

Identification (All fields required unless otherwise noted)

HMIS consent? ☐ No (refused) ☐ Signed Consent Form

First Name: _____ Middle Name (Optional): _____

Last Name: _____ Suffix (Optional): _____

Name Data Quality: Did the client provide their full name?	Physical Description (Optional):	Last Known Permanent Address: Where have you last lived for 90 days or more? (Not including emergency shelters and transitional housing)
<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"/> Data not Collected		Address: _____ City: _____ County: _____ State: _____ Zip: _____
Date of Birth:	SSN:	
____/____/____ <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or partial DOB reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	____-____-____ <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"/> Data not Collected	Address <input type="checkbox"/> Full address reported <input type="checkbox"/> Client Doesn't Know Data <input type="checkbox"/> Incomplete or estimated <input type="checkbox"/> Client Refused Quality: address reported <input type="checkbox"/> Data not Collected

Contact Information (Optional)

Phone Number	Phone Type	Contact Preference
Main: (____)____-____x____ <input type="checkbox"/> Leave message	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message Center	<input type="checkbox"/> Phone <input type="checkbox"/> Alternate Phone <input type="checkbox"/> Text <input type="checkbox"/> Email
Alternate: (____)____-____x____ <input type="checkbox"/> Leave message	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message Center	
Email	_____@_____	Notes

Housing Status:	Family Type:
<input type="checkbox"/> Category 1 - Homeless <input type="checkbox"/> Category 2 - At Imminent Risk of Losing Housing (within 14 days or less) <input type="checkbox"/> Category 3 - Homeless only under other Federal Statutes <input type="checkbox"/> Category 4 - Fleeing Domestic Violence <input type="checkbox"/> At Risk of Homelessness <input type="checkbox"/> Stably Housed	<input type="checkbox"/> Unaccompanied <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Adults No children

Relation (to Head of Household)	Gender:
<input type="checkbox"/> Self <input type="checkbox"/> Head of Household's Child <input type="checkbox"/> Head of Household's Spouse or Partner <input type="checkbox"/> Head of Household's other Relation Member <input type="checkbox"/> Other: Non-relation Member	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Doesn't identify as male, female, or transgender <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected

Disabled? (Physical, Developmental, Mental Health, Chronic Health Condition, HIV/AIDS, and/or Substance Use Disorder.)	Veteran (Have you ever served in the U.S. Military?)	Education Level (What is the highest level of education you've completed?)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	<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 / High school Diploma <input type="checkbox"/> GED <input type="checkbox"/> School program does not have grade levels <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

Ethnicity	Race (check all that apply)
<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected

Income and Insurance (All fields required unless otherwise noted)

Income Source (Check all that apply)	Stated Income	Pay Interval					
		Weekly	Every Other Week	Twice A Month	Monthly	Quarterly	Yearly
<input type="checkbox"/> No financial resources							
<input type="checkbox"/> Earned Income (employment wages / cash)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Workers Compensation	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Temporary Assistance for Needy Families (CalWORKs)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> General Assistance (GA) (General Relief (GR))	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Retirement Income from Social Security	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pension or retirement income from a former job	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Support	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alimony or other spousal support	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Source (Specify: _____)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Client Doesn't Know							
<input type="checkbox"/> Client Refused							

☐ Data not Collected

Income Documentation (Optional):	Comments (Optional):
<input type="checkbox"/> GR Form <input type="checkbox"/> CalWORKS Forms <input type="checkbox"/> Pension Letter/Stub	
<input type="checkbox"/> Pay Stub <input type="checkbox"/> Unemployment Insurance Forms <input type="checkbox"/> Unemployment Forms	
<input type="checkbox"/> Utility Allowance <input type="checkbox"/> W-2 Forms <input type="checkbox"/> Self Declaration	
<input type="checkbox"/> Child Support Forms <input type="checkbox"/> SSDI Form <input type="checkbox"/> Employer Printout/Letter	
<input type="checkbox"/> Social Security Forms <input type="checkbox"/> Workmans Comp <input type="checkbox"/> VA Documentation	
<input type="checkbox"/> SSI Forms <input type="checkbox"/> Self Employment Docs	

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

Health Insurance (Check all that apply):			
<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data not Collected
<input type="checkbox"/> MediCal	<input type="checkbox"/> MEDICARE	<input type="checkbox"/> State Children's Health Ins.	<input type="checkbox"/> VA Medical Services
<input type="checkbox"/> Employer Provided Health Ins.	<input type="checkbox"/> COBRA Health Ins.	<input type="checkbox"/> Private Health Ins.	<input type="checkbox"/> Indian Health Services Program
<input type="checkbox"/> Other _____			

