

# HMIS Intake and Enrollment Form SSVF RRH & HP

Client ID: \_\_\_\_\_

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

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)
<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, street name, or code name reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	_____ - _____ - _____ <input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	____/____/_____ <input type="checkbox"/> Approximate or partial DOB reported <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

**Basic Demographics – All fields required unless otherwise noted**

Race (Check all that apply)	Ethnicity
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/ Non-Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Gender	Veteran (Have you ever served in the U.S. Military?)
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male (Female to Male) <input type="checkbox"/> Trans Female (Male to Female) <input type="checkbox"/> Gender Non-Conforming (Not exclusively Male or Female) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	Relationship to Head of Household
	<input type="checkbox"/> Self <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Dependent Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other: Family Member <input type="checkbox"/> Other: Non-Family Member
Disabling Condition	Percent of AMI
<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused	<input type="checkbox"/> Less than 30% <input type="checkbox"/> 30% to 50% <input type="checkbox"/> Greater than 50%
	VAMC Station Number
<b>Project Start Date:</b> _____ / _____ / _____	<input type="checkbox"/> 640 Palo Alto <input type="checkbox"/> 662 San Francisco <input type="checkbox"/> Other: _____
Housing Move in Date (All PH – RRH ONLY)	
_____ / _____ / _____	

**Universal Data Assessment**

**Living Situation: Identify the type of residence and length of stay at that residence just prior to (i.e., program admission)**

***Literally Homeless Situations***

**1. What was the living Situation you were living in immediately prior to project entry?**

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter
- Safe Haven

**3. What approximate date did you start living on the streets, emergency shelter, or safe haven? (Approximate date homelessness started)**

**2. Length of stay in prior living situation?**

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**4. 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

**5. Total number of months homeless on the streets, in ES, or SH in the past three years?**

- One Month (this time is the first month)
- 2-12 (        months)
- More than 12
- Client Doesn't Know
- Client Refused

***Institutional Situations***

**1. What was the living Situation you were living in immediately prior to project entry?**

- 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

**2. Did you stay less than 90 Days**

- Yes (Continue to questions 3-4)
- No ( Continue to question 3 and then Enter Wellness Assessment)

**3. Length of stay in prior living Situation?**

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused

**4. On the night before 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. What approximate date did you start living on the streets, emergency shelter, or safe haven? (Approximate date homelessness started)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**6. 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

**7. Total number of months homeless on the streets, in ES, or SH in the past three years?**

- One Month (this time is the first month)
- 2-12 (        months)
- More than 12
- Client Doesn't Know
- Client Refused

**Transitional & Permanent Housing Situations**

**1. What was the living Situation you were living in immediately prior to project entry?**

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Rental by client, with VASH housing subsidy
- Transitional housing for homeless persons (including homeless youth)
- Host Home (non-crisis)
- Staying or living in a friend's room, apartment or house
- Staying or living in a family member's room, apartment or house
- Rental by client, with GPD TIP subsidy
- Permanent housing (Other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client, in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Client Doesn't Know
- Client Refused

**2. Did you stay less than 7 Nights**

- Yes (Continue to questions 3-4)
- No (Answer 3 then continue to Wellness Assessment)

**3. Length of stay in prior living Situation?**

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused

**4. On the night before did you stay on the street, Emergency Shelter, or Safe Haven**

- Yes(Continue to questions 5-7)
- No (Continue with Wellness Assessment)
- Client Doesn't Know
- Client Refused

**5. What approximate date did you start living on the streets, emergency shelter, or safe haven? (Approximate date homelessness started)**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**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. Total number of months homeless on the streets, in ES, or SH in 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**

**Last Permanent Address (Head of Household)**

Street Address		Address Data Quality
City		<input type="checkbox"/> Full Address Reported
State		<input type="checkbox"/> Incomplete or Estimated address reported
Zip		<input type="checkbox"/> Client Doesn't Know
		<input type="checkbox"/> Client Refused

