



**Los Angeles Collaborative
HMIS Intake and Enrollment
Form**

Version 11.2

GREATER LOS ANGELES
HOMELESS MANAGEMENT INFORMATION SYSTEM (LA HMIS)

CONSENT TO SHARE PROTECTED PERSONAL INFORMATION

The LA HMIS is a local electronic database that securely record information (data) about clients accessing housing and homeless services within the Greater Los Angeles County. This organization participates in the HMIS database and shares information with other organizations that use this database. This information is utilized to provide supportive services to you and your household members.

What information is shared in the HMIS database?

We share both Protected Personal Information (PPI) and general information obtained during your intake and assessment, which may include but is not limited to:

- Your name and your contact information
- Your social security number
- Your birthdate
- Your basic demographic information such as gender and race/ethnicity
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your self-reported medical history, including any mental health and substance abuse issues
- Your case notes and services
- Your case manager's contact information
- Your income sources and amounts; and non-cash benefits
- Your veteran status
- Your disability status
- Your household composition
- Your emergency contact information
- Any history of domestic violence
- Your photo (optional)

How do you benefit from providing your information?

The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members. By sharing your information, you may be able to avoid being screened more than once, get faster services, and minimize how many times you tell your 'story.' Collecting this information also gives us a better understanding of homelessness and the effectiveness of services in your local area.

Who can have access to your information?

Organizations that participate in the HMIS database can have access to your data. These organizations may include homeless service providers, housing groups, healthcare providers, and other appropriate service providers.

How is your personal information protected?

Your information is protected by the federal HMIS Privacy Standards and is secured by passwords and encryption technology. In addition, each participating organization has signed an agreement to maintain the security and confidentiality of the information. In some instances, when the participating organization is a health care organization,

your information may be protected by the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA).

By signing below, you understand and agree that:

- You have the right to receive services, even if you do not sign this consent form.
- You have the right to receive a copy of this consent form.
- Your consent permits any participating organization to add to or update your information in HMIS, without asking you to sign another consent form.
- This consent is valid for seven (7) years from the date the PPI was created or last changed.
- You may revoke your consent at any time, but your revocation must be provided either in writing or by completing the *Revocation of Consent* form. Each Participating Organization that entered information into HMIS will continue to have access to your PPI, but the information will no longer be available to any other Participating Organization.
- The Privacy Notice for the LA HMIS contains more detailed information about how your information may be used and disclosed. A copy of this notice is available upon request.
- No later than five (5) business days of your written request, we will provide you with:
 - A correction of inaccurate or incomplete PPI
 - A copy of your consent form
 - A copy of your HMIS records; and
 - A current list of participating organizations that have access to your HMIS data.
- Aggregate or statistical data that is released from the HMIS database will not disclose any of your PPI.
- You have the right to file a grievance against any organization whether or not you sign this consent.
- You are not waiving any rights protected under Federal and/or California law.

Right to Make Corrections

If you believe that your PPI in HMIS is incorrect or incomplete, you have the right to request a correction. To ask for either of these changes, send a written request, including the reason why you believe the information is incorrect or incomplete, to the HMIS Administrator of the organization that entered the information into HMIS. The organization may turn down your request if the information:

- Was not created by the organization you are requesting the change from;
- Is not part of the information that you would be allowed to look at and copy;
- Is related to another individual;
- Is found to be correct and complete.
- Is otherwise protected by law.

However, if your request for correction is denied, you have the right to request that the following language is entered next to a particular entry: "The participant disputes the accuracy of this entry."

SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your minor children (if any), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.

I consent to sharing my photograph. (Check here)

Client Name: _____ DOB: _____ Last 4 digits of SS _____

Signature _____ Date _____

Head of Household (Check here)

Minor Children (if any):

Client Name: _____ DOB: _____ Last 4 digits of SS _____ Living with you? (Y/N)

Client Name: _____ DOB: _____ Last 4 digits of SS _____ Living with you? (Y/N)

Client Name: _____ DOB: _____ Last 4 digits of SS _____ Living with you? (Y/N)

Print Name of Organization Staff

Print Name of Organization

Signature of Organization Staff

Date

HMIS Intake and Enrollment Form

Client Name / HMIS ID: _____

Client Profile

Please note: All questions shaded in dark gray are REQUIRED. All questions in light gray are SOFT REQUIRED. All questions not shaded at all (white) are not required. All questions answered with a * or ** that are followed by a follow-up questions are REQUIRED as well. Please read all parts of the document fully and thoroughly and follow the instructions. Follow this rule throughout the entire survey.

HMIS Consent signed (Release of Information Permission): No Yes Date consented (Start date): ____/____/____

Social Security Number	_____ - _____ - _____		
Quality of SSN	<input type="checkbox"/> Full SSN reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Approximate or partial SSN reported	<input type="checkbox"/> Client refused	
Last Name	_____		
Middle Name	_____ Suffix: _____		
Maiden Name	_____		
First Name	_____		
Alias	_____		
Quality of Name	<input type="checkbox"/> Full name reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Partial, street name, or code name reported	<input type="checkbox"/> Client refused	
Date of Birth	____/____/____		
Quality of DOB	<input type="checkbox"/> Full DOB reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Approximate or partial DOB reported	<input type="checkbox"/> Client refused	
Gender (Please select all that apply)	<input type="checkbox"/> Female <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Male <input type="checkbox"/> Client refused <input type="checkbox"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Data not collected <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning		
Pronoun(s): Such as she/her/hers, he/him/his, they/them/theirs, etc.	_____		
Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latin(a)/(o)/(x)	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Hispanic/Latin(a)/(o)/(x)	<input type="checkbox"/> Client refused	
Race	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
	<input type="checkbox"/> Black, African-American, or African	<input type="checkbox"/> Client doesn't know	
	<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Client refused	
	<input type="checkbox"/> American Indian, Alaskan Native, or Indigenous	<input type="checkbox"/> Data not collected	
Tribal Affiliations (if Race is American Indian or Alaskan Native, please note your Tribal Affiliation if known)	_____		

