A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

HMIS Adult Client Enrollment
Abode Services Agency – Rapid Resolution Program

ABODE Services

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	❑ 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	
2) Date of Program Enrollment *The date the client started being helped by the project (program); also called the project start date.*	☐☐/☐☐/☐☐☐☐ Month Day Year	

PRIOR LIVING SITUATION [Head of Household and Adults only]

Type of Residence	Homeless Situations	Institutional Situations
What was the client's living situation the night before enrolling in the project? *Ask the client "where did you stay or sleep last night"?*	❑ Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport/or anywhere outside) ❑ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter ❑ Safe Haven **Temporary Housing Situations** ❑ Transitional housing for homeless persons (including homeless youth) ❑ Residential project or halfway house with no homeless criteria	❑ 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 **Permanent Housing Situations**

Client Name_____

Head of Household Name (if not Self) _____

	❑ Hotel or motel paid for without emergency shelter voucher ❑ 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, no ongoing housing subsidy ❑ **Rental by client, with ongoing housing subsidy** ❑ Owned by client, with ongoing housing subsidy ❑ Owned by client, no ongoing housing subsidy **Other** ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data Not Collected
Rental Subsidy Type: *If **"Rental by client, with ongoing housing subsidy"** is selected, please select the type of housing subsidy in use.*	❑ GPD TIP housing subsidy ❑ VASH housing subsidy ❑ RRH or equivalent subsidy ❑ HCV voucher (tenant or project based) (not dedicated) ❑ Public housing unit ❑ Rental by client, with other ongoing housing subsidy ❑ Emergency Housing Voucher (EHV) ❑ Family Unification Program Voucher (FUP) ❑ Foster Youth to Independence Initiative (FYI) ❑ Permanent Supportive Housing ❑ Other permanent housing dedicated for formerly homeless persons	
RAPID RESOLUTION REQUIRED QUESTIONS [Head of Household only]		
When does the client expect to lose their housing?	❑ Tonight ❑ In 2-14 days ❑ In 15-30 days ❑ In 30-60 days ❑ 60+ days ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	
Parking Tickets, Speeding Tickets, Impound or Towing Cost?	❑ Yes ❑ No	
If "Yes," DESCRIBE OTHER Parking/Speeding Tickets, Impound/Towing Cost Source:		

Client Name_____

Head of Household Name (if not Self) _____

Additional Information [Head of Household and Adults only]	
What is the client's sex?	❑ Female ❑ Male ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data Not Collected

Client Name_____

Head of Household Name (if not Self) _____