Client Note (Optional)

Client Note:	
Type: <input type="checkbox"/> Information <input type="checkbox"/> Alert	
Private Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Note Date: ____/____/____	

Emergency Contact Information (Optional)

Contact Type	Phone Number	Phone Type	Email
Alternate Contact <i>(Who is the best person to get in touch with you?)</i> Relationship: _____ First Name: _____ Last Name: _____	() ____ - ____ x ____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message Center	
Emergency <i>(In case of an emergency, who should we alert?)</i> <input type="checkbox"/> Same as above Relationship: _____ First Name: _____ Last Name: _____	() ____ - ____ x ____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message Center	

Program Entry (All fields required unless otherwise noted)

Program Name: _____

Program Entry Date: ____/____/____

Case Manager: _____

Living Situation Questions for Street Outreach, Emergency Shelter, or Safe Haven Projects

1. Type of Residence	
HOMELESS SITUATION	
<input type="checkbox"/> Place not meant for human habitation	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Permanent housing for formerly homeless persons
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Interim Housing	<input type="checkbox"/> Rental by client, with VASH housing subsidy
INSTITUTIONAL SITUATION	<input type="checkbox"/> Rental by client, with GPD TIP subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, with other (non-VASH) ongoing housing subsidy
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Staying or living in a family member's room, apartment, or house
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Transitional housing for homeless persons
<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Other
TRANSITIONAL & PERMANENT HOUSING SITUATION	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Data not Collected

2. Length of Stay in Prior Living Situation		
<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> 90 days or more, but less than one year	<input type="checkbox"/> Client Refused
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One year or longer	<input type="checkbox"/> Data not Collected

Proceed to Question 5 ->

Living Situation Questions for All Project Types excluding Street Outreach, Emergency Shelter, or Safe Haven Projects

1. Type of residence

HOMELESS SITUATION

☐ Place not meant for human habitation

☐ Emergency Shelter

☐ Safe Haven

☐ Interim Housing

INSTITUTIONAL SITUATION

☐ Foster care home or foster care group home

☐ Hospital or other residential non-psychiatric medical facility

☐ Jail, prison or juvenile detention facility

☐ Long-term care facility or nursing home

☐ Psychiatric hospital or other psychiatric facility

☐ Substance abuse treatment facility or detox center

TRANSITIONAL & PERMANENT HOUSING SITUATION

☐ Hotel or motel paid for without emergency shelter voucher

☐ Owned by client, no ongoing housing subsidy

☐ Owned by client, with ongoing housing subsidy

☐ Permanent housing for formerly homeless persons

☐ Rental by client, no ongoing housing subsidy

☐ Rental by client, with VASH housing subsidy

☐ Rental by client, with GPD TIP subsidy

☐ Rental by client, with other (non-VASH) ongoing housing subsidy

☐ Residential project or halfway house with no homeless criteria

☐ Staying or living in a family member's room, apartment, or house

☐ Staying or living in a friend's room, apartment, or house

☐ Transitional housing for homeless persons

☐ Client Doesn't Know

☐ Client Refused

3. Length of stay in prior living situation

☐ Data not Collected

- ☐ 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
- ☐ Data not Collected

2a. Did you stay less than 90 days?

☐ No

☐ Yes

2b. Did you stay less than 7 nights?

☐ No

☐ Yes

- ☐ 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
- ☐ Data not Collected

Proceed to
Question 5

- ☐ 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
- ☐ Data not Collected

Proceed to
Question 4



Proceed to
Question 8

Proceed to
Question 4

Proceed to
Question 8

4. On the night before your current housing situation, did you stay on the streets, ES, or SH?

☐ No ☐ Yes

5. Approximate date started

____/____/____

6. Number of times the client has been on the streets, in ES, or SH in the past three years including today.

☐ Never in three years ☐ Three times ☐ Client Doesn't Know
☐ One time ☐ Four or more times ☐ Client Refused
☐ Two times ☐ Data not Collected

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) ☐ 7 ☐ 12
☐ 2 ☐ 8 ☐ More than 12 months
☐ 3 ☐ 9 ☐ Client Doesn't Know
☐ 4 ☐ 10 ☐ Client Refused
☐ 5 ☐ 11 ☐ Data not Collected
☐ 6

HOMELESSNESS - Adults aged 18 and older and Head of Household < 18 years old, required questions are shaded

