HMIS INTAKE Data Collection Form for Solano County HMIS Projects

General Instructions

This is the entry form for ALL projects in Solano County except for SSVF funded programs.

This form should be filled out for all household members and entered into HMIS accordingly.

Income and benefits collected by minor children in the household should be reported under the head of household.

If a household presents as two minor youth, one of the youth should be designated as the head of household.

No question should remain blank at the end of the assessment. The administrator of this intake must ask all questions of the client and mark the appropriate response.

Please note, current HMIS policies require that all data be entered into HMIS within three days of acquisition.

If you are confused about how to answer a question, please refer to the HMIS Data Dictionary which is contained in the resources folder for HMIS accessible through ServicePoint.

If the data dictionary does not answer your question, please reach out to solanoHMIS@homebaseccc.org for assistance.

CLIENT NAME:

DATE ADMINISTERED:

DEMOGRAPHIC INFORMATION

PROJECT START DATE (e.g., 05/25/2019)

The Project Start Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

		/		/				

Month   Day   Year

NAME (first, middle, last name, suffix, e.g., Jr, Sr, III)

In HMIS the "name" field will be created upon record entry and should auto-populate into the Entry Assessment. Use a client's full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents.

First name _____

Middle name(s) _____

Last name _____

Suffix _____

NAME DATA QUALITY

Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time. If using a "made up name" for such an initial identification, indicate that here.

☐ Full name reported   ☐ Client doesn't know

☐ Partial, street name, or code name reported   ☐ Client refused

SOCIAL SECURITY NUMBER

			-			-				

SOCIAL SECURITY NUMBER DATA QUALITY

The Social Security Number is created when the client record is created and should auto-populate into the Entry Assessment. Some projects may serve clients that do not have an SSN. In these cases, select 'Client doesn't know.'

☐ Full SSN reported   ☐ Client doesn't know

☐ Approximate or partial SSN reported   ☐ Client refused

DEMOGRAPHIC INFORMATION (CONT.)

VETERAN STATUS

*This element is based on self-report by the client. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. For the **Army, Navy, Air Force, Marine Corps,** and **Coast Guard,** active duty begins when a military member reports to a duty station after completion of training. For the **Reserves** and **National Guard,** active duty is any time spent activated or deployed, either in the United States or abroad. Or Anyone who was disabled in the line of duty during a period of active duty training. Or Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.*

☐ No   ☐ Client doesn't know

☐ Yes   ☐ Client refused

HOUSING HISTORY

The Housing History records the client's history of housing as well as periods of homelessness. Provide as much data as are available and/or applicable regarding the occurrence, housing status type (e.g. Mainstream Housing, Institutional Housing, Unsheltered) and address or general location of the client in the past.

Start date 1

		/		/			

Month   Day   Year

End date 1

		/		/			

Month   Day   Year

☐ Mainstream housing (private, Section 8, long-term with family or friends)   ☐ Emergency shelter

☐ Medium-term housing (PSH, RRH, HSP, etc.)   ☐ Unsheltered (Car, tent, park, streets, squatting)

☐ Short-term housing (TH, halfway house, couch-surfing)   ☐ Unknown

☐ Institutional housing (hospital, detox, jail, foster care)

Address or general location 1

Start date 2

		/		/			

Month   Day   Year

End date 2

		/		/			

Month   Day   Year

☐ Mainstream housing (private, Section 8, long-term with family or friends)   ☐ Emergency shelter

☐ Medium-term housing (PSH, RRH, HSP, etc.)   ☐ Unsheltered (Car, tent, park, streets, squatting)

☐ Short-term housing (TH, halfway house, couch-surfing)   ☐ Unknown

☐ Institutional housing (hospital, detox, jail, foster care)

Address or general location 2

DEMOGRAPHIC INFORMATION (CONT.)

Start date 3

		/		/				
Month		Day		Year				

End date 3

		/		/				
Month		Day		Year				

☐ Mainstream housing (private, Section 8, long-term with family or friends)

☐ Emergency shelter

☐ Medium-term housing (PSH, RRH, HSP, etc.)

☐ Unsheltered (Car, tent, park, streets, squatting)

☐ Short-term housing (TH, halfway house, couch-surfing)

☐ Unknown

☐ Institutional housing (hospital, detox, jail, foster care)

Address or general location 3

Start date 4

		/		/				
Month		Day		Year				

End date 4

		/		/				
Month		Day		Year				

☐ Mainstream housing (private, Section 8, long-term with family or friends)

☐ Emergency shelter

☐ Medium-term housing (PSH, RRH, HSP, etc.)

