



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

HMIS Adult Client Enrollment

Abode Services Agency – HDAP Program



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

CLIENT ENROLLMENT

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

1) Client Name	First	Last
Relationship to Head of Household	<input type="checkbox"/> Self (Head of Household) <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 (other relation to Head of Household) <input type="checkbox"/> Other: non-relation member	
2) Date of Program Enrollment <i>The date the client started being helped by the project (program); also called the project start date.</i>	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Month Day Year </div>	
3) Translation Assistance Needed [Head of Household only] <i>Does the client need access to translation services?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	
If Yes, Preferred Language(s): <i>If the client needs access to translation services, please select their preferred language(s).</i>	<input type="checkbox"/> American Sign Language <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Black American Sign Language <input type="checkbox"/> Cantonese <input type="checkbox"/> Cape Verdean Creole <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Farsi	<input type="checkbox"/> Mixteco <input type="checkbox"/> Persian <input type="checkbox"/> Portuguese <input type="checkbox"/> Punjabi <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Taiwanese <input type="checkbox"/> Thai

Client Name _____

Head of Household Name (if not Self) _____

	<input type="checkbox"/> Fijian <input type="checkbox"/> Filipino <input type="checkbox"/> French <input type="checkbox"/> Greek <input type="checkbox"/> Haitian <input type="checkbox"/> Hindi <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Mandarin	<input type="checkbox"/> Ukrainian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Different Preferred Language, please specify: <hr/> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
PRIOR LIVING SITUATION – <u>ANSWER ONLY ONE FULL SECTION: A or B or C</u> [Head of Household and Adults only]		
Type of Residence <u>A – Homeless Living Situations</u> <i>What was the client's living situation the night before enrolling in the project?</i> <i>Ask the client "where did you stay or sleep last night"?</i>	<input type="checkbox"/> Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside) <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter <input type="checkbox"/> Safe Haven	
Length of Stay in Prior Living Situation	<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 prefers not to answer <input type="checkbox"/> Data Not Collected
Approximate date <u>this episode</u> of homelessness started: <i>When was the date the current homeless situation began?</i> <i>A break in homelessness is defined as being in any permanent or temporary housing situation for 7 consecutive nights or more, or spending 90 days or more in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).</i>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> </div>	
Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u>	<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 prefers not to answer <input type="checkbox"/> Data Not Collected

Client Name _____

Head of Household Name (if not Self) _____

<p>Total number of <i>months</i> client has been homeless on the streets or in Emergency Shelter in the <u>last three years</u></p>	<p><input type="checkbox"/> One month (this time is the first month)</p> <p><input type="checkbox"/> 2 months <input type="checkbox"/> 7 months</p> <p><input type="checkbox"/> 3 months <input type="checkbox"/> 8 months</p> <p><input type="checkbox"/> 4 months <input type="checkbox"/> 9 months</p> <p><input type="checkbox"/> 5 months <input type="checkbox"/> 10 months</p> <p><input type="checkbox"/> 6 months <input type="checkbox"/> 11 months</p>	<p><input type="checkbox"/> 12 months</p> <p><input type="checkbox"/> More than 12 months</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data Not Collected</p>												
<p>Type of Residence <u><i>B – Institutional Living Situations</i></u></p> <p><i>What was the client's living situation the night before enrolling in the project?</i></p> <p><i>Ask the client "where did you stay or sleep last night"?</i></p>	<p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non—psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison, or juvenile detention facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility or detox center</p>													
<p>Length of Stay in Prior Living Situation</p>	<p><input type="checkbox"/> One night or less</p> <p><input type="checkbox"/> Two to six nights</p> <p><input type="checkbox"/> One week or more, but less than one month</p> <p><input type="checkbox"/> One month or more, but less than 90 days</p>	<p><input type="checkbox"/> 90 days or more, but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data Not Collected</p>												
<p>Was the length of stay less than 90 days?</p> <p><i>If the response is "No," STOP here and skip down to the Disability section.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>													
<p>If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the institutional situation?</p> <p><i>If the response is "No," STOP here and skip down to the Disability section.</i></p> <p><i>If the response is "Yes," please answer the following questions below:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>													
<p>Approximate date <u>this episode</u> of homelessness started:</p> <p><i>When was the date the current homeless situation began?</i></p> <p><i>A break in homelessness is defined as being in any permanent or temporary housing situation for 7 consecutive nights or more, or spending 90 days or more in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).</i></p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>													