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Client Name / HMIS ID: _____

Primary Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Polish	<input type="checkbox"/> Portugese <input type="checkbox"/> Russian <input type="checkbox"/> Swedish <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
TB Clearance Date	_____ / _____ / _____	Clinic: _____
DPSS ID	_____	
ILP eligibility confirmed? (to be completed by SPA matcher.)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Undetermined
DMH eligibility confirmed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Undetermined
Reviewed for COVID-19 vulnerability and Project Room Key?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Potentially eligible	<input type="checkbox"/> N/A (housed) <input type="checkbox"/> Missing key data/client follow up necessary
Veteran Status	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused <input type="checkbox"/> Data not collected
If the client identifies as "Yes" (**) to veteran status, then the following questions (except VHA Eligible and VASH Status) are required:	If the client identifies as "Yes" (**) to veteran status, then the following questions (except VHA Eligible and VASH Status) are required:	If the client identifies as "Yes" (**) to veteran status, then the following questions (except VHA Eligible and VASH Status) are required:
If the client identifies as "Yes" (**) to veteran status, then the following questions (except VHA Eligible and VASH Status) are required:		
Dates of military service (Year Only) _____ to _____		
Veteran Health Administration (VHA) Eligible	<input type="checkbox"/> No <input type="checkbox"/> Yes	
VASH Status	<input type="checkbox"/> Admitted <input type="checkbox"/> Ineligible background (not eligible because of criminal background) <input type="checkbox"/> Ineligible case management (ineligible because they currently do not need that level of case management)	<input type="checkbox"/> Ineligible Veteran Health Administration (VHA) (ineligible because they are not VA healthcare eligible) <input type="checkbox"/> Interested list <input type="checkbox"/> Needs screening
Branch of 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 <input type="checkbox"/> Data not collected

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Client Name / HMIS ID: _____

Discharge Status		<input type="checkbox"/> Honorable	<input type="checkbox"/> Bad conduct	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Under other than honorable conditions (OTH)	<input type="checkbox"/> Uncharacterized	<input type="checkbox"/> Data not collected
Theater of Operations	World War II	Korean War	Vietnam War	Persian Gulf War (Desert Storm)
	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Data not collected
	Afghanistan (Enduring Freedom)	Iraq (Iraqi Freedom)	Iraq (New Dawn)	Other Operations
	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Data not collected

Points of Contact – If three Points of Contact (PoC) are already recorded, please contact all staff before removing a participant to discuss the most appropriate staff to serve a PoC. The program(s) providing housing navigation-type services should serve as PoC.

First Point of Contact	
Point of Contact Date	____ / ____ / ____
Point of Contact Name	
Point of Contact Phone	Extension:
Point of Contact Email	
Point of Contact Supervisor or Manager Name	
Point of Contact Supervisor or Manager Phone Number	Extension:
Point of Contact Supervisor or Manager Email	
Point of Contact Category	<input type="checkbox"/> LAHSA Funded Access Center <input type="checkbox"/> LAHSA Funded Housing Navigation Program <input type="checkbox"/> LAHSA Funded Interim Housing (Bridge) <input type="checkbox"/> LAHSA Funded Interim Housing (Crisis) <input type="checkbox"/> LAHSA Funded Interim Housing (Host Home) <input type="checkbox"/> LAHSA Funded Street Outreach Program <input type="checkbox"/> DHS Funded Countywide Benefits Entitlement Services Team (CBEST) <input type="checkbox"/> DHS Funded E6 Multi-Disciplinary Outreach Team <input type="checkbox"/> DHS Funded Interim Housing <input type="checkbox"/> DHS Funded Interim Housing Intensive Case Management (ICMS) Program <input type="checkbox"/> DMH Funded Full Service Partnership Program <input type="checkbox"/> DMH Funded Housing Specialist and Housing Liaisons <input type="checkbox"/> DMH Funded Interim Housing <input type="checkbox"/> DMH Funded Recovery Resilience and Reintegration Services <input type="checkbox"/> DPH Funded Substance Use Disorder Case Manager <input type="checkbox"/> Other (specify: _____)

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Client Name / HMIS ID: _____

Second Point of Contact	
Point of Contact Date	____ / ____ / ____
Point of Contact Name	
Point of Contact Phone	Extension:
Point of Contact Email	
Point of Contact Supervisor or Manager Name	
Point of Contact Supervisor or Manager Phone	Extension:
Point of Contact Supervisor or Manager Email	
Point of Contact Category	<input type="checkbox"/> LAHSA Funded Access Center <input type="checkbox"/> LAHSA Funded Housing Navigation Program <input type="checkbox"/> LAHSA Funded Interim Housing (Bridge) <input type="checkbox"/> LAHSA Funded Interim Housing (Crisis) <input type="checkbox"/> LAHSA Funded Interim Housing (Host Home) <input type="checkbox"/> LAHSA Funded Street Outreach Program <input type="checkbox"/> DHS Funded Countywide Benefits Entitlement Services Team (CBEST) <input type="checkbox"/> DHS Funded E6 Multi-Disciplinary Outreach Team <input type="checkbox"/> DHS Funded Interim Housing <input type="checkbox"/> DHS Funded Interim Housing Intensive Case Management (ICMS) Program <input type="checkbox"/> DMH Funded Full Service Partnership Program <input type="checkbox"/> DMH Funded Housing Specialist and Housing Liaisons <input type="checkbox"/> DMH Funded Interim Housing <input type="checkbox"/> DMH Funded Recovery Resilience and Reintegration Services <input type="checkbox"/> DPH Funded Substance Use Disorder Case Manager <input type="checkbox"/> Other (specify: _____)