Question	Check One Answer			Comments
8. What city were you residing in immediately prior to entry into this project?	<input type="checkbox"/> Aliso Viejo <input type="checkbox"/> Anaheim <input type="checkbox"/> Atwood <input type="checkbox"/> Balboa <input type="checkbox"/> Brea <input type="checkbox"/> Buena Park <input type="checkbox"/> Capistrano Beach <input type="checkbox"/> Corona del Mar <input type="checkbox"/> Costa Mesa <input type="checkbox"/> Coto de Caza <input type="checkbox"/> Cypress <input type="checkbox"/> Dana Point <input type="checkbox"/> El Modena <input type="checkbox"/> Fountain Valley <input type="checkbox"/> Fullerton <input type="checkbox"/> Garden Grove <input type="checkbox"/> Huntington Beach	<input type="checkbox"/> Irvine <input type="checkbox"/> La Habra <input type="checkbox"/> La Palma <input type="checkbox"/> Laguna Beach <input type="checkbox"/> Laguna Hills <input type="checkbox"/> Laguna Niguel <input type="checkbox"/> Laguna Woods <input type="checkbox"/> Lake Forest <input type="checkbox"/> Las Flores <input type="checkbox"/> Lemon Heights <input type="checkbox"/> Los Alamitos <input type="checkbox"/> Midway City <input type="checkbox"/> Mission Viejo <input type="checkbox"/> Newport Beach <input type="checkbox"/> Orange <input type="checkbox"/> Placentia <input type="checkbox"/> Rancho Santa Margarita	<input type="checkbox"/> San Clemente <input type="checkbox"/> San Juan Capistrano <input type="checkbox"/> Santa Ana <input type="checkbox"/> Seal Beach <input type="checkbox"/> Stanton <input type="checkbox"/> Sunset Beach <input type="checkbox"/> Tustin <input type="checkbox"/> Villa Park <input type="checkbox"/> Westminster <input type="checkbox"/> Yorba Linda <input type="checkbox"/> Outside Orange County <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	

WELLNESS - All clients, required questions are shaded

Question	Check One Answer		Comments
9. Have you been diagnosed with AIDS or have you tested positive for HIV?	<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	

9a. Do you expect this to substantially impair your ability to live independently? (Required if question 9 is 'Yes')	<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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9b. Do you have documentation of the disability and severity on file? (Required if question 9 is 'Yes')	<input type="checkbox"/> No <input type="checkbox"/> Yes	
9c. Are you currently receiving services or treatment for this condition? (Required if question 9 is 'Yes')	<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	
10. Do you have a chronic health condition?	<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	
10a. Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently? (Required if question 10 is 'Yes')	<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	
10b. Do you have documentation of the disability and severity on file? (Required if question 10 is 'Yes')	<input type="checkbox"/> No <input type="checkbox"/> Yes	
10c. Are you currently receiving services or treatment for this condition? (Required if question 10 is 'Yes')	<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	
11. 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	
11a. Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently? (Required if question 11 is 'Yes')	<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	
11b. Do you have documentation of the disability and severity on file? (Required if question 11 is 'Yes')	<input type="checkbox"/> No <input type="checkbox"/> Yes	
11c. Are you currently receiving services or treatment for this condition? (Required if question 11 is 'Yes')	<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	
12. Do you <i>currently</i> have a drug or alcohol problem?	<input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Alcohol** <input type="checkbox"/> Client Refused <input type="checkbox"/> Drug** <input type="checkbox"/> Data not Collected <input type="checkbox"/> Both**	
12a. Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently? (Required if question 12 is 'Alcohol', 'Drug', or 'Both')	<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	
12b. Do you have documentation of the disability and severity on file? (Required if question 12 is 'Alcohol', 'Drug', or 'Both')	<input type="checkbox"/> No <input type="checkbox"/> Yes	
12c. Are you currently receiving services or treatment for this condition? (Required if question 12 is 'Alcohol', 'Drug', or 'Both')	<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	
12d. How was the substance abuse condition confirmed? (Required if question 12 is 'Alcohol', 'Drug', or 'Both')	<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed through assessment and clinical evaluation	

