COMMUNITY TECHNOLOGY ALLIANCE

HMIS #
CM Name
Project Entry Date

Monterey & San Benito Counties HMIS Standard Intake - ADULT

This form is designed to be completed by a service provider while interviewing a client.
A separate Standard Intake form should be completed for each member of the household.

Household Information

Is client: ❑ Single Adult ❑ Adult in Household

If checked Single Adult	Go to Client Profile
If checked Adult in Household	Are you the Head of Household (HoH)? ❑ Yes ❑ No
	If no, name of HoH
	How many adults in household?
	How many children in household?
If you are in a household, what is your relationship to the HoH?	❑ Self (head of household) ❑ Head of household's child ❑ Head of household's spouse or partner ❑ Other: relation to head of household ❑ Other: non-relation member

Client Profile

First Name	**Middle**
Last Name	
Social Security Number	
U.S. Military Veteran	❑ Yes ❑ Client Doesn't Know ❑ No ❑ Client Refused

Client Demographics

Date of Birth		
Gender	❑ Female ❑ Male ❑ Transgender Male to Female ❑ Transgender Female to Male	❑Doesn't identify as male, female, or transgender ❑ Client Doesn't Know ❑ Client Refused
Ethnicity ❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino ❑ Client Doesn't Know ❑ Client Refused	**Race** ❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Client Doesn't Know ❑ Client Refused	

Contact Information and Address Prior to Project Entry

Street Address		
City		
State	**Zip**	
Address Data Quality	❑Full Address Reported	❑ Incomplete or estimated address reported
Start Date	_____/_____/_____	
If no longer living here, when did you leave?	_____/_____/_____	
Reason for leaving Residence	❑ Building Condemned ❑ Evicted ❑ Family/Friend Conflict	❑ Fire ❑ Moved to New Residence ❑Other ❑Overcrowding ❑Unable to pay rent
Phone		
Email		
Landlord Information:	Name:	
	Address:	
	Phone number:	

Housing Status

❑ Category 1: Homeless	❑ At risk of homelessness
❑ Category 2: At imminent risk of losing housing	❑ Stably housed
❑ Category 3: Homeless only under other federal statutes	❑ Client Doesn't Know
❑ Category 4: Fleeing domestic violence	❑ Client Refused

Answer 3. 917A Living Situation questions if entering Street Outreach, Emergency Shelter, & Safe Haven.
Answer 3.917 B questions if entering any other program.

3. 917A Living Situation

Type of Residence	Homeless Situation ❑Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside) ❑Emergency Shelter, including hotel or motel paid for with emergency shelter voucher ❑Safe Haven ❑Interim Housing Institutional Situation ❑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 Transitional & Permanent Housing Situation ❑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 (such as: CoC; project;) ❑Rental by client, no ongoing 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 with homeless persons (including homeless youth) ❑Client doesn't know ❑Client refused
Length of stay in previous place:	❑ 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
Approximate date homelessness started:	_____/_____/_____
Regardless of where they stayed last night: 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
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

3. 917B Living Situation

Type of Residence

Homeless Situation

If client is in homeless situation, complete 3.917A Living Situation (previous page)

Institutional Situation

- ❑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

Transitional & Permanent Housing Situation

- ❑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 (such as: CoC project;)
- ❑Rental by client, no ongoing 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 with homeless persons (including homeless youth)
- ❑Client doesn't know ❑Client refused

Length of stay in previous place:	❑ 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
If Institutional Situation, did you stay less than 90 days? **If answer is Yes, then answer:**	❑ Yes ❑ No **On the night before did stay on the streets, ES or SH?**
If Transitional/Permanent, did you stay less than 7 days? **If answer is Yes, then answer:**	❑ Yes ❑ No **On the night before did stay on the streets, ES or SH?**
On the night before did stay on the streets, ES or SH? **If Yes, then answer next 3 questions**	❑ Yes ❑ No
Approximate date homelessness started:	_____/_____/_____
Regardless of where they stayed last night: Number of times the client has been on the streets, in ES, or SH in the past three years including today	❑One Time ❑Four or more times ❑Two Times ❑Client doesn't know ❑Three Times ❑Client refused
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