Third Point of Contact	
Point of Contact Date	____ / ____ / ____
Point of Contact Name	
Point of Contact Phone	Extension:
Point of Contact Email	
Point of Contact Supervisor or Manager Name	
Point of Contact Supervisor or Manager Phone	Extension:
Point of Contact Supervisor or Manager Email	

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Client Name / HMIS ID: _____

Point of Contact Category	<input type="checkbox"/> LAHSA Funded Access Center <input type="checkbox"/> LAHSA Funded Housing Navigation Program <input type="checkbox"/> LAHSA Funded Interim Housing (Bridge) <input type="checkbox"/> LAHSA Funded Interim Housing (Crisis) <input type="checkbox"/> LAHSA Funded Interim Housing (Host Home) <input type="checkbox"/> LAHSA Funded Street Outreach Program <input type="checkbox"/> DHS Funded Countywide Benefits Entitlement Services Team (CBEST) <input type="checkbox"/> DHS Funded E6 Multi-Disciplinary Outreach Team <input type="checkbox"/> DHS Funded Interim Housing	<input type="checkbox"/> DHS Funded Interim Housing Intensive Case Management (ICMS) Program <input type="checkbox"/> DMH Funded Full Service Partnership Program <input type="checkbox"/> DMH Funded Housing Specialist and Housing Liaisons <input type="checkbox"/> DMH Funded Interim Housing <input type="checkbox"/> DMH Funded Recovery Resilience and Reintegration Services <input type="checkbox"/> DPH Funded Substance Use Disorder Case Manager <input type="checkbox"/> Other (specify: _____)
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Client Contact Information (Location)

Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Mailing <input type="checkbox"/> Emergency <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Temporary <input type="checkbox"/> Other <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Message <input type="checkbox"/> Management Compancy <input type="checkbox"/> Forwarding Address	Name	
	Address 1	
	Address 2	
	City	
	State	
	Zip Code	
	Email	
	Phone 1	
	Phone 2	

Current Living Situation (Location)

Address Type: <input type="checkbox"/> Temporary Date of Engagement _____ / _____ / _____	Client Name	
	Address 1	
	Address 2	
	City	
	State	
	Zip Code	

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Client Name / HMIS ID: _____

	Email	
	Phone 1	
	Phone 2	

Program Entry – All clients, all fields required unless otherwise noted

Please note: All questions shaded in dark gray are REQUIRED. All questions in light gray are SOFT REQUIRED. All questions not shaded at all (white) are not required. All questions answered with a * or ** that are followed by a follow-up questions are REQUIRED as well. Please read all parts of the document fully and thoroughly and follow the instructions. Follow this rule throughout the entire survey.

Program Name: _____

Case Manager: _____

Home Safe Referral ID: _____

1. Program Start Date	____/____/____		
2. Relationship to Head of Household	<input type="checkbox"/> Self (head of household)	<input type="checkbox"/> Head of household's other relation member	
	<input type="checkbox"/> Head of household's child	<input type="checkbox"/> Other: non-relation member	
	<input type="checkbox"/> Head of household's spouse or partner		
4. Client Location (CoC)	<input type="checkbox"/> CA-600 – Los Angeles	<input type="checkbox"/> CA-607 – Pasadena	<input type="checkbox"/> CA-614 – San Luis Obispo County
	<input type="checkbox"/> CA-602 – Orange County	<input type="checkbox"/> CA-611 – Ventura County	
	<input type="checkbox"/> CA-606 – Long Beach	<input type="checkbox"/> CA-612 – Glendale	

CES Placement – Permanent Housing and Transitional Housing only

5. Was the client placed into this housing program through CES?	<input type="checkbox"/> No
	<input type="checkbox"/> CES for Single Adults
	<input type="checkbox"/> CES for Families
	<input type="checkbox"/> CES for Youth
Is the participant part of the Sepulveda Project?	<input type="checkbox"/> No <input type="checkbox"/> Yes

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Client Name / HMIS ID: _____

Housing Move-In – Rapid Re-housing, Permanent Housing, and Street Outreach projects only, only required for Head of Household

6. Has the client been moved-in to permanent housing? No Yes**

If question 6 answered "Yes" (**), the following questions are **required**:

6a. Housing Move-In Date _____ / _____ / _____

6b. Permanent Home Address _____

6c. Apartment/Unit # _____

6d. City _____

6e. State _____

6f. Zip _____

6g. Monthly rent for this household (inclusive of any rental subsidies) \$ _____

Is this a shared housing destination? No Yes**

If the question above, "Is this a shared housing destination?" is answered "Yes" (**), the following question is **required**:

Does the participant share the room they sleep in? No Yes

Outreach – Outreach projects only, all fields required unless otherwise noted

7. Has the client been engaged?

Engagement means an interactive client relationship results in a deliberate client assessment.

No

Yes: Engagement Date: _____ / _____ / _____

PATH – For adults 18 and older and/or Head of Household, all fields required unless otherwise noted, required questions are shaded; Street Outreach and Supportive Services ONLY

8. PATH status determination completed?

No

Yes** Date of Determination: _____ / _____ / _____

If question 8 answered "Yes" (**), the following questions are **required**:

8a. Was the client determined to be eligible for PATH funded services and enrolled in PATH?

No*

Yes

If the question above is answered "No" (*), the following question is **required**:

8b. If not eligible to be enrolled, what is the reason?

Client was found ineligible for PATH

Client was not enrolled for other reason(s)

Unable to locate client

COVID-19 Response – Does the client fall into any of the below categories?

Individuals who test positive for COVID-19 that do not require hospitalization, but need isolation or quarantine (including those exiting from hospitals).

