

Name/Identification and Contact Information:

HMIS consent form signed? Yes No

Legal First Name: _____

Middle Name: _____

Legal Last Name: _____

Suffix: _____

Project Name: _____

Project Entry Date: ____/____/____

Case Manager: _____

Date of Assessment: ____/____/____

Income – Cash Sources:

Income Source (Check all that apply):	Stated Income:	Pay Interval:					
		Weekly	Every Other Week	Twice A Month	Monthly	Quarterly	Yearly
No financial resources							
Earned Income							
Unemployment Insurance							
Supplemental Security Income (SSI)							
Social Security Disability (SSDI)							
VA Service-Connected Disability Compensation							
Private Disability Insurance							
Workers Compensation							
General Assistance (GA or GR)							
Retirement Income from Social Security							
VA Non-Service-Connected Disability Pension							
Pension from a former job							
Child Support							
Alimony or other spousal support							
Other Source							
TANF							
Client Doesn't Know							
Client Refused							
Data not Collected							

Income – Non-Cash Benefits:

Non-Cash Benefits (Check all that apply):			
None	Client Doesn't Know	Client Refused	Data not Collected
Food Stamps (CalFresh)	CalWorks Child Care	Temporary Rental Assistance	
Amount: _____	CalWorks Transportation	Section 8 or Rental Assistance	Medically Needy
WIC	Other CalWorks-Funded Services	Other _____	Amount: _____

Health Insurance (Check all that apply):			
No Health Insurance	Client Doesn't Know	Client Refused	Data not Collected VA
Medi-Cal	MEDICARE	State Children's Health Ins.	Medical Services
Employer Provided Health Ins.	COBRA Health Ins.	Private Health Ins.	Indian Health Services
Other _____			Program

Assessment Questions – All clients, required questions are shaded

Question	Check One Answer		Comments
1. Is this an update or annual assessment?	Project Update Project Annual Assessment		
2. Do you have a physical disability?	No Yes	Client Doesn't Know Client Refused Data not Collected	
2a. Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently? (Required if question 2 is 'Yes')	No Yes	Client Doesn't Know Client Refused Data not Collected	
2b. Do you have documentation of the disability and severity on file? (Required if question 2 is 'Yes')	No	Yes	
2c. Are you currently receiving services/treatment for this disability? (Required if question 2 is 'Yes')	No Yes	Client Doesn't Know Client Refused Data not Collected	
3. Do you have a developmental disability?	No Yes	Client Doesn't Know Client Refused Data not Collected	
3a. Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently? (Required if question 3 is 'Yes')	No Yes	Client Doesn't Know Client Refused Data not Collected	
3b. Do you have documentation of the disability and severity on file? (Required if question 3 is 'Yes')	No	Yes	
3c. Are you currently receiving services/treatment for this disability? (Required if question 3 is 'Yes')	No Yes	Client Doesn't Know Client Refused Data not Collected	
4. Do you have a chronic health condition?	No Yes	Client Doesn't Know Client Refused Data not Collected	
4a. Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently? (Required if question 4 is 'Yes')	No Yes	Client Doesn't Know Client Refused Data not Collected	
4b. Do you have documentation of the disability and severity on file? (Required if question 4 is 'Yes')	No	Yes	
4c. Are you currently receiving services/treatment for this disability? (Required if question 4 is 'Yes')	No Yes	Client Doesn't Know Client Refused Data not Collected	
5. Have you been diagnosed with AIDS or have you tested positive for HIV?	No Yes	Client Doesn't Know Client Refused Data not Collected	

5a. Do you expect this to substantially impair your ability to live independently? (Required if question 5 is 'Yes')	No Yes	Client Doesn't Know Client Refused Data not Collected	
5b. Do you have documentation of the disability and severity on file? (Required if question 5 is 'Yes')	No	Yes	
5c. Are you currently receiving services/treatment for this disability? (Required if question 5 is 'Yes')	No Yes	Client Doesn't Know Client Refused Data not Collected	
6. Do you feel you currently have a mental health problem?	No Yes	Client Doesn't Know Client Refused Data not Collected	
6a. Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently? (Required if question 6 is 'Yes')	No Yes	Client Doesn't Know Client Refused Data not Collected	
6b. Do you have documentation of the disability and severity on file? (Required if question 6 is 'Yes')	No	Yes	
6c. Are you currently receiving services/treatment for this disability? (Required if question 6 is 'Yes')	No Yes	Client Doesn't Know Client Refused Data not Collected	
6d. How was the mental health condition confirmed? (Required for PATH only if question 6 is 'Yes')	Unconfirmed; presumptive or self-report Confirmed through assessment and clinical evaluation Confirmed by prior evaluation or clinical records		
6e. Does the client have a serious mental illness? If so, how was it confirmed? (Required for PATH only if question 6 is 'Yes')	No Unconfirmed; presumptive or self-report Confirmed through assessment and clinical evaluation Confirmed by prior evaluation or clinical records Client Doesn't Know Client Refused		
7. Do you have an alcohol and/or drug abuse problem?	No Alcohol Drug Both	Client Doesn't Know Client Refused Data not Collected	
7a. Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently? (Required if question 7 is 'Alcohol', 'Drug', or 'Both')	No Yes	Client Doesn't Know Client Refused Data not Collected	
7b. Do you have documentation of the disability and severity on file? (Required if question 7 is 'Alcohol', 'Drug', or 'Both')	No	Yes	

7c. Are you currently receiving services/treatment for this disability? (Required if question 7 is 'Alcohol', 'Drug', or 'Both')	No Yes	Client Doesn't Know Client Refused Data not Collected	
7d. How was the substance abuse condition confirmed? (Required for PATH only if question 7 is 'Alcohol', 'Drug', or 'Both')	Unconfirmed; presumptive or self-report Confirmed through assessment and clinical evaluation Confirmed by prior evaluation or clinical records		
8. Have you been a victim of domestic violence or a victim of intimate partner violence?	No Yes	Client Doesn't Know Client Refused Data not Collected	
8a. When did this experience occur? (Required if question 8 is 'Yes')	Within the past three months Three to six months ago (excluding six months exactly) From six to twelve months ago (excluding one year exactly) More than a year ago Client Doesn't Know Client Refused Data not Collected		
8b. Are you currently fleeing? (Required if question 8 is 'Yes')	No Yes	Client Doesn't Know Client Refused Data not Collected	

PATH – For PATH Funded Projects, Required questions are shaded

20. Connection with SOAR?	No Yes	Client Doesn't Know Client Refused Data not Collected	
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Client Signature _____ Site _____

Date _____

Agency Staff Signature _____ Site _____

Date _____

DO NOT WRITE IN BOX BELOW – DATA ENTRY PERSONNEL ONLY (Optional):

Date entered into HMIS: ____/____/____

Question	Answer	Initials of Staff completion	Comments
Was the hard copy intake form completely filled out correctly?	Yes No		

Staff Name (verifying completion of Data Entry): _____