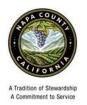
Client Name\_\_\_\_\_



## Napa County Continuum of Care

## **Standard HMIS Child Client Enrollment**

Program Name:	Case Worker/Intake Person:	Program Start Date:			
CLIENT ENROLLMENT					
Separate client enrollments should be completed for each client who is under the age of 18 unless they are the Head of Household. Separate client enrollments must be completed for adults as well, but please be sure to use the Standard HMIS Adult 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				
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?  A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.  This question is used with other	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected			
information to determine if the client meets criteria for chronic homelessness.  All questions in this section MUST be answered even if the answer is "no" to this question.					

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

## STANDARD HMIS CHILD CLIENT ENROLLMENT OCTOBER 2025

2)	Does the client have a Physical Disability?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer
	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	□ 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?	□ 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
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

Client Name_	
Head of Household Name (if not Self) _	

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

Head of Household Name (if not Self)

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.	<ul> <li>□ Medicaid (same as Medi-Cal)</li> <li>□ Medicare</li> <li>□ State Children's Health Insurance (CHIP) Program</li> </ul>	
	□ 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	
Additional Information	If Other Specify:	
What is the client's sex?	□ Female □ Male □ Client doesn't know □ Client prefers not to answer □ Data Not Collected	