HMIS # _____

Staff Name _____

Date Form Completed ____/____/____

Santa Cruz County HMIS – PATH Adult Enrollment

The service provider should complete this form for every new adult client. This form should be completed for each client who is over the age of 17 and enrolling in the program. **The Standard HMIS Child Client Enrollment form** should be used for all children under the age of 18 who are enrolling in the program.

1) Client Name	**First**	**Last**
Relationship to Head of Household (HoH) (HUD) *Single individuals are considered the head of their household. In households with more than one person, a single person must be designated head of household*	❑ Self (HoH) ❑ Child of HoH ❑ Spouse/partner of HoH ❑ Relative member of household ❑ Non-relative member of household	
Relationship to HoH – Additional Detail	❑ Self ❑ Husband/Wife ❑ Son/Daughter ❑ Father/Mother ❑ Sister/Brother ❑ Roommate ❑ Grandchild	❑ Aunt/Uncle ❑ Niece/Nephew ❑ Grandparent ❑ Significant Other ❑ Domestic Partner ❑ Other ❑ Stepdaughter/Stepson

Client Name _____

Head of Household Name (if not Self) _____

2) Project Start Date *The date the client enrolled in the program; also considered when the client started being helped by the project (program).*	__ __ / __ __ / __ __ __ __ Month Day Year
3) Translation Assistance Needed [Head of Household] *Does the client need access to translation services?*	❑ No ❑ Yes ❑ Client doesn't know ❑ Client prefers not to answer
If Yes, Preferred Language(s): *If the client needs access to translation services, please select their preferred language(s).*	❑ Spanish ❑ Mixteco ❑ Zapoteco ❑ Tzotil ❑ Mandarin ❑ Cantonese ❑ American Sign Language ❑ Farsi ❑ Arabic ❑ Russian ❑ Portuguese ❑ Samoan ❑ Tagalog ❑ Vietnamese ❑ Korean ❑ Cambodian ❑ Different Preferred Language, please specify: _____ ❑ Client doesn't know ❑ Client prefers not to answer
4) Connection with SOAR (SOAR = SSI/SSDI Outreach, Access, and Recovery) [Head of Household and Adults]	❑ No ❑ Yes ❑ Client doesn't know ❑ Client prefers not to answer ***The answer to this question will likely always be "No,"*** *as there are currently no SOAR programs in Santa Cruz County.*

Client Name _____

Head of Household Name (if not Self) _____

5) Prior Living Situation: Type of Residence [Head of Household and Adults] ***This section refers to where the client stayed the night before they enrolled into the project.*** *Ask the client "where did you stay or sleep last night"?* ***There are no Safe Havens in Santa Cruz County.*** Clients can only have spent the previous night in a Safe Haven if they were staying in another county.	**Homeless Situations** ❑ 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 **Institutional Situations** ❑ 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 **Temporary Housing Situations** ❑ 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 **Permanent Housing Situations** ❑ 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

Client Name _____

Head of Household Name (if not Self) _____

Rental Subsidy Type: *If the client spent the previous night in a **"Rental by client, with ongoing housing subsidy"** , please select the type of housing subsidy used.*	❑ 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
6) Length of stay in prior living situation [Head of Household and Adults] *This section refers to the length of time the client has stayed in the place they stayed the night before. If the client has continuously stayed in the same living situation, but not the same exact location, include the total time spent in that situation. For example, if the client moved from one emergency shelter to a different emergency shelter, including the combined amount of time spent in both shelters.* *Ask the client "How long have you been sleeping/staying where you stayed/slept last night? Then ask the client where they stayed prior to that location.*	❑ 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