Client Name _____

Head of Household Name (if not Self) _____

Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u>	<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 prefers not to answer <input type="checkbox"/> Data Not Collected
Total number of <i>months</i> client has been homeless on the streets or in Emergency Shelter in the <u>last three years</u>	<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2 months <input type="checkbox"/> 7 months <input type="checkbox"/> 3 months <input type="checkbox"/> 8 months <input type="checkbox"/> 4 months <input type="checkbox"/> 9 months <input type="checkbox"/> 5 months <input type="checkbox"/> 10 months <input type="checkbox"/> 6 months <input type="checkbox"/> 11 months	<input type="checkbox"/> 12 months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
Type of Residence <u>C – Transitional</u> <u>OR Permanent Housing Living Situations</u> <i>What was the client's living situation the night before enrolling in the project?</i> <i>Ask the client "where did you stay or sleep last night"?</i>	<u>Temporary Housing Situations</u> <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <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"/> 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 <u>Permanent Housing Situations</u> <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	<u>Other</u> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
Rental Subsidy Type: <i>If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.</i>	<input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher (EHV) <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons	
Length of Stay in Prior Living Situation	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights	<input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer

Client Name _____

Head of Household Name (if not Self) _____

	<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"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
Was the length of stay less than 7 nights? <i>If the response is "No," STOP here and skip down to the Disability section.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the transitional or permanent placement? <i>If the response is "No," STOP here and skip down to the Disability section.</i> <i>If the response is "Yes," please answer the following questions below:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Approximate date <u>this episode</u> of homelessness started: <i>When was the date the current homeless situation began?</i> <i>A break in homelessness is defined as being in any permanent or temporary housing situation for 7 consecutive nights or more, or spending 90 days or more in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).</i>	<div style="border: 1px solid black; padding: 2px; text-align: center;"> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>	
Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u>	<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 prefers not to answer <input type="checkbox"/> Data Not Collected
Total number of <i>months</i> client has been homeless on the streets or in Emergency Shelter in the <u>last three years</u>	<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2 months <input type="checkbox"/> 7 months <input type="checkbox"/> 3 months <input type="checkbox"/> 8 months <input type="checkbox"/> 4 months <input type="checkbox"/> 9 months <input type="checkbox"/> 5 months <input type="checkbox"/> 10 months <input type="checkbox"/> 6 months <input type="checkbox"/> 11 months	<input type="checkbox"/> 12 months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
DISABLING CONDITIONS: A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.		

Client Name _____

Head of Household Name (if not Self) _____

<p>1) Does the client currently have a disabling condition? <i>A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.</i></p> <p><i>This question is used with other information to determine if the client meets criteria for chronic homelessness.</i></p> <p>All questions in this section MUST be answered even if the answer is “no” to this question.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>2) Does the client have a Physical Disability?</p> <p>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>3) Does the client have a Developmental Disability?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>4) Does the client have a Chronic Health Condition?</p> <p>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>5) Does the client have HIV – AIDS?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>6) Does the client have a Mental Health Disorder?</p> <p>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected

Client Name _____

Head of Household Name (if not Self) _____

7) Does the client have any Substance Use Disorder?	<input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both Alcohol & Drug Abuse Use Disorders	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected

DOMESTIC VIOLENCE [Head of Household and Adults only]

1) Survivor of Domestic Violence <i>Ask the client "Have you ever experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions against you or a member of your family, including a child, that has happened in the place you were living?"</i> If the answer is "no", skip to "Monthly Income – Cash Benefits" section. If the answer is "yes", COMPLETE questions 2 and 3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
2) Most Recent Occurrence <i>Ask the client "How long ago was your most recent experience of domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions?"</i>	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> Six months to one year ago (excluding one year exactly) <input type="checkbox"/> One year ago or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
3) Current Status <i>Ask the client "Are you currently fleeing, or attempting to flee, the domestic violence situation, or are you afraid to return to the place you are living?"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected

MONTHLY INCOME – CASH BENEFITS [Head of Household and Adults only]

Current income from any source? <i>Is the client currently receiving any income from any source?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
Specify the type(s) and amount(s) of income the client currently receives.	<input type="checkbox"/> Earned Income \$ _____ <input type="checkbox"/> Unemployment Insurance \$ _____

Client Name _____

Head of Household Name (if not Self) _____

Only regular, recurrent sources that are current today should be included. Income received for a minor (under 18 years old) member of the household (e.g., SSI) should be recorded with the HoH's information.