No

Yes**

Individuals who have been exposed to COVID-19 (as documented by a state or local public health official, or medical health professional) that do not require hospitalization, but need isolation or quarantine.

No

Yes**

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Client Name / HMIS ID: _____

<p>Individuals who are asymptomatic, but are at “high-risk”, such as people over 65 or who have certain underlying health conditions (respiratory, compromised immunities, chronic disease), and who require Emergency NCS as a social distancing measure.</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes**		
<p>If any of the questions above are answered with a “Yes” (**), the following question is required:</p>			
<p>Which category does the client fall into? Check all that apply and collect/upload supporting documentation.</p>	<table border="0"> <tr> <td data-bbox="836 407 1144 709"> <input type="checkbox"/> 65 years of age or older <input type="checkbox"/> Has chronic lung disease or moderate to severe asthma <input type="checkbox"/> People who have serious heart conditions <input type="checkbox"/> People who are immunocompromised (including cancer treatment) </td> <td data-bbox="1153 407 1518 867"> <input type="checkbox"/> People of any age with severe obesity (body mass index [BMI] > 40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk <input type="checkbox"/> People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk </td> </tr> </table>	<input type="checkbox"/> 65 years of age or older <input type="checkbox"/> Has chronic lung disease or moderate to severe asthma <input type="checkbox"/> People who have serious heart conditions <input type="checkbox"/> People who are immunocompromised (including cancer treatment)	<input type="checkbox"/> People of any age with severe obesity (body mass index [BMI] > 40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk <input type="checkbox"/> People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk
<input type="checkbox"/> 65 years of age or older <input type="checkbox"/> Has chronic lung disease or moderate to severe asthma <input type="checkbox"/> People who have serious heart conditions <input type="checkbox"/> People who are immunocompromised (including cancer treatment)	<input type="checkbox"/> People of any age with severe obesity (body mass index [BMI] > 40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk <input type="checkbox"/> People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk		

Living Situation – For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

9. What was the situation you were living in immediately prior to project entry? (Type of residence)	10. How long was the client staying in that place? (Length of stay in prior living situation)	10a/b Did the client stay less than...
<p>Literally Homeless Situations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing <p>Institutional Situations</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>Transitional & Permanent Housing Situations</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 	<p>For literally homeless situations:</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 <input type="checkbox"/> Data not collected <p>For institutional situations:</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 <input type="checkbox"/> Data not collected 	<p>Not Applicable Go to question 11</p> <p>10a: 90 days:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes Go to question 10c <input type="checkbox"/> No Go to question 20

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<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 other 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 RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client, in a public housing unit <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) Other <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	For transitional & permanent housing situations: <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 <input type="checkbox"/> Data not collected	10b: 7 nights: <input type="checkbox"/> Yes <i>Go to question 10c</i> <input type="checkbox"/> No <i>Go to question 20</i>
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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:

10c. On the night before your current housing situation, did you stay on the streets, in an emergency shelter, or at a safe haven?	<input type="checkbox"/> No <input type="checkbox"/> Yes**
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If the project being entered is an emergency shelter, safe haven, or transitional housing then the following question is required:

10d. Is this your first time homeless?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If the project being entered is an emergency shelter, safe haven, place not meant for habitation, or interim housing, or client selected "Yes" on question #10c, then the following questions are required.

11. Approximately what date did you start living on the streets, emergency shelter, or safe haven? <i>(Approximate date homelessness started)</i>	_____ / _____ / _____
12. In the past three years, how many times have you returned to the streets, an emergency shelter, or a safe haven after being housed? <i>(Number of times on the streets, in ES, or Safe Haven in the past three years including today)</i>	<input type="checkbox"/> One time <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Two times <input type="checkbox"/> Client refused <input type="checkbox"/> Three times <input type="checkbox"/> Data not collected <input type="checkbox"/> Four or more times
12a. IN THE PAST YEAR, including this time, how many separate times have you experienced homelessness, on the street, in a vehicle or in shelters?	<input type="checkbox"/> None <input type="checkbox"/> 4 or more times <input type="checkbox"/> One time <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 2 to 3 times <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

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Client Name / HMIS ID: _____

13. 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? <i>(Total number of months homeless on the street, in ES, or SH in the past three years)</i>	<input type="checkbox"/> One month (this time is the first month)	<input type="checkbox"/> 7 months	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
	<input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months	<input type="checkbox"/> 8 months <input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 11 months <input type="checkbox"/> 12 months <input type="checkbox"/> More than 12 months	

Does this program fall into any of the following categories? (Choose all that apply)	<input type="checkbox"/> CES for Families <input type="checkbox"/> CES Crisis and Bridge Housing	<input type="checkbox"/> LA: Rise Pilot <input type="checkbox"/> None
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LA: Rise

Is this client participating in the LA: Rise pilot?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Crisis and Bridge Housing

Please note: All questions shaded in dark gray are REQUIRED. All questions in light gray are SOFT REQUIRED. All questions not shaded at all (white) are not required. All questions answered with a * or ** that are followed by a follow-up questions are REQUIRED as well. Please read all parts of the document fully and thoroughly and follow the instructions. Follow this rule throughout the entire survey.

20. Have you entered and been released from any of the following facilities in the past two months? (Choose all that apply)	<input type="checkbox"/> Foster care home or foster care group home* <input type="checkbox"/> Hospital of other residential 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* <input type="checkbox"/> No, has not exited any of these facilities in the past two months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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If question #20 was answered as anything with a (*), then the following questions are **required**:

20a. Which one have you most recently been released from? (Choose one)	<input type="checkbox"/> Foster care home or foster care group home* <input type="checkbox"/> Hospital of other residential 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* <input type="checkbox"/> No, has not exited any of these facilities in the past two months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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HMIS Intake and Enrollment Form

Client Name / HMIS ID: _____

20b. Date left	____ / ____ / ____
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LA: Rise

Please note: All questions shaded in dark gray are REQUIRED. All questions in light gray are SOFT REQUIRED. All questions not shaded at all (white) are not required. All questions answered with a * or ** that are followed by a follow-up questions are REQUIRED as well. Please read all parts of the document fully and thoroughly and follow the instructions. Follow this rule throughout the entire survey.

