

# HMIS Intake and Enrollment Form RHY

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

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

Staff Completing HMIS form \_\_\_\_\_

For persons entering HMIS project type: **RHY**

Also for persons entering CES Enrollment (reminder to collect the VISPDAT & Self-Sufficiency)

**Identification** - All fields required unless otherwise noted

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**

**Ethnicity**

- Hispanic/Latino(a)(o)(x)** is a person of Central American, Latin American, or South American origin, separate from race.
- Non-Hispanic/ Non-Latino(a)(o)(x)** is a person NOT of Central American, Latin American, or South American origin, separate from race.
- Client Doesn't Know**
- Client Refused**

**Race (Check all that apply)**

- American Indian, Alaska Native, or Indigenous** is a person having origins to any of the indigenous peoples of North and South America, including Central America.
- Asian or Asian American** is a person having origins of Asian descent, including but not limited to Chinese, Indian, Japanese, Korean, Pakistani, Vietnamese, or another representative nation/region.
- Black, African American, or African** is a person having origins to any of the Black racial groups of Africa, including Afro-Caribbean.
- Native Hawaiian or Pacific Islander** is a person having origins in any of the indigenous peoples of Hawaii, Guam, Samoa, or another Pacific Island.
- White** is a person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Client Doesn't Know**
- Client Refused**

**Gender (Check all that apply)** Client authorizes update in HMIS if gender is different?  Yes  No

- Female** is a person who lives or identifies as female.
- Male** is a person who lives or identifies as male.
- A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)** is a person who lives or identifies as a gender other than female, a gender other than male, a gender outside the binary, no gender, more than one gender, a culturally specific gender, or a gender that changes over time.
- Transgender** is a person who lives or identifies with a transgender history, experience, or identity.
- Questioning** is a person who may be unsure, may be exploring, or may not relate to or identify with a gender identity at this time.
- Client Doesn't Know**
- Client Refused**

<b>Pregnancy</b>	<input type="checkbox"/> Yes* (Due Date _____) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused
<b>Veteran</b> (Have you ever served in the U.S. Military?) 18 and over	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused
<b>Relationship to Head of Household</b>	<input type="checkbox"/> Self <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other: Non-Family Member <input type="checkbox"/> Son <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Other: Family Member
<b>Disabling Condition</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused
<b>Project Start Date</b>	____ / ____ / ____

**Universal Data Assessment**

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

**1. What was the situation you were living in immediately prior to project entry? (The night before)**

- 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
- 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
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Rental by client, with VASH 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, with 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. 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

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

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

**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

**Universal Data Assessment**

**Living Situation:**  
**PATHWAYS/Coordinated Entry** 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

**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

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

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

**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

**6. 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

<b>Transitional &amp; Permanent Housing Situations</b>		
<b>1. What was the living Situation you were living in immediately prior to project entry?</b> <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Permanent housing (Other than RRH) for formerly homeless persons <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"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>2. Did you stay less than 7 Nights</b> <input type="checkbox"/> Yes (Continue to questions 3-4) <input type="checkbox"/> No (Answer 3 then continue to Wellness Assessment)	<b>3. Length of stay in prior living situation?</b> <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
<b>4. On the night before did you stay on the street, Emergency Shelter, or Safe Haven</b>	<input type="checkbox"/> Yes(Continue to questions 5-7) <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> No (Continue with Wellness Assessment) <input type="checkbox"/> Client Refused
<b>5. What approximate date did you start living on the streets, emergency shelter, or safe haven? (Approximate date homelessness started)</b>	_____ / _____ / _____	
<b>6. How many times has the client been homeless on the streets, in shelters in the past 3 years?</b>	<input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Three Times	<input type="checkbox"/> Four or more times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>7. Total number of months homeless on the streets, in ES, or SH in the past three years</b>	<input type="checkbox"/> One Month (this time is the first month) <input type="checkbox"/> 2-12 ( <span style="background-color: yellow;">      </span> months)	<input type="checkbox"/> More than 12 <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 _____

BCP Status: (BCP Only)	Yes (select options below)	No (Reason why services are not funded by BCP Grant)	
Date of Determination: ____/____/____ Youth eligible for RHY services? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is youth a runaway?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<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	
Barriers:			
	Barrier Present	Condition is Indefinite	
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused		
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused		
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Client Refused	
Domestic Violence (TLP Only)			
<b>Domestic Violence Experience?</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>When Experience Occurred?</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 <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	Stated Income (Monthly) <i>Pathways only</i>	Non-Cash Resources <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	Stated Amounts (Monthly)
<input type="checkbox"/> Earned Income ( <i>employment wages / cash</i> )	\$	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants 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	\$		
<input type="checkbox"/> Other Income	\$		

Employment Assessment			
<input type="checkbox"/> Yes (Complete Information Below)	<input type="checkbox"/> No(Complete Information Below)		
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused		
<b>If Yes-Type of Employment</b>	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal/Sporadic (including day labor)
<b>If No, Why not employed?</b>	<input type="checkbox"/> Looking for work	<input type="checkbox"/> Unable to work	<input type="checkbox"/> Not Looking for work
Educational Assessment		Post-Secondary Options	
<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"/> Post-Secondary (Fill-in level) <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>School Status</b>	<input type="checkbox"/> Attending school regularly <input type="checkbox"/> Attending School irregularly <input type="checkbox"/> Graduated high school	<input type="checkbox"/> Obtained GED <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Dropped out
Health Assessment			
General Health Status	<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
Dental Health Status	<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
Mental Health Status	<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
Pregnancy Status	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Sexual Orientation			
<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bi-sexual	<input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Other: _____ (please describe) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
RHY Entry Assessment			
Referral Resources			
<input type="checkbox"/> Self-Referral <input type="checkbox"/> Individual/Parent/Guardian/Relative /Friend/Foster Parent/Other Individual <input type="checkbox"/> Outreach Project Number of times approached by Outreach prior to entering the project? _____	<input type="checkbox"/> Temporary Shelter <input type="checkbox"/> Residential Shelter <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
Family Critical Issue			Status
Unemployment - Family member			<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health Disorder- Family member			<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability –Family member			<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol or Substance Use Disorder –Family member			<input type="checkbox"/> Yes <input type="checkbox"/> No
Insufficient Income to support youth - Family member			<input type="checkbox"/> Yes <input type="checkbox"/> No
Incarcerated Parent of Youth			<input type="checkbox"/> Yes <input type="checkbox"/> No
Formally a Ward of :			
System		Number of Years	If less than a year (Number of Months)
Juvenile Justice System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 3 to 5 years	
Child Welfare/Foster Care Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 3 to 5 years	