Client Name _____

Head of Household Name (if not Self) _____

7) If the client stayed in an Institutional Situation last night, was the stay less than 90 days? *An Institutional Situation is defined as jail, substance abuse or mental health treatment facility, hospital, or other similar facility.* **If the length of stay response is "Yes, less than 90 days", ask the client if they stayed on the streets or in emergency shelter the night before going to the institutional situation?**	❑ Yes ❑ No ❑ Not Applicable ❑ Yes ❑ No
8) If the client stayed in Transitional/Permanent housing last night, was the stay less than 7 days? **If the length of stay response is "Yes, less than 7 days", ask the client if they stayed on the streets or in emergency shelter the night before going to the transitional or permanent housing?**	❑ Yes ❑ No ❑ Not Applicable ❑ Yes ❑ No
9) Approximate date *this episode* of homelessness started: [Head of Household and Adults] *Ask the client "What date did your current episode of homelessness begin?"* *A break in homelessness occurs when the client stays in a permanent or temporary housing situation for 7 or more consecutive nights, or spends 90 or more days in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).* ***Use the HUD Housing History Chart to help identify the length of the client's current episode of homelessness.***	| | | / | | / | | | | | This information can be by client self-report

Client Name _____

Head of Household Name (if not Self) _____

10) Number of times the client has been on the streets or in Emergency Shelter in the <u>past three years</u> including today [Head of Household and Adults] This section refers to the number of separate times (episodes) the client has been on the streets or in Emergency Shelter (ES) in the <u>past three years</u> including today [Head of Household and Adults] ***Use the HUD Housing History Chart to help identify the number of separate episodes the client has been on the streets or in emergency shelter.***	❑ One Time ❑ Two Times ❑ Three Times ❑ Four or more times ❑ Client doesn't know ❑ Client prefers not to answer
11) Total number of months homeless on the streets in ES in the <u>past three years</u> [Head of Household and Adults] This section refers to the total number of months the client has been staying on the streets or in Emergency Shelter (ES) in the past three years ***Use the HUD Housing History Chart to help identify the total number of months the client has spent on the streets or in emergency shelter over the previous three years.***	❑ One month (this time is the first month) ❑ 2 months ❑ 3 months ❑ 4 months ❑ 5 months ❑ 6 months ❑ 7 months ❑ 8 months ❑ 9 months ❑ 10 months ❑ 11 months ❑ 12 months ❑ More than 12 months ❑ Client doesn't know ❑ Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

12) Date of Engagement *(only for Street Outreach, Night-by-Night Emergency Shelter, or Services Only programs)* [Head of Household and Adults] *This is the date the client-project relationship results in a collaboratively developed action plan.* ***Leave this field blank until the date an action plan is developed.***	/ / Month Day Year *Engagement is a one-time event within any given enrollment and may occur on or after the Project Start Date, and must occur prior to recording a PATH Status.*

PATH Status [Head of Household and Adults]

Date of Status Determination should only be completed one time throughout the client's program enrollment, at the time that the PATH enrollment status for the client has been determined. There should only be one Date of Status Determination per Project Stay.

1) Date of Status Determination *The date the client is* ***determined eligible*** *for the PATH Outreach program.*	/ /
2) Client became enrolled in PATH?	❑ No ❑ Yes
If ***No****, the reason the client did not enroll:*	❑ Client was found ineligible for PATH ❑ Client was not enrolled for other reason(s) ❑ Unable to locate client

Client Name _____

Head of Household Name (if not Self) _____

Disabling Conditions (All Responses required)

A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing. This question is used with other information to determine if the client meets the criteria for chronic homelessness.

1) Does the client currently have a disabling condition? *This question is used with other information to determine if the client meets criteria for chronic homelessness.* ***All questions in this section MUST be answered even if the client answers "no" to the Disabling Condition. If the client answers "Yes" to any of the questions below, the answer to the Disabling Condition question must also be "Yes" if the condition is disabling.***	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
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?impair the client's ability to live independently?*	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
3) Does the client have a Developmental Disability?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
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	❑ Client doesn't know ❑ Client prefers not to answer
	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
5) Does the client have HIV – AIDS?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

6) Does the client have a Mental Health Disorder? *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
	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
7) Does the client have a Substance Use Disorder? *If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?*	❑ No ❑ Alcohol use disorder ❑ Drug use disorder ❑ Both Alcohol & Drug Abuse Use Disorders	❑ Client doesn't know ❑ Client prefers not to answer
	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer

Domestic Violence [Head of Household and Adults]

1) Survivor of Domestic Violence *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?"* ***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	
2) When experienced *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 conditionsagainst you or a member of your family?"*	❑ 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	
1) Are you currently fleeing? *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 because of the domestic violence situation?"?*	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

Monthly Income – Cash Benefits [Head of Household and Adults]