Monthly Income – Cash Benefits

Income from any source?	❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused
Total monthly income:	$
❑ Alimony or Other Spousal Income $_____	❑ Retirement income from Social Security $_____
Date start receiving:_____	**Date start receiving:**_____
❑ Child Support $_____	❑ SSDI $_____
Date start receiving:_____	**Date start receiving:**_____
❑ Earned Income $_____	❑ SSI $_____
Date start receiving:_____	**Date start receiving:**_____
❑ General Assistance $_____	❑ TANF $_____
Date start receiving:_____	**Date start receiving:**_____
❑ Other $_____	❑ Unemployment Insurance $_____
Date start receiving:_____	**Date start receiving:**_____
If Other specify: _____	❑ VA Non-service connect disability pension $_____
❑ Pension or retirement from another job $_____	**Date start receiving:**_____
Date start receiving:_____	❑ VA Service connected disability compensation $_____
❑ Private disability insurance $_____	**Date start receiving:**_____
Date start receiving:_____	❑ Worker's compensation $_____
	Date start receiving:_____

Non-Cash Benefits

Income from any source?	❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused
❑ Section 8, Public Housing or other ongoing rental assistance $_____	❑ TANF Transportation services $_____
❑ Special supplement nutrition program for WIC $_____	❑ Other TANF funded services $_____
	❑ Temporary rental assistance $_____
❑ Supplemental nutrition assistance program (Food Stamps) $_____	❑ Other Source $_____
	If Other, specify:
❑ TANF-Child care services $_____	

Health Insurance

Covered by health insurance?	❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused
❑ Medicaid	❑ Private pay health plan
❑ Medicare	❑ State health insurance for adults
❑ State children's health insurance program	❑ Indian health services program
❑ VA Medical Services	❑ Other Source
❑ Employer provided	If Other, specify:

Disability

Does the client have a disabling condition?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused	
If Yes, please complete the following for each disability type			
Alcohol Abuse	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability State Date	_____	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		If Yes, Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Both Alcohol & Drug Abuse	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start Date	_____	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		If Yes, Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Chronic Health Condition	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start Date	_____	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		If Yes, Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused

Disability

Developmental	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability State Date	_____	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		If Yes, Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Drug Abuse	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start Date	_____	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		If Yes, Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
HIV/AIDS	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability State Date	_____	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		If Yes, Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused

Disability

Mental Health Problem	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability State Date	_____	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		If Yes, Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Physical	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability State Date	_____	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		If Yes, Documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused

Domestic Violence

Domestic Violence Victim/Survivor	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If yes, when did experience occur	❑ Within past three months ❑ Three months to less than six months ago (excluding six months exactly) ❑ Six months to less than one year ago (excluding one year exactly) ❑ One year or more ago ❑ Client doesn't know ❑ Client refused	
If yes, are you currently fleeing?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused

Employment Status

Employed	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, Type of Employment	❑ Full-time ❑ Part-time ❑ Seasonal/Sporadic (including day labor)	
If No, Why Not Employed	❑ Looking for work ❑ Unable to work ❑ Not looking for work	

Last Grade Completed

Last Grade Completed	❑ Less than Grade 5 ❑Grades 5-6 ❑Grades 7-8 ❑Grades 9-11 ❑Grade 12/ High school diploma ❑School program does not have grade levels	❑GED ❑Some college ❑Associate's degree ❑Bachelor's degree ❑Graduate degree ❑Vocational certification ❑ Client Doesn't Know ❑ Client Refused

Rapid Rehousing Projects Only

Residential Move-In Date	

I, (Adult client or Head of Household) certify that the information I have provided here is true/correct to the best of my knowledge.

Print Name of Client	Signature of Client	Date

Print Name of Intake Worker	Signature of Intake Worker	Date