Is this client participating in the LA: Rise pilot?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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DPSS Crisis Housing Order Form

<input type="checkbox"/> TAY	<input type="checkbox"/> Disabled
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Disabling Conditions and Barriers – For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

21. Do you have a physical disability?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

If question #21 was answered as "Yes" (**), then the following questions are **required**:

21a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

22. Have you ever been told you have a learning disability or developmental disability?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

23. Do you have a chronic health condition? <i>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.</i>	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

If question #23 was answered as "Yes" (**), then the following questions are **required**:

23a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

24. Have you been diagnosed with AIDS or have you tested positive for HIV?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

25. Do you feel you currently have a mental health disorder?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

If question #25 was answered as "Yes" (**), then the following questions are **required**:

25a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

HMIS Intake and Enrollment Form

Client Name / HMIS ID: _____

26. Do you <i>currently</i> have a drug or alcohol problem?	<input type="checkbox"/> No <input type="checkbox"/> Alcohol* <input type="checkbox"/> Drug* <input type="checkbox"/> Both*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #26 was answered as "Alcohol", "Drug", or "Both" (**), then the following questions are **required**:

26a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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Disability Summary

Physical disability <i>(Please summarize condition to the right)</i>	
Developmental disability <i>(Please summarize condition to the right)</i>	
Chronic health condition <i>(Please summarize condition to the right)</i>	
HIV/AIDS <i>(Please summarize condition to the right)</i>	
Mental health condition <i>(Please summarize condition to the right)</i>	
Substance abuse <i>(Please summarize condition to the right)</i>	
Number of disabilities <i>(Please summarize condition to the right)</i>	

27. Have you been a victim of domestic violence or a victim of intimate partner violence?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
---	---	--

If question #27 was answered as "Yes" (**), then the following question is **required**:

27a. If you experienced domestic or intimate partner violence, how long ago did you have this experience?	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> From six to one year ago (excluding one year exactly) <input type="checkbox"/> One year ago or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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HMIS Intake and Enrollment Form

Client Name / HMIS ID: _____

27b. Are you currently fleeing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
27c. Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking? <i>(ES, SH, TH Program also)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
28. Have you ever worked or done an illegal act and someone else took some or all of the money? <i>(ES, SH, TH Program also)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

If question #28 was answered as "Yes" (**), then the following question is **required**:

28a. What type of work/illegal act did you have to do?	<input type="checkbox"/> Agricultural work <input type="checkbox"/> Panhandling <input type="checkbox"/> Door-to-door sales <input type="checkbox"/> Restaurant/catering work <input type="checkbox"/> Household/childcare work <input type="checkbox"/> Illegal goods sales (drugs, guns, etc.)	<input type="checkbox"/> Sex work <input type="checkbox"/> Other <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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Tuberculosis – Emergency Shelters only, all fields required unless otherwise noted

29. Do you have a cough that has lasted longer than 3 weeks?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
30. Have you recently lost weight without explanation during the past month?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
31. Have you had frequent night sweats during the past month, soaking your sheets or clothing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
32. Have you coughed up blood in the past month?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
33. Have you been feeling much more tired than usual over the past month?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
34. Have you had fevers almost daily for more than one week?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Employment - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

35. Are you currently employed?	<input type="checkbox"/> No* <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If question #35 was answered as "No" (*), then the following question is required :		
35a. Are you... <i>(read options to the right)</i>	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work	<input type="checkbox"/> Not looking for work
If question #35 was answered as "Yes" (**), then the following question is required :		
35b. What type of employment do you have?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal / sporadic (including day labor)

HMIS Intake and Enrollment Form

Client Name / HMIS ID: _____

Cash Income for Individual - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

Please note: All questions shaded in dark gray are REQUIRED. All questions in light gray are SOFT REQUIRED. All questions not shaded at all (white) are not required. All questions answered with a * or ** that are followed by a follow-up questions are REQUIRED as well. Please read all parts of the document fully and thoroughly and follow the instructions. Follow this rule throughout the entire survey.

36. Do you receive any cash income?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input type="checkbox"/> Yes** <input type="checkbox"/> Client refused
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If question #36 was answered as "Yes" (**), then the following questions are **required**:

Income Source and Monthly Income: <i>What sources of income do you have, and how much do you get on a monthly basis?</i>			
<input type="checkbox"/> Earned Income (employment wages / cash)	\$	<input type="checkbox"/> Temporary Assistance for Needy Families (CalWorks)	\$
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> General Assistance (GA) / General Relief (GR)	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> Retirement Income from Social Security	\$
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	\$	<input type="checkbox"/> Pension or retirement income from a former job	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$	<input type="checkbox"/> Child Support	\$
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$	<input type="checkbox"/> Alimony and other spousal support	\$
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/> Other Source (Specify: _____)	\$
<input type="checkbox"/> Worker's Compensation	\$		
Total Monthly Cash Income for Individual		\$	
36a. Cash Income Documentation <i>Do you have documents that verify income?</i>	<input type="checkbox"/> GR Form <input type="checkbox"/> Pay Stub <input type="checkbox"/> Utility Allowance <input type="checkbox"/> Child Support Forms <input type="checkbox"/> Social Security Forms <input type="checkbox"/> SSI Forms	<input type="checkbox"/> CalWORKs Form <input type="checkbox"/> Unemployment Insurance Forms <input type="checkbox"/> W-2 Forms <input type="checkbox"/> SSDI Form <input type="checkbox"/> Workmans Comp <input type="checkbox"/> Self Employment Docs	<input type="checkbox"/> Pension Letter/Stub <input type="checkbox"/> Unemployment Forms <input type="checkbox"/> Self Declaration <input type="checkbox"/> Employer Printout/Letter <input type="checkbox"/> VA Documentation <input type="checkbox"/> Other (Specify: _____)

