



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.**

<b>1) Client Name</b>	<b>First</b>	<b>Last</b>																				
<b>Relationship to Head of Household</b>	<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																					
<b>2) Date of Program Enrollment</b>  <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																
<b>3) Translation Assistance Needed [Head of Household only]</b>  <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																					
<b>If Yes, Preferred Language(s):</b>  <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"/> Fijian <input type="checkbox"/> Filipino <input type="checkbox"/> French <input type="checkbox"/> Greek <input type="checkbox"/> Haitian	<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 <input type="checkbox"/> Ukrainian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Different Preferred Language, please specify: _____																				

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

	<input type="checkbox"/> Hindi <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Mandarin	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<b>4) Date of Engagement</b> [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>	<div> <div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div><div></div> </div> <div>Month Day Year</div>	
<b>5) Housing Move-In Date</b> [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>	<div> <div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div><div></div> </div> <div>Month Day Year</div>	
<b>PRIOR LIVING SITUATION – ANSWER ONLY ONE FULL SECTION: A or B or C</b> [Head of Household and Adults only]		
<b>Type of Residence</b> <u><b>A – Homeless Living Situations</b></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	
<b>Length of Stay in Prior Living Situation</b>	<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
<b>Approximate date <u>this episode</u> of homelessness started:</b>  <i>When was the date the current homeless situation began?</i>	<div> <div></div><div></div><div>/</div><div></div><div></div><div>/</div><div></div><div></div><div></div> </div>	

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

<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>		
<p><b>Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u></b></p>	<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
<p><b>Total number of <i>months</i> client has been homeless on the streets or in Emergency Shelter in the <u>last three years</u></b></p>	<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
<p><b>Type of Residence <u><b>B – Institutional Living Situations</b></u></b></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>	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non—psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	
<p><b>Length of Stay in Prior Living Situation</b></p>	<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
<p><b>Was the length of stay less than 90 days?</b></p> <p><i>If the response is "No," STOP here and skip down to the Disability section.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the institutional situation?</b></p> <p><i>If the response is "No," STOP here and skip down to the Disability section.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

<p><i>If the response is "Yes," please answer the following questions below:</i></p>		
<p><b>Approximate date <u>this episode</u> of homelessness started:</b></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>	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto; position: relative;"> <div style="position: absolute; left: 40px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 80px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 120px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 160px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 200px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 240px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 280px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 320px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 360px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 400px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 440px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 480px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 520px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 560px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 600px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 640px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 680px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 720px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 760px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 800px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 840px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 880px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 920px; top: 5px; width: 10px; height: 10px;"></div> <div style="position: absolute; left: 45px; top: 15px;">/</div> <div style="position: absolute; left: 525px; top: 15px;">/</div> </div>	
<p><b>Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u></b></p>	<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
<p><b>Total number of <i>months</i> client has been homeless on the streets or in Emergency Shelter in the <u>last three years</u></b></p>	<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
<p><b>Type of Residence <u>C – Transitional OR Permanent Housing Living Situations</u></b></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><b><u>Temporary Housing Situations</u></b></p> <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	<p><b><u>Other</u></b></p> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p><b>Rental Subsidy Type:</b>  <i>If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.</i></p>	<input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy	

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

	<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	
<b>Length of Stay in Prior Living Situation</b>	<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
<b>Was the length of stay less than 7 nights?</b>  <i>If the response is "No," STOP here and skip down to the Disability section.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>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?</b>  <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	
<b>Approximate date <u>this episode</u> of homelessness started:</b>  <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; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>	

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 months client has been homeless on the streets or in Emergency Shelter in the last three years	<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
<b>DISABLING CONDITIONS:</b> A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.		
<b>1) Does the client currently have a disabling condition?</b> <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>  <b>All questions in this section MUST be answered even if the answer is "no" to this question.</b>	<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
<b>2) Does the client have a Physical Disability?</b>  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"/> 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
<b>3) Does the client have a Developmental Disability?</b>	<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
<b>4) Does the client have a Chronic Health Condition?</b>  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"/> 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) \_\_\_\_\_

5) Does the client have HIV – AIDS?	<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
6) Does the client have a Mental Health Disorder?	<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
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
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
<b>DOMESTIC VIOLENCE [Head of Household and Adults only]</b>		
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>  <b>If the answer is "no", skip to "Monthly Income – Cash Benefits" section.</b>  <b>If the answer is "yes", COMPLETE questions 2 and 3.</b>	<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	

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) \_\_\_\_\_