	<input type="checkbox"/> Confirmed by prior evaluation or clinical records	
13. 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	
13a. Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently? (Required if question 13 is 'Yes')	<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	
13b. Do you have documentation of the disability and severity on file? (Required if question 13 is 'Yes')	<input type="checkbox"/> No <input type="checkbox"/> Yes	
13c. Are you currently receiving services or treatment for this condition? (Required if question 13 is 'Yes')	<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	
14. Do you feel you currently have a mental health problem?	<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	
14a. Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently? (Required if question 14 is 'Yes')	<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	
14b. Do you have documentation of the disability and severity on file? (Required if question 14 is 'Yes')	<input type="checkbox"/> No <input type="checkbox"/> Yes	
14c. Are you currently receiving services or treatment for this condition? (Required if question 14 is 'Yes')	<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	
14d. How was the mental health condition confirmed? (Required if question 14 is 'Yes')	<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed through assessment and clinical evaluation <input type="checkbox"/> Confirmed by prior evaluation or clinical records	
14e. Does the client have a serious mental illness? If so, how was it confirmed? (Required if question 14 is 'Yes')	<input type="checkbox"/> No <input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed through assessment and clinical evaluation <input type="checkbox"/> Confirmed by prior evaluation or clinical records <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
15. Have you been a victim of domestic violence or a victim of intimate partner violence?	<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	

<p>15a. How long ago did you have this experience? (Required if question 15 is 'Yes')</p>	<p><input type="checkbox"/> Within the past three months</p> <p><input type="checkbox"/> Three to six months ago (excluding six months exactly)</p> <p><input type="checkbox"/> From six to twelve months ago (excluding one year exactly)</p>	
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	<input type="checkbox"/> More than a year ago <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not Collected	
15b. Are you currently fleeing? (Required if question 15 is 'Yes')	<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	

EMPLOYMENT: For adults 18 and older or Head of Household < 18 years old, required questions shaded

Question	Check One Answer	Comments
16. Are you currently employed?	<input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused	
16a. Why are you not employed? (Required if question 16 is 'No')	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work	
16b. What type of employment do you have? (Required if question 16 is 'Yes')	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal / sporadic (including day labor)	

PREGNANCY - Females who are head of household, 18 and over, or are an unaccompanied youth only

Question	Check One Answer	Comments
17. Are you pregnant?	<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	
17a. What is your due date? (Required if question 17 is 'Yes')	____/____/____	

YOUTH - Head of Households aged 17 and under only

Question	Check One Answer	Comments
18. Did you run away from home or a foster care home?	<input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused	

VETERAN - US Veterans only, required questions are shaded

Question	Check One Answer	Comments
19. Which branch of the military did you serve in?	<input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Navy <input type="checkbox"/> Client Refused <input type="checkbox"/> Marines <input type="checkbox"/> Data not Collected	

<p>20. What type of discharge did you receive?</p>	<p> <input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> 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 <input type="checkbox"/> Data not Collected </p>	
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21. When did you enter military service?	___/___/___ <input type="checkbox"/> Doesn't Know	
<i>NOTE: The following questions are required for SSVF programs, but HIGHLY recommended to be completed for all veterans.</i>		
22. When did you separate from military service?	___/___/___ <input type="checkbox"/> Doesn't Know	
23. Household Income as a Percentage of AMI	<input type="checkbox"/> Less than 30% <input type="checkbox"/> 30% to 50% <input type="checkbox"/> Greater than 50%	
24. VAMC Station Score	_____	

Did you serve in any of the following wars/war eras?

25. World War II <i>Dec. 1941 – Dec. 1946</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	
26. Korean War <i>Jun. 1950 – Jan. 1955</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	
27. Vietnam War <i>Feb. 1961 – May 1975</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	
28. Persian Gulf War (Operation Desert Storm) <i>Aug. 1990 – April 1991</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	
29. Afghanistan (Operation Enduring Freedom) <i>Oct. 2001 - Present</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	
30. Iraq (Operation Iraqi Freedom) <i>Mar. 2003 – Aug. 2010</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	
31. Iraq (Operation New Dawn) <i>Sept. 2010 – Dec. 2011</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	
32. Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	<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	

CHRONIC HOMELESSNESS - Adults aged 18 and older and Head of Household < 18 years old, required questions are shaded

Question	Check One Answer	Comments
ASSESSOR ONLY – DO NOT ASK: 33. Is the client chronically homeless? <i>To be chronically homeless, the client must be a homeless individual or a family with an adult head of household (or if there is no adult in the family, a minor head of household) with a disability who lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and has been homeless continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions equal at least 12 months</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	

PATH Questions: Required for PATH-Funded Clients ONLY

34. Was the client determined to be eligible for PATH funded services and enrolled in PATH?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
34a. If not eligible to be enrolled, what is the reason? (Required if question 34 is 'No')	<input type="checkbox"/> Client was found ineligible for PATH <input type="checkbox"/> Client was not enrolled for other reason(s)	
35. On what date was the client's eligibility and/or enrollment determined?	/ /	
36. Is the client connected with SOAR?	<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

I certify that the information above is correct to the best of my knowledge.

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 exit form completely filled out correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Staff Name (verifying completion of Data Entry): _____