



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

Standard HMIS Adult Client Enrollment

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 <i>The date the client started being helped by the project (program); also called the project start date.</i>	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">Month</td> <td colspan="3">Day</td> <td colspan="4">Year</td> </tr> </table>			/			/					Month			Day			Year				
		/			/																	
Month			Day			Year																
3) Translation Assistance Needed [Head of Household only] <i>Does the client need access to translation services?</i>	☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected																					
If Yes, Preferred Language(s): <i>If the client needs access to translation services, please select their preferred language(s).</i>	☐ American Sign Language ☐ Arabic ☐ Armenian ☐ Black American Sign Language ☐ Cantonese ☐ Cape Verdean Creole ☐ Chinese ☐ English ☐ Farsi ☐ Fijian ☐ Filipino ☐ French ☐ Greek ☐ Haitian	☐ Mixteco ☐ Persian ☐ Portuguese ☐ Punjabi ☐ Russian ☐ Spanish ☐ Tagalog ☐ Taiwanese ☐ Thai ☐ Ukrainian ☐ Vietnamese ☐ Different Preferred Language, please specify: _____																				

Client Name _____

Head of Household Name (if not Self) _____

	☐ Hindi ☐ Hmong ☐ Korean ☐ Mandarin	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
4) Date of Engagement [Head of Household and Adults only] <i>(Only Required for Street Outreach or Night-by-Night Emergency Shelter)</i> <i>The date the client was engaged.</i>	/ / Month Day Year	
5) Housing Move-In Date [Head of Household only] <i>(Only Required for Permanent Housing Projects)</i> <i>This is the date a client moves into a permanent housing situation while enrolled in Rapid Rehousing, Permanent Supportive Housing or Other Permanent Housing programs, even if the move-in date is the same as the project enrollment date.</i>	/ / Month Day Year	
PRIOR LIVING SITUATION – ANSWER ONLY ONE FULL SECTION: A or B or C [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>	☐ 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	
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 prefers not to answer ☐ Data Not Collected
Approximate date <u>this episode</u> of homelessness started: <i>When was the date the current homeless situation began?</i>	/ /	

Client Name _____

Head of Household Name (if not Self) _____

<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>		
Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u>	☐ One Time ☐ Two Times ☐ Three Times	☐ Four or more times ☐ Client doesn't know ☐ Client prefers not to answer ☐ 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>	☐ One month (this time is the first month) ☐ 2 months ☐ 7 months ☐ 3 months ☐ 8 months ☐ 4 months ☐ 9 months ☐ 5 months ☐ 10 months ☐ 6 months ☐ 11 months	☐ 12 months ☐ More than 12 months ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Type of Residence <u>B – Institutional 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>	☐ 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	
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 prefers not to answer ☐ Data Not Collected
Was the length of stay less than 90 days? <i>If the response is "No," STOP here and skip down to the Disability section.</i>	☐ Yes ☐ No	
If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the institutional situation? <i>If the response is "No," STOP here and skip down to the Disability section.</i>	☐ Yes ☐ No	

Client Name _____

Head of Household Name (if not Self) _____

<i>If the response is "Yes," please answer the following questions below:</i>		
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>		
Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u>	☐ One Time ☐ Two Times ☐ Three Times	☐ Four or more times ☐ Client doesn't know ☐ Client prefers not to answer ☐ 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>	☐ One month (this time is the first month) ☐ 2 months ☐ 7 months ☐ 3 months ☐ 8 months ☐ 4 months ☐ 9 months ☐ 5 months ☐ 10 months ☐ 6 months ☐ 11 months	☐ 12 months ☐ More than 12 months ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Type of Residence <u>C – Transitional 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> ☐ Transitional housing for homeless persons (including homeless youth) ☐ Residential project or halfway house with no homeless criteria ☐ 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	<u>Other</u> ☐ Client doesn't know ☐ Client prefers not to answer ☐ 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>	☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy	

Client Name _____

Head of Household Name (if not Self) _____

	☐ 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	
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 prefers not to answer ☐ 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>	☐ Yes ☐ 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>	☐ Yes ☐ 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>	/ /	

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>	☐ One Time ☐ Two Times ☐ Three Times	☐ Four or more times ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
Total number of months client has been homeless on the streets or in Emergency Shelter in the last three years	☐ One month (this time is the first month) ☐ 2 months ☐ 7 months ☐ 3 months ☐ 8 months ☐ 4 months ☐ 9 months ☐ 5 months ☐ 10 months ☐ 6 months ☐ 11 months	☐ 12 months ☐ More than 12 months ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
DISABLING CONDITIONS: A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.		
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> <i>This question is used with other information to determine if the client meets criteria for chronic homelessness.</i> All questions in this section MUST be answered even if the answer is "no" to this question.	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
2) Does the client have a Physical Disability? If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	☐ Yes ☐ No ☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
3) Does the client have a Developmental Disability?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
4) Does the client have a Chronic Health Condition? If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	☐ Yes ☐ No ☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

Client Name _____

Head of Household Name (if not Self) _____

5) Does the client have HIV – AIDS?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
6) Does the client have a Mental Health Disorder?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ 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?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
7) Does the client have any Substance Use Disorder?	☐ No ☐ Alcohol use disorder ☐ Drug use disorder ☐ Both Alcohol & Drug Abuse Use Disorders	☐ Client doesn't know ☐ Client prefers not to answer ☐ 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?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ 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.	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ 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>	☐ Within the past three months ☐ Three to six months ago (excluding six months exactly) ☐ Six months to one year ago (excluding one year exactly) ☐ One year ago or more ☐ Client doesn't know ☐ Client prefers not to answer ☐ 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>	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected	

Client Name _____

Head of Household Name (if not Self) _____

MONTHLY INCOME – CASH BENEFITS [Head of Household and Adults only]**Current income from any source?**

Is the client currently receiving any income from any source?

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

Specify the type(s) and amount(s) of income the client currently receives.

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.

- ☐ Earned Income \$ _____
☐ Unemployment Insurance \$ _____
☐ 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.

- ☐ 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

Client Name _____

Head of Household Name (if not Self) _____

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

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

If Yes, type(s) of insurance(s):
If the client is currently covered by multiple health insurances please select all that apply.

- ☐ Medicaid (same as Medi-Cal)
- ☐ Medicare
- ☐ State Children's Health Insurance (CHIP) Program
- ☐ Veteran's Health Administration (VHA)
- ☐ Employer-Provided Health Insurance
- ☐ Health Insurance Obtained Through COBRA
- ☐ Private Pay Health Insurance
- ☐ State Health Insurance for Adults
- ☐ Indian Health Services Program
- ☐ Other Health Insurance

If Other Specify: _____

SEXUAL ORIENTATION [Head of Household and Adults only]

Data collection of this field is only required for the following federally funded programs: HUD: CoC – Permanent Supportive Housing, HUD: CoC – Youth Homelessness Demonstration Program (YHDP), and RHY programs.

What is the client's sexual orientation?

- ☐ Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Questioning/Unsure
- ☐ Other (please specify) _____
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data Not Collected

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) _____