☐ Unsheltered (Car, tent, park, streets, squatting)

☐ Short-term housing (TH, halfway house, couch-surfing)

☐ Unknown

☐ Institutional housing (hospital, detox, jail, foster care)

Address or general location 4

Start date 5

		/		/				
Month		Day		Year				

End date 5

		/		/				
Month		Day		Year				

☐ Mainstream housing (private, Section 8, long-term with family or friends)

☐ Emergency shelter

☐ Medium-term housing (PSH, RRH, HSP, etc.)

☐ Unsheltered (Car, tent, park, streets, squatting)

☐ Short-term housing (TH, halfway house, couch-surfing)

☐ Unknown

☐ Institutional housing (hospital, detox, jail, foster care)

Address or general location 5

DEMOGRAPHIC INFORMATION (CONT.)

CITY WHERE CLIENT SLEPT LAST NIGHT

This field asks for the location where the client slept night. Select the location from a list of municipalities, census-designated places and unincorporated places in Solano County. If the location where the client slept last night was outside Solano County, select the appropriate county or geographic area.

☐	Benicia	☐	Other area in Solano County
☐	Birds Landing	☐	Alameda County
☐	Dixon	☐	Contra Costa County
☐	Fairfield	☐	Napa County
☐	Green Valley	☐	Sacramento County
☐	Rio Vista	☐	San Francisco County
☐	Suisun City	☐	Yolo County
☐	Vacaville	☐	Other area in California (non-Solano)
☐	Vallejo	☐	Other area outside of California

CITY IN WHICH LAST HOUSED

This field asks for the location where the client was most recently housed. Select the location from a list of municipalities, census-designated places and unincorporated places in Solano County. If the location where the client slept last night was outside Solano County, select the appropriate county or geographic area.

☐	Benicia	☐	Other area in Solano County
☐	Birds Landing	☐	Alameda County
☐	Dixon	☐	Contra Costa County
☐	Fairfield	☐	Napa County
☐	Green Valley	☐	Sacramento County
☐	Rio Vista	☐	San Francisco County
☐	Suisun City	☐	Yolo County
☐	Vacaville	☐	Other area in California (non-Solano)
☐	Vallejo	☐	Other area outside of California

CLIENT LOCATION: CA-518

The only option for client location in HMIS is CA-518, which corresponds with the Solano Continuum of Care.

HOUSING MOVE-IN DATE

This field asks when the client is actually in housing. It is possible for a client to enter a project prior to actually taking possession of the unit. This is common when the project is providing housing locator services for the client. Provide the date the client actually takes possession of the unit. If the client has not taken possession of the unit at the time of project entry leave this field blank and provide an update at a later time when the unit becomes available.

Is the client in permanent housing as of the project entry date?

☐	No	☐	Yes

[IF YES] HOUSING MOVE-IN DATE

		/			/			

Month   Day   Year

DEMOGRAPHIC INFORMATION (CONT.)

DATE OF BIRTH

		/		/			

Month   Day   Year

DATE OF BIRTH TYPE

Use 01/01/YEAR and select 'approximate or partial date of birth' if client cannot recall DOB.

- ☐ Full date of birth reported
- ☐ Approximate or partial date of birth reported
- ☐ Client doesn't know
- ☐ Client refused

PRIMARY RACE

Clients may report up to two different races. If a client only identifies as one racial category leave the "secondary race" field blank. "Client doesn't know" and "Client refused" should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client doesn't know
- ☐ Client refused

SECONDARY RACE

Clients may report up to two different races. If a client only identifies as one racial category leave the "secondary race" field blank. "Client doesn't know" and "Client refused" should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client doesn't know
- ☐ Client refused

ETHNICITY

- ☐ Non-Hispanic / Non-Latino
- ☐ Hispanic / Latino
- ☐ Client doesn't know
- ☐ Client refused

GENDER

Which of these genders best describes how the client identifies?

- ☐ Female
- ☐ Male
- ☐ Trans Female (MTF, or male to female)
- ☐ Trans Male (FTM, or female to male)
- ☐ Gender Non-Conforming (i.e. not exclusively male or female)
- ☐ Client doesn't know
- ☐ Client refused

RELATIONSHIP TO HEAD OF HOUSEHOLD

In a household of a single individual, that person must be identified as the head of household. In multi-person households, one of person must be designated as the head of household and the rest must have their relationship to the head of household recorded. If the group of persons is composed of adults and children, an adult must be indicated as the head of household.

☐ Self (head of household)

☐ Head of household's child

☐ Head of household's spouse or partner

☐ Head of household's other relation member (other relation to head of household)

☐ Other: non-relation member

HOMELESS STATUS VERIFICATION

1. TYPE OF PRIOR LIVING SITUATION

What was the situation the client was living in immediately prior to project start?

Adult members of the same household may have different prior living situations

2. LENGTH OF STAY IN PRIOR LIVING SITUATION

How long was the client staying in that place?