DO NOT include income received by other adults (18 years and older) in the household; record their income on their Enrollment form.

- ☐ Supplemental Security Income SSI \$ _____
- ☐ Social Security Disability Insurance SSDI \$ _____
- ☐ VA Service-Connected Disability Pension\$ _____
- ☐ VA Non-service connect disability pension \$ _____
- ☐ Private Disability Insurance \$ _____
- ☐ Worker's Compensation \$ _____
- ☐ Temporary Assistance for Needy Families TANF/CalWORKs \$ _____
- ☐ General Assistance (GA) \$ _____
- ☐ Retirement income from Social Security \$ _____
- ☐ Pension or Retirement Income from a Former Job \$ _____
- ☐ Child Support \$ _____
- ☐ Alimony and Other Spousal Support \$ _____
- ☐ Other Cash Income \$ _____
- If Other Specify: _____

Total Monthly Cash Income for Individual

TOTAL: \$ _____

NON-CASH BENEFITS [Head of Household and Adults only]

Currently receiving Non-Cash Benefits?

Is the client currently receiving one of the non-cash benefits listed below?

- ☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer
- ☐ Data Not Collected

If Yes, indicate all the non-cash benefits the client is receiving:

Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's information.

DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Enrollment form.

- ☐ Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ☐ TANF/CALWORKS Childcare Services
- ☐ TANF/CALWORKS Transportation Services
- ☐ Other TANF/CALWORKS-Funded Services
- ☐ Other Non-Cash Benefit
- If Other Specify: _____

HEALTH INSURANCE

Currently covered by health insurance?

Is the client currently covered by health insurance?

- ☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer
- ☐ Data Not Collected

Client Name _____

Head of Household Name (if not Self) _____

<p>If Yes, type(s) of insurance(s):</p> <p><i>If the client is currently covered by multiple health insurances please select all that apply.</i></p>	<p><input type="checkbox"/> Medicaid (same as Medi-Cal)</p> <p><input type="checkbox"/> Medicare</p> <p><input type="checkbox"/> State Children's Health Insurance (CHIP) Program</p> <p><input type="checkbox"/> Veteran's Health Administration (VHA)</p> <p><input type="checkbox"/> Employer-Provided Health Insurance</p> <p><input type="checkbox"/> Health Insurance Obtained Through COBRA</p> <p><input type="checkbox"/> Private Pay Health Insurance</p> <p><input type="checkbox"/> State Health Insurance for Adults</p> <p><input type="checkbox"/> Indian Health Services Program</p> <p><input type="checkbox"/> Other Health Insurance</p> <p>If Other Specify: _____</p>
<p>HDAP Required Questions [Head of Household and Adults only]</p>	
<p>At approval, sex</p>	<p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Transgender: Male to Female</p> <p><input type="checkbox"/> Transgender: Female to Male</p> <p><input type="checkbox"/> Nonbinary (neither Male nor Female)</p>
<p>At approval, gender identity</p>	<p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Transgender: Male to Female</p> <p><input type="checkbox"/> Transgender: Female to Male</p> <p><input type="checkbox"/> Nonbinary (neither Male nor Female)</p> <p><input type="checkbox"/> Another gender identity</p> <p><input type="checkbox"/> Decline to state</p>
<p>Sexual Orientation</p>	<p><input type="checkbox"/> Straight or Heterosexual</p> <p><input type="checkbox"/> Gay or Lesbian</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Queer</p> <p><input type="checkbox"/> Another Sexual Orientation</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Decline to state</p>
<p>At approval, which HDAP target population(s) is the participant a member of?</p> <p><i>You may select multiple populations per participant</i></p>	<p><input type="checkbox"/> General Assistance/General Relief</p> <p><input type="checkbox"/> CalWORKs</p> <p><input type="checkbox"/> Diverted from Jail/Prison</p> <p><input type="checkbox"/> Low Income Veterans</p> <p><input type="checkbox"/> Discharged from Institution</p> <p><input type="checkbox"/> Low income/No income (none of the above)</p>

Client Name _____

Head of Household Name (if not Self) _____

Additional Information [Head of Household and Adults only]	
What is the client's sex?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected

Client Name_____

Head of Household Name (if not Self) _____