWorks-Funded Services (TANF)	$
□ VA Non-Service-Connected Disability Pension	$	□ Other	$
□ Private Disability Insurance	$		
□ Workers Compensation	$		
□ Pension or Retirement income from a job	$		
□ TANF	$		
□ General Assistance	$		
□ Retirement (Social Security)	$		
□ Child Support	$		
□ Alimony or other Spousal Support	$		
□ Other Income	$		