Non-Cash Benefits - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

37. Do you receive any non-cash benefits?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input type="checkbox"/> Yes** <input type="checkbox"/> Client refused
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If question #37 was answered as "Yes" (**), then the following question is **required**:

Non-Cash Benefits <i>What non-cash benefits do you receive? (Check all that apply)</i>	<input type="checkbox"/> Food Stamps/CalFresh (Supplemental Nutrition Assistance Program, SNAP) <input type="checkbox"/> WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> CalWorks child care services <input type="checkbox"/> CalWorks transportation services <input type="checkbox"/> Other CalWorks-funded services <input type="checkbox"/> Other source (Specify): _____
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HMIS Intake and Enrollment Form

Client Name / HMIS ID: _____

Health Insurance - All clients, all fields required unless otherwise noted

38. Are you covered by any type of health insurance?		<input type="checkbox"/> No*	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
		<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused	
If question #38 was answered as "No" (*), then the following questions are required :				
Reason		<input type="checkbox"/> Applied; decision pending	<input type="checkbox"/> Client doesn't know	
		<input type="checkbox"/> Applied; client not eligible	<input type="checkbox"/> Client refused	
		<input type="checkbox"/> Client did not apply	<input type="checkbox"/> Data not collected	
		<input type="checkbox"/> Insurance type N/A for this client		
If question #38 was answered as "Yes" (**), then the following questions are required :				
38a. Health Insurance (Check all that apply):		<input type="checkbox"/> Medi-Cal (MEDICAID)	<input type="checkbox"/> Private pay health insurance	
		<input type="checkbox"/> MEDICARE	<input type="checkbox"/> State Health Insurance for Adults	
		<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)	<input type="checkbox"/> Indian Health Services Program	
		<input type="checkbox"/> VA medical services	<input type="checkbox"/> Other health insurance (Specify: _____)	
		<input type="checkbox"/> Employer-provided health insurance		
		<input type="checkbox"/> COBRA		
38b. Health Insurance Provider		<input type="checkbox"/> Health Net	<input type="checkbox"/> L.A. Care	
		<input type="checkbox"/> Molina	<input type="checkbox"/> Care 1st Health Plan	
		<input type="checkbox"/> My Health LA (DHS)	<input type="checkbox"/> SCAN Health Plan	
		<input type="checkbox"/> Anthem Blue Cross	<input type="checkbox"/> Other	
		<input type="checkbox"/> Kaiser Permanente	<input type="checkbox"/> Unknown	
		<input type="checkbox"/> VA		

Youth/TAY - For Youth TAY or TAY/RHY Program

Please note: All questions shaded in dark gray are REQUIRED. All questions in light gray are SOFT REQUIRED. All questions not shaded at all (white) are not required. All questions answered with a * or ** that are followed by a follow-up questions are REQUIRED as well. Please read all parts of the document fully and thoroughly and follow the instructions. Follow this rule throughout the entire survey.

39. Did you run away from home or a foster care home? (TAY)		<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
			<input type="checkbox"/> Data not collected
<i>For ES/SH/Th Program or Youth TAY or TAY/RHY Program</i>			
40. Have you ever been involved in any of the following systems? - (For ES, SH, TH Program, TAY Youth and RHY)			
Foster Care		<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
			<input type="checkbox"/> Data not collected
Number of years in foster care:		<input type="checkbox"/> Less than one year	<input type="checkbox"/> 3 to 5 or more years
		<input type="checkbox"/> 1 to 2 years	
Number of months in foster care:		<input type="checkbox"/> 1 month	<input type="checkbox"/> 7 months
		<input type="checkbox"/> 2 months	<input type="checkbox"/> 8 months
		<input type="checkbox"/> 3 months	<input type="checkbox"/> 9 months
		<input type="checkbox"/> 4 months	<input type="checkbox"/> 10 months
		<input type="checkbox"/> 5 months	<input type="checkbox"/> 11 months
		<input type="checkbox"/> 6 months	

HMIS Intake and Enrollment Form

Client Name / HMIS ID: _____

Juvenile Justice System	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Number of years in juvenile justice system:	<input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 2 years	<input type="checkbox"/> 3 to 5 or more years
Number of months in juvenile justice system:	<input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months	<input type="checkbox"/> 7 months <input type="checkbox"/> 8 months <input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 11 months
Mandated stay in inpatient or outpatient mental health treatment facility	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Jail	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Prison	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Adult Probation	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Parole	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
43. Which of the following best represents how you think about yourself? (For ES, SH, TH Program, TAY Youth and RHY)	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual	<input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Other sexual orientation (specify: _____) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Please describe your current education status (youth only)

Not currently enrolled in any school or educational course
 Currently enrolled but NOT attending regularly (when school or the course is in session)
 Currently enrolled and attending regularly (when school or the course is in session)

Client doesn't know
 Client refused
 Data not collected

Health and Education – All clients aged 16 and older; all fields required unless otherwise noted

44. Are you pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If question #44 was answered as "Yes" (**), then the following question is required:		
44a. What is your due date?	_____ / _____ / _____	