If the client moved around, but in the same type of situation, include the total time in that type of situation. If the client moved around from one situation to another, only include the time in the situation selected.

Homeless Situations
- ☐ Place not meant for habitation
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Safe Haven
- ☐ Interim Housing*

- ☐ 1 night or less
- ☐ 2 to 6 nights
- ☐ 1 week+, but less than 1 month
- ☐ 1 mo+, but less than 90 days
- ☐ 90 days, but less than 1 year
- ☐ 1 year or longer
- ☐ Client doesn't know
- ☐ Client refused

Proceed to Question 3

Institutional Situations
- ☐ 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

- ☐ 1 night or less
- ☐ 2 to 6 nights
- ☐ 1 week+, but less than 1 month
- ☐ 1 mo+, but less than 90 days

Proceed to Question 3

- ☐ 90 days, but less than 1 year
- ☐ 1 year or longer
- ☐ Client doesn't know
- ☐ Client refused

STOP Proceed to Disability Status (page 10)

Transitional & Permanent Housing Situations
- ☐ 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 (other than RRH) for formerly homeless persons
- ☐ Rental by client, no ongoing subsidy
- ☐ Rental by client, with VASH subsidy
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Transitional housing for homeless persons (including homeless youth)

Proceed to Question 3

- ☐ 1 night or less
- ☐ 2 to 6 nights
- ☐ 1 week, but less than 1 month
- ☐ 1 month, but less than 90 days
- ☐ 90 days, but less than 1 year
- ☐ 1 year or longer
- ☐ Client doesn't know
- ☐ Client refused

STOP Proceed to Disability Status (page 10)

Other
- ☐ Client doesn't know
- ☐ Client refused

*Interim housing is *not a type* of housing but rather a housing situation for a client that meets the following criteria:*
1. *Must have been chronically homeless at start in interim housing,*

2. *Must have applied for permanent housing, accepted, and have a unit/voucher for perm. hsg. reserved for them,*
3. *Must have been prevented from immediately accessing permanent housing unit or using a voucher in a permanent housing unit (e.g. apartment getting painted, old tenant moving out, has a voucher but is looking for the unit, etc.), and*
4. *Client and transitional housing project must have determined that transitional housing is an acceptable option until permanent housing unit is ready for occupancy.*

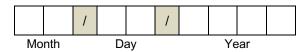### 3. DATE THE CLIENT STARTED BEING HOMELESS THIS TIME

When did the client start staying on the streets,** in emergency shelters, or in safe havens this time?

Determine the date of the last time the client had a place to sleep that was not on the streets, in an emergency shelter, or in a safe haven. Breaks in homelessness are allowed to be included in the look back period to calculate the start date only if:

- *The client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; OR*
- *The break in their time on the streets, shelters, or safe havens was less than 7 nights. A break is considered 6 or less consecutive nights not residing in a place not meant for human habitation, in shelter or in a safe haven. The look back time would not be broken by a stay less than 7 consecutive nights; OR*
- *The break in their time on the streets, ES, or SH was less than 90 days in any of the places listed under the header "institutional situations" on the previous page. The look back time would include all of those days (up to 89 days) when looking back for the start date.*

If this is the client's first day on the streets, shelters, or safe havens, enter today's date.

** "The streets" is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground).

		/			/				

Month   Day   Year

4. NUMBER OF TIMES THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

How many times has the client been homeless on the streets, in shelter, or in safe havens in the past three years, including this time?

Count the times a client has been homeless, separated by breaks, in the last three years. A break means at least 7 consecutive nights of not living on the street, in an emergency shelter, or Safe Haven or at least 90 days in any of the places listed under the header "institutional situations" on the previous page.

- ☐ One time (this time)
- ☐ Two times
- ☐ Three times
- ☐ Four or more times
- ☐ Client doesn't know
- ☐ Client refused

5. TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMELESS IN THE PAST THREE YEARS

How many months, in total, has the client has been homeless on the street, in an emergency shelter, or Safe Haven over the past three years?

Add up the total number of months homeless of all the different times the client has spent homeless on the streets, in shelter, or in safe havens in the past three years. Include any time a client spent in an institution for a period of less than 90 days or time spent in permanent or transitional housing for a period of less than 7 days. Responses may be rounded to the next-highest number of full months. The current month, even if a partial month, can be counted as a full month.

- ☐ One month or less (choose if this is the first time the client has been homeless)
- ☐ Between 2 and 12 months ➔ **Enter the total number of months:** _____
- ☐ More than 12 months
- ☐ Client doesn't know
- ☐ Client refused

DISABILITY STATUS

Disability elements for HMIS data collections are based on client report. A client is not required to show proof of disability in order to respond "yes" to this question. Programs which require a disability for a client to be eligible for services may further investigate this element.

PHYSICAL DISABILITY

Does the client currently have a physical disability?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

⬇

[IF YES] Is the physical disability expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

⬇

[IF YES] Is the developmental disability expected to substantially impair the client's ability to live independently?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

⬇

[IF YES] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

HIV/AIDS

Does the client currently have HIV/AIDS?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

⬇

[IF YES] Is HIV/AIDS expected to substantially impair the client's ability to live independently?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

⬇

[IF YES] Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

SUBSTANCE ABUSE PROBLEM

Does the client currently have a substance abuse problem?

☐	No	☐	Client doesn't know
☐	Alcohol abuse	☐	Client refused
☐	Drug abuse		
☐	Both alcohol and drug abuse		

⬇

[IF YES for <u>alcohol abuse</u>, <u>drug abuse</u>, or <u>both alcohol and drug abuse</u>] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

DISABLING CONDITION

Does the client currently have a disabling condition?
A disabling condition is any of the above-indicated disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, or substance abuse problem) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be of long–continued and indefinite duration and substantially impairs ability to live independently.

☐	No
☐	Yes
☐	Client doesn't know
☐	Client refused

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INCOME AND BENEFITS

INCOME AND SOURCES

Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).

Does the client have any income from any source?

☐ No	☐ Client doesn't know
☐ Yes	☐ Client refused

⬇

[IF YES] Answer Yes or No for each income source.

If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate. Answer 'No' for sources that have been terminated, even if they were received in the past.

Source of income	Receiving income from source?		If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No	☐	
	Yes	☐	$. 0 0
Unemployment Insurance	No	☐	
	Yes	☐	$. 0 0
Supplemental Security Income (SSI)	No	☐	
	Yes	☐	$. 0 0
Social Security Disability Insurance (SSDI)	No	☐	
	Yes	☐	$. 0 0
VA Service-Connected Disability Compensation	No	☐	
	Yes	☐	$. 0 0
VA Non-Service-Connected Disability Pension	No	☐	
	Yes	☐	$. 0 0
Private disability insurance	No	☐	
	Yes	☐	$. 0 0
Worker's Compensation	No	☐	
	Yes	☐	$. 0 0
Temporary Assistance for Needy Families (TANF)	No	☐	
	Yes	☐	$. 0 0
General Assistance (GA)	No	☐	
	Yes	☐	$. 0 0
Retirement Income from Social Security	No	☐	
	Yes	☐	$. 0 0
Pension or retirement income from a former job	No	☐	
	Yes	☐	$. 0 0
Child support	No	☐	
	Yes	☐	$. 0 0
Alimony or other spousal support	No	☐	
	Yes	☐	$. 0 0
Other source If yes, specify source:_____	No	☐	
	Yes	☐	$. 0 0
Total monthly income from all sources			$. 0 0

INCOME AND BENEFITS (CONT.)

NON-CASH BENEFITS

Does the client have any non-cash benefits from any source?

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

☐	No	☐	Client doesn't know	
☐	Yes	☐	Client refused	

⬇

[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source.

Source of income	Receiving Benefits from source?	
Supplemental Nutrition Assistance Program (SNAP)	No	☐
	Yes	☐
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	☐
	Yes	☐
TANF Child Care services *(or use local name)*	No	☐
	Yes	☐
TANF transportation services *(or use local name)*	No	☐
	Yes	☐
Other TANF-Funded Services *(or use local name)*	No	☐
	Yes	☐
Other source If yes, specify source:_____	No	☐
	Yes	☐

HEALTH INSURANCE

Is the client currently covered by health insurance?

☐	No	☐	Client doesn't know	
☐	Yes	☐	Client refused	

⬇

[IF YES] Answer 'Yes' or 'No' for each health insurance source.

Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Source
☐	☐	Medicaid
☐	☐	Medicare
☐	☐	State Children's Health Insurance Program (or use local name)
☐	☐	Veteran's Administration (VA) Medical Services
☐	☐	Employer-Provided Health Insurance
☐	☐	Health insurance obtained through COBRA
☐	☐	Private Pay Health Insurance
☐	☐	State Health Insurance for Adults (or use local name)
☐	☐	Indian Health Services Program
☐	☐	Other If Yes, specify source: _____

DOMESTIC VIOLENCE EXPERIENCE

DOMESTIC VIOLENCE

Is client a domestic violence victim/survivor?

☐ No

☐ Yes

☐ Client doesn't know

☐ Client refused

↓

[IF YES] When did the experience occur?

☐ Within the past three months

☐ Three to six months ago (excluding six months exactly)

☐ Six months to one year ago (excluding one year exactly)

☐ One year ago or more

☐ Client doesn't know

☐ Client refused

[IF YES] Is the client currently fleeing?

☐ No

☐ Yes

☐ Client doesn't know

☐ Client refused

[IF YES] Caller ZIP: _____