



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

HMIS Adult Client Profile CalAIM Providers (Napa County & ILS)

Program Name: _____ Case Worker/Intake Person: _____ Program Start Date: _____

CLIENT PROFILE

Separate client profiles should be completed for each client who is **over** the age of 17 or the Head of Household. **Separate client profiles must be completed for children as well, but please be sure to use the CalAIM HMIS Child Client Profile form.**

1) Social Security Number (SSN)

Please verify this SSN is the same as the one in HMIS.

HUD CoC, HUD ESG, and PATH programs require the last 4 digits of the SSN.

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Quality of Social Security Number

- ☐ Full SSN Reported
☐ Approximate or Partial SSN

- ☐ Client doesn't know
☐ Client prefers not to answer
☐ Data Not Collected

2) Client Name

Client may provide preferred name. "Legal name" not required unless required by funder. However, it is always best practice to collect as much accurate and complete data from the client as possible.

First

Last

Middle

Suffix

Alias (if multiple, separate by commas)

Quality of Name

- ☐ Full Name Reported
☐ Partial Name or Nickname

- ☐ Client doesn't know
☐ Client prefers not to answer
☐ Data Not Collected

3) Date of Birth (DOB)

			/			/					
Month				Day				Year			

Client Name _____

Head of Household Name (if not Self) _____

Quality of Date of Birth	☐ Full DOB Reported ☐ Approximate or Partial DOB	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
4) Pronouns <i>If "Manual Entry" is chosen, a text line will appear where you can manually enter the participant's preferred pronouns.</i>	☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs ☐ Manual Entry: _____	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
5) Gender <i>Which of these genders best describes how the client identifies?</i>	☐ Woman (Girl if child) ☐ Man (Boy if child) ☐ Culturally Specific Identity (e.g., Two-Spirit) ☐ Transgender ☐ Non-Binary	☐ Questioning ☐ Different Identity: _____ ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
6) Race and Ethnicity <i>What race(s) or ethnicity(ies) best describe how the client identifies? Check all that apply</i>	☐ American Indian, Alaska Native, Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander	☐ White ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Open Race and Ethnicity Text <i>Enter any additional race or ethnicity information the client wishes to share.</i>	<i>For example, a person may identify as "Hispanic/Latina/e/o" based on the response options, but more specifically identifies as Puerto Rican.</i>	
7) Veteran Status [Adults only] <i>Is the client a veteran of the US armed forces? Were they ever on active duty in the military?</i>	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
If the answer is "No" to Veteran Status, SKIP down to question 13. If "Yes" to Veteran Status, COMPLETE questions 8-12.		
8) Year Entered Military Service	 Year	
9) Year Separated from Military Service	 Year	
10) Theater of Operations Served:	<i>In what theater or theaters of operation was client active?</i>	

Client Name _____

Head of Household Name (if not Self) _____

World War II	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Korean War	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Vietnam War	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Persian Gulf War (Operation Desert Storm)	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Afghanistan (Operation Enduring Freedom)	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Iraq (Operation Iraqi Freedom)	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Iraq (Operation New Dawn)	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
11) Branch of Military	☐ Army ☐ Air Force ☐ Navy ☐ Marines	☐ Coast Guard ☐ Space Force ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
12) Discharge Status	☐ Honorable ☐ General Under Honorable Conditions ☐ Under Other Than Honorable Conditions (OTH) ☐ Bad Conduct	☐ Dishonorable ☐ Uncharacterized ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

Client Name _____

Head of Household Name (if not Self) _____

13) Client Contact Information [Adults only]	Phone Number 	Email
14) Emergency Contact Information [Adults only]	Emergency Contact Name	Emergency Contact Phone Number
15) Last Known Address [Adults only]	Street Address	City
	Apt #	State & Zip Code
CAL AIM PROVIDER REQUIRED QUESTION		
16) Client Index Number (CIN) <i>The CIN is the first nine characters of the identification number located on the front of the beneficiary's Benefits Identification Card (BIC).</i>		

Client Name _____

Head of Household Name (if not Self) _____