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
If yes, 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 in their Program Enrollment*	❑ Earned Income $_____ ❑ Unemployment Insurance $_____ ❑ Supplemental Security Income SSI (***SSI - received by persons who are disabled and do not have a significant work history)*** $_____ ❑ Social Security Disability Insurance SSDI (***SSDI - received by persons who are disabled and have a significant work history)*** $_____ ❑ VA Service-Connected Disability Pension$_____ ❑ 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 Cash Income for Individual	**TOTAL**: $_____

Non-Cash Benefits [Head of Household and Adults]

Receiving Non-Cash Benefits? *Is the client currently receiving one of the listed non-cash benefits?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer
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 in their Program Enrollment*	❑ Supplemental Nutrition Assistance Program (SNAP/CalFresh) ❑ 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

Covered by health insurance? *Is the client currently covered by health insurance?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer
If Yes, select they client's type(s) of health insurance(s) coverage: *If the client is currently covered by multiple health insurances, select all that apply.*	❑ Medicaid (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: _____

Additional Client Information [Head of Household and Adults]

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
What is the client's sex?	❑ Female ❑ Male	❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected

General Health Status [Head of Household and Adults]

What is the client's general health status?	❑ Excellent ❑ Very Good ❑ Good ❑ Fair ❑ Poor	❑ Client doesn't know ❑ Client prefers not to answer

Employment Status [Head of Household and Adults]

Is the client currently Employed?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
If Yes, specify the type of employment	❑ Full-time ❑ Part-time ❑ Seasonal/Sporadic (including day labor)	
If No, is the client looking for employment?	❑ Looking for work ❑ Unable to work ❑ Not looking for work	

Client Name _____

Head of Household Name (if not Self) _____

Education Status [Head of Household and Adults]

Specify the last grade of school completed by the client	❑ Less than Grade 5 ❑ Grades 5-6 ❑ Grades 7-8 ❑ Grades 9-11 ❑ Grade 12/ High school diploma ❑ School program does not have grade levels	❑ GED ❑ Some college ❑ Associate's degree ❑ Bachelor's degree ❑ Graduate degree ❑ Vocational certification ❑ Client doesn't know ❑ Client prefers not to answer
Is the client currently enrolled in school or a training program?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
If Yes, specify the type of school or training program	❑ Kindergarten – 8th grade ❑ High School ❑ Community College ❑ Vocational Program	❑ Training Program ❑ University ❑ Other

Client Name _____

Head of Household Name (if not Self) _____

Last Permanent Address [Head of Household and Adults]

Please ask the client about the location of their last permanent housing prior to this episode of homelessness. Do not include information on the location of where they last stayed in an unhoused situation such as at a shelter or place not meant for human habitation (for example in a car, on the streets, or at a park).

What state did you previously live in permanent housing?

❑ California	❑ Maryland	❑ Pennsylvania
❑ Alabama	❑ Massachusetts	❑ Rhode Island
❑ Alaska	❑ Michigan	❑ South Carolina
❑ Arizona	❑ Minnesota	❑ South Dakota
❑ Arkansas	❑ Mississippi	❑ Tennessee
❑ Colorado	❑ Missouri	❑ Texas
❑ Connecticut	❑ Montana	❑ Utah
❑ Delaware	❑ Nebraska	❑ Vermont
❑ Florida	❑ Nevada	❑ Virginia
❑ Georgia	❑ New Hampshire	❑ Washington
❑ Hawaii	❑ New Jersey	❑ West Virginia
❑ Idaho	❑ New Mexico	❑ Wisconsin
❑ Illinois	❑ New York	❑ Wyoming
❑ Indiana	❑ North Carolina	❑ Out of Country
❑ Iowa	❑ North Dakota	❑ Client doesn't know
❑ Kansas	❑ Ohio	❑ Client prefers not to answer
❑ Kentucky	❑ Oklahoma	
❑ Louisiana	❑ Oregon	
❑ Maine		

***If the last state you lived in permanent housing was California**, what California county were you living in?*

❑ Santa Cruz County	❑ Marin County	❑ San Mateo County
❑ Alameda County	❑ Mariposa County	❑ Santa Barbara County
❑ Alpine County	❑