<b>Health Insurance</b>			
<input type="checkbox"/> Yes (Enter the Source) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused			
<b>Health Insurance Sources</b>			
<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> MEDICAID <input type="checkbox"/> State Children's Health Insurance(SCHIP) <input type="checkbox"/> VA Medical Services		<input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> State Health Insurance Adults (Medi-cal) <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other _____	
<b>Military Service History</b>			
<b>Date Entered Military Service</b>		<b>Date Separated Military Service</b>	
_____ / _____ / _____		_____ / _____ / _____	
<b>Branch of the Military</b>	<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	
<b>Discharge Status</b>	<input type="checkbox"/> Honorable <input type="checkbox"/> General under Honorable Conditions <input type="checkbox"/> Under other than honorable conditions (OTH) <input type="checkbox"/> Bad conduct	<input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<b>Theater of Operations</b>	<input type="checkbox"/> Yes (Answer questions below) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
<b>Please Mark All that apply</b>	<input type="checkbox"/> World War II <input type="checkbox"/> Vietnam War <input type="checkbox"/> Persian Gulf War (Operation Desert Storm) <input type="checkbox"/> Afghanistan (Operation Enduring Freedom) <input type="checkbox"/> Iraq (Operation Iraqi Freedom)	<input type="checkbox"/> Iraq (Operation New Dawn) <input type="checkbox"/> Other Peace-keeping Operations or Military Interventions (Such as Lebanon, Panama, Somalia, Bosnia, Kosovo) <input type="checkbox"/> Korean War	
<b>Connection with SOAR</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
<b>Domestic Violence</b>			
<b>Is the client a domestic violence victim/survivor?</b>	<input type="checkbox"/> Yes (Answer questions below) <input type="checkbox"/> No	<input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know	
<b>If yes, How long ago did you have this experience?</b>	<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3 months to 6 months ago <input type="checkbox"/> 6 months to one year	<input type="checkbox"/> One year ago or more <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<b>If yes, are you currently fleeing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

Financial Assessment			
Income Source	Stated Income (Monthly)	Non-Cash Resources	Stated Amounts (Monthly)
<input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		<input type="checkbox"/> Yes (Check all Sources that Apply) <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
<input type="checkbox"/> Earned Income ( <i>employment wages / cash</i> )	\$	<input type="checkbox"/> Special Supplemental nutritional Program Women and Children	\$
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> Food Stamps (CalFresh) SNAP	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> CalWorks Child Care/TANF Child Care Services	\$
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$	<input type="checkbox"/> CalWorks Transportation (TANF)	\$
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$
<input type="checkbox"/> Workers Compensation	\$	<input type="checkbox"/> Other	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$		
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$		
<input type="checkbox"/> Pension or Retirement income from a job	\$		
<input type="checkbox"/> TANF	\$		
<input type="checkbox"/> General Assistance	\$		
<input type="checkbox"/> Retirement (Social Security)	\$		
<input type="checkbox"/> Child Support	\$		
<input type="checkbox"/> Alimony or other Spousal Support	\$		
<input type="checkbox"/> Other Income	\$		
Employment Assessment			
<b>Is the client employed?</b> <input type="checkbox"/> Yes (Answer Below) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal/Sporadic	<input type="checkbox"/> No (Answer Below) <input type="checkbox"/> Looking for Work <input type="checkbox"/> Unable to Work <input type="checkbox"/> Not looking for work	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
Educational Assessment			
<b>Highest Grade Completed</b> <input type="checkbox"/> No School Completed <input type="checkbox"/> School program does not have a grade level <input type="checkbox"/> Nursery School to 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> or 6 <sup>th</sup> grade <input type="checkbox"/> 7 <sup>th</sup> or 8 <sup>th</sup> grade <input type="checkbox"/> 9 <sup>th</sup> grade	<input type="checkbox"/> 10 <sup>th</sup> grade <input type="checkbox"/> 11 <sup>th</sup> grade <input type="checkbox"/> 12 <sup>th</sup> grade, No Diploma <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Other Graduate/Professional degree <input type="checkbox"/> Vocational certification/ Certificate of advanced training or skilled artisan	

