

Napa County Continuum of Care

HMIS Child Client Profile

CalAIM Providers (Napa County & ILS)

Program Name:	Case Worker/Intake Person:	Program Start Date:
CLIENT PROFILE		
CalAIM HMIS Adult Client Profile for		inless they are the Head of Household. Please use the eparate client profiles must be completed for adults
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.		
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	First	Last
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.		
	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) _

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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 If "Manual Entry" is chosen, a text line will appear where you can manually enter the participant's preferred pronouns.	☐ 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 Which of these genders best describes how the client identifies?	 □ 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 What race(s) or ethnicity(ies) best describe how the client identifies? Check all that apply	 □ 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 Enter any additional race or ethnicity information the client wishes to share.	For example, a person may identify as "Hispanic/Latina/e/o" based on the response options, but more specifically identifies as Puerto Rican.		
CAL AIM PROVIDER REQUIRED QUESTION			
7) Client Index Number (CIN) The CIN is the first nine character identification number located on of the beneficiary's Benefits Iden Card (BIC).	the front		

Client Name	
Head of Household Name (if not Self)	