HMIS Intake and Enrollment Form

Client Name / HMIS ID: _____

45. General Health <i>(RHY or VASH Program or HoH/Adult aged 18 or older)</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
72. Dental Health Status <i>(RHY or VASH Program or HoH/Adult aged 18 or older)</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
73. Mental Health Status <i>(RHY or HoH/Adult aged 18 or older)</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
46. What is the highest education level that you have completed? <i>(RHY, SSVF, ILP or VASH Program or HoH/Adult aged 18 or older)</i>	<input type="checkbox"/> Less than grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> School program does not have grade levels <input type="checkbox"/> GED <input type="checkbox"/> Some college	<input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
74. What is your current school status? <i>(RHY or ILP Program or HoH/Adult aged 18 or older)</i>	<input type="checkbox"/> Attending school regularly <input type="checkbox"/> Attending school irregularly <input type="checkbox"/> Graduated from high school <input type="checkbox"/> Dropped out <input type="checkbox"/> Suspended	<input type="checkbox"/> Expelled <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
74a. What is your current educational program type?	<input type="checkbox"/> Highschool/GED <input type="checkbox"/> Vocational program <input type="checkbox"/> Certificate/license program <input type="checkbox"/> Community college	<input type="checkbox"/> 4- year college/university <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

SOAR Connection

75. Is the client connected with SOAR? <i>(PATH, SSVF, or HoH/Adult aged 18 or older)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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Living in or out of Los Angeles County - SSVF, VASH, or HoH/Adult aged 18 or older

47. Last permanent address	
Street Address	
City	

HMIS Intake and Enrollment Form

Client Name / HMIS ID: _____

State	
Zip	
Address Quality	<input type="checkbox"/> Full address reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Incomplete or estimated address reported <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
47a. Have you ever live outside of LA County? (ES, SH, or TH Program)	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Yes <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
47b. How long has it been since you moved or moved back to LA County?	Day(s): _____ Week(s): _____ Month(s): _____ Year(s): _____
47c. Before the last time you lost your housing, where were you living?	<input type="checkbox"/> Los Angeles County <input type="checkbox"/> Other county in Southern California (Kern, Imperial, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, or Ventura) <input type="checkbox"/> Other county in California <input type="checkbox"/> Out of state <input type="checkbox"/> Outside of the United States <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

RHY – All RHY projects only EXCEPT for Street Outreach, all fields required unless otherwise noted

76. Referral Source	<input type="checkbox"/> Self-Referral <input type="checkbox"/> Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual <input type="checkbox"/> Outreach Project* <input type="checkbox"/> Temporary Shelter <input type="checkbox"/> Residential Project <input type="checkbox"/> Hotline <input type="checkbox"/> Child Welfare/CPS <input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Law Enforcement/Police <input type="checkbox"/> Mental Hospital <input type="checkbox"/> School <input type="checkbox"/> Other Organization <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #76 was answered as "Outreach Project" (*), then the following question is **required**:

76a. Number of times approached by outreach prior to entering the project	_____
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Family Critical Issues

77. Which of these critical issues affects one of your family members?	<input type="checkbox"/> Unemployment <input type="checkbox"/> Alcohol or Substance Use Disorder <input type="checkbox"/> Mental Health <input type="checkbox"/> Insufficient Income to Support Youth Disorder <input type="checkbox"/> Physical Disability <input type="checkbox"/> Incarcerated Parent of Youth
--	---

HMIS Intake and Enrollment Form

Client Name / HMIS ID: _____

RHY BCP – RHY Basic Center Projects only, all fields required unless otherwise noted

78. Has the youth's BCP status been determined?		<input type="checkbox"/> No	78a. Date of Determination: ____/____/____	
		<input type="checkbox"/> Yes**		
If question #78 was answered as "Yes" (**), then the following question is required :				
78b. Is the youth eligible for RHY services?		<input type="checkbox"/> No*		
		<input type="checkbox"/> Yes**		
If question #78b was answered as "No" (*), then the following question is required :				
78c. Reason why services are not funded by BCP grant		<input type="checkbox"/> Out of age range		
		<input type="checkbox"/> Ward of the state – immediate reunification		
		<input type="checkbox"/> Ward of the criminal justice system – immediate reunification		
		<input type="checkbox"/> Other		
If question #78b was answered as "Yes" (**), then the following question is required :				
78d. Is the youth a runaway?		<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	
			<input type="checkbox"/> Data not collected	

HOPWA – Medical Assistance; required if answered "yes" to #24

84. Receiving public HIV/AIDS medical assistance?		<input type="checkbox"/> No*	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
			<input type="checkbox"/> Data not collected
If question #84 was answered as "No" (*), then the following question is required :			
84a. Reason		<input type="checkbox"/> Applied; decision pending	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Applied; client not eligible	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Client did not apply	<input type="checkbox"/> Data not collected
		<input type="checkbox"/> Insurance type N/A for this client	
85. Receiving AIDS Drug Assistance Program (ADAP)?		<input type="checkbox"/> No*	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
			<input type="checkbox"/> Data not collected
If question #85 was answered as "No" (*), then the following question is required :			
85a. Reason		<input type="checkbox"/> Applied; decision pending	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Applied; client not eligible	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Client did not apply	<input type="checkbox"/> Data not collected
		<input type="checkbox"/> Insurance type N/A for this client	

86. Receiving Ryan White-funded Medical or Dental Assistance?				
<input type="checkbox"/> No*	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

If question #86 was answered as "No" (*), then the following question is required :				
86a. Reason		<input type="checkbox"/> Applied; decision pending	<input type="checkbox"/> Client doesn't know	
		<input type="checkbox"/> Applied; client not eligible	<input type="checkbox"/> Client refused	
		<input type="checkbox"/> Client did not apply	<input type="checkbox"/> Data not collected	
		<input type="checkbox"/> Insurance type N/A for this client		

HMIS Intake and Enrollment Form

Client Name / HMIS ID: _____

HOPWA – T-cell (CD4) and Viral load; required if answered “yes” to #24

87. T-cell (CD4) count available?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

If question #86 was answered as “Yes” (**), then the following question is **required**:

87a. T-cell count	
87b. How was the data obtained?	<input type="checkbox"/> Medical report <input type="checkbox"/> Other <input type="checkbox"/> Client report

88. Viral load available?	<input type="checkbox"/> Not available	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Available**	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Undetectable**	<input type="checkbox"/> Data not collected

If question #87 was answered as “Available” or “Undetectable” (**), then the following question is **required**:

88a. Viral load	
88b. How was the data obtained?	<input type="checkbox"/> Not available <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Available** <input type="checkbox"/> Client refused <input type="checkbox"/> Undetectable** <input type="checkbox"/> Data not collected

Has the participant been prescribed anti-retroviral drugs?
<input type="checkbox"/> No* <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

Veteran Information (SSVF/VASH) – Head of Household only, all fields required unless otherwise noted

48. What is the AMI percentage for the Household's Income?
<input type="checkbox"/> Less than 30% <input type="checkbox"/> 30% to 50% <input type="checkbox"/> Greater than 50%

49. VAMC Station Number			
<input type="checkbox"/> (402) Togus, ME	<input type="checkbox"/> (544) Columbia, SC	<input type="checkbox"/> (612) N. California, CA	<input type="checkbox"/> (664) San Diego, CA
<input type="checkbox"/> (405) White River Junction, VT	<input type="checkbox"/> (546) Miami, FL	<input type="checkbox"/> (613) Martinsburg, WV	<input type="checkbox"/> (666) Sheridan, WY
<input type="checkbox"/> (436) Montana HCS	<input type="checkbox"/> (548) West Palm Beach, FL	<input type="checkbox"/> (614) Memphis, TN	<input type="checkbox"/> (667) Shreveport, LA
<input type="checkbox"/> (437) Fargo, ND	<input type="checkbox"/> (549) Dallas, TX	<input type="checkbox"/> (618) Minneapolis, MN	<input type="checkbox"/> (668) Spokane, WA
<input type="checkbox"/> (438) Sioux Falls, SD	<input type="checkbox"/> (550) Danville, IL	<input type="checkbox"/> (619) Central Alabama Veterans HCS, AL	<input type="checkbox"/> (671) San Antonio, TX
<input type="checkbox"/> (442) Cheyenne, WY	<input type="checkbox"/> (552) Dayton, OH	<input type="checkbox"/> (620) VA Hudson Vally HCS, NY	<input type="checkbox"/> (672) San Juan, PR
<input type="checkbox"/> (459) Honolulu, HI	<input type="checkbox"/> (553) Detroit, MI	<input type="checkbox"/> (621) Mountain Home, TNN	<input type="checkbox"/> (673) Tampa, FL
<input type="checkbox"/> (460) Wilmington, DE	<input type="checkbox"/> (554) Denver, CO	<input type="checkbox"/> (623) Muskogee, OK	<input type="checkbox"/> (674) Temple, TX
<input type="checkbox"/> (463) Anchorage, AK	<input type="checkbox"/> (556) Captain James A Lovell FHCC	<input type="checkbox"/> (626) Middle Tennessee HCS, TN	<input type="checkbox"/> (675) Orlando, FL
<input type="checkbox"/> (501) New Mexico HCS	<input type="checkbox"/> (557) Dublin, GA	<input type="checkbox"/> (629) New Orleans, LA	<input type="checkbox"/> (676) Tomah, WI
<input type="checkbox"/> (502) Alexandria, LA	<input type="checkbox"/> (558) Durham, NC	<input type="checkbox"/> (630) New York Harbor HCS, NY	<input type="checkbox"/> (678) Southern Arizona HCS
<input type="checkbox"/> (503) Altoona, PA	<input type="checkbox"/> (561) New Jersey HCS, NJ	<input type="checkbox"/> (631) VA Central Western Massachusetts HCS	<input type="checkbox"/> (679) Tuscaloosa, AL
<input type="checkbox"/> (504) Amarillo, TX	<input type="checkbox"/> (562) Erie, PA		<input type="checkbox"/> (687) Walla Walla, Wa
<input type="checkbox"/> (506) Ann Arbor, MI	<input type="checkbox"/> (564) Fayetteville, AR		<input type="checkbox"/> (688) Washington, DC
<input type="checkbox"/> (508) Atlanta, GA	<input type="checkbox"/> (565) Fayetteville, NC		<input type="checkbox"/> (689) VA Connecticut HCS, CT
<input type="checkbox"/> (509) Augusta, GA	<input type="checkbox"/> (568) Black Hills HCS, SD		<input type="checkbox"/> (691) Greater Los Angeles HCS

HMIS Intake and Enrollment Form

Client Name / HMIS ID: _____

Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
Currently pregnant? (any household member)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
Single parent household with minor child(ren)?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
Household includes one or more young children (age six or under) or a child who requires significant care?	
<input type="checkbox"/> No	<input type="checkbox"/> Youngest child is under 1 year old
<input type="checkbox"/> Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care.	
Current/recent resident in area prioritized by the CoC?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
Current household income?	
<input type="checkbox"/> \$0 (i.e., not employed, not receiving cash benefits, no other current income)	
<input type="checkbox"/> 1-14% 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	
History of Literal Homelessness (Street/Shelter/Transitional Housing)	
<input type="checkbox"/> Most recent episode occurred within the last year	<input type="checkbox"/> Most recent episode occurred more than one year ago
<input type="checkbox"/> None	
Rental Evictions within the past 7 years?	
<input type="checkbox"/> No prior rental evictions	<input type="checkbox"/> prior rental evictions
	<input type="checkbox"/> 2 or more prior rental evictions
Registered sex offender (all household members)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes

70. HP applicant total points

71. Grantee targeting threshold score