<b>HP Targeting Criteria – For (HP) Homeless Prevention Only</b>	
Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not No (0 points) meant for human habitation.	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Current housing loss expected within...	<input type="checkbox"/> 0-6 days <input type="checkbox"/> 7-13 days <input type="checkbox"/> 14-21 days <input type="checkbox"/> More than 21 days (0 points)
Current household income is \$0	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Annual household gross income amount	<input type="checkbox"/> 0-14% 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 (0 points)
Sudden and significant decrease in cash income (employment and/or cash benefits) AND/OR unavoidable increase in nondiscretionary expenses (e.g., rent or medical expenses) in the past 6 months	<input type="checkbox"/> No (0 points) <input type="checkbox"/> past 6 months
Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Rental Evictions within the Past 7 Years	<input type="checkbox"/> 4 or more prior rental evictions <input type="checkbox"/> 2-3 prior rental evictions <input type="checkbox"/> 1 prior rental eviction <input type="checkbox"/> No prior rental evictions (0 points)
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
History of Literal Homelessness (street/shelter/transitional housing)	<input type="checkbox"/> 4+ times OR a total of 12+ months in the past three years <input type="checkbox"/> 2-3 times in the past three years <input type="checkbox"/> 1 time in the past three years <input type="checkbox"/> None (0 points)
Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Registered sex offender	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
At least one dependent child under age 6	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Single parent with minor child(ren)	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Household size of 5 or more requiring at least 3 bedrooms to age/gender mix)	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Any Veteran in household served in Iraq or Afghanistan?	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
Female Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)
<b>HP applicant total points</b>	
<b>Grantee targeting threshold score</b>	

SSVF Services		Date of Service	
<b>SSVF Services Provided</b>			
<input type="checkbox"/> Outreach <input type="checkbox"/> Case Management			
<b>Assistance obtaining VA benefits</b>			
<input type="checkbox"/> VA vocational and rehabilitation counseling <input type="checkbox"/> Employment training services <input type="checkbox"/> Educational Assistance <input type="checkbox"/> Health care services			
<b>Assistance obtaining/coordinating other public benefits, specify</b>			
<input type="checkbox"/> Health care services <input type="checkbox"/> Daily living services <input type="checkbox"/> Personal financial planning services <input type="checkbox"/> Transportation service <input type="checkbox"/> Income support services <input type="checkbox"/> Fiduciary and representation payee services <input type="checkbox"/> Legal services-child support <input type="checkbox"/> Legal services-eviction prevention <input type="checkbox"/> Legal services-outstanding fines and penalties <input type="checkbox"/> Legal services-restore/acquire driver license <input type="checkbox"/> Legal services-other <input type="checkbox"/> Child care <input type="checkbox"/> Housing counseling			
<b>Direct provision of other public benefits, specify</b>			
<input type="checkbox"/> Personal financial planning services <input type="checkbox"/> Transportation service <input type="checkbox"/> Income support services <input type="checkbox"/> Fiduciary and representation payee services <input type="checkbox"/> Legal services-child support <input type="checkbox"/> Legal services-eviction prevention <input type="checkbox"/> Legal services-outstanding fines and penalties <input type="checkbox"/> Legal services-restore/acquire driver license <input type="checkbox"/> Legal services-other <input type="checkbox"/> Child care <input type="checkbox"/> Housing counseling			
<b>Other (non-TFA) supportive services approved by VA, Specify below</b>			
<input type="checkbox"/> Other non-TFA			
<b>Extended Shallow Subsidy</b>			
<input type="checkbox"/> Extended Shallow Subsidy			
<b>SSVF Rapid Resolution</b>			
<input type="checkbox"/> Rapid Resolution			
<b>SSVF Returning Home</b>			
<input type="checkbox"/> Returning Home A <input type="checkbox"/> Returning Home D			
<b>Financial Assistance Provided: VA SSVF</b>			
Date Financial Assistance Provided: _____ / _____ / _____			
<input type="checkbox"/> Rental Assistance	Amount \$	<input type="checkbox"/> Child care	Amount \$
<input type="checkbox"/> Utility Fee Payment Assistance	\$	<input type="checkbox"/> General housing stability assistance-emergency supplies	\$
<input type="checkbox"/> Utility Deposit	\$	<input type="checkbox"/> General housing stability-Other	\$
<input type="checkbox"/> Security Deposit	\$	<input type="checkbox"/> Emergency housing assistance	\$
<input type="checkbox"/> Moving Costs	\$	<input type="checkbox"/> Extended Shallow Subsidy <b>Rental Assistance</b>	\$
<input type="checkbox"/> Transportation Services: token/vouchers	\$		
<input type="checkbox"/> Transportation Services: Vehicle repair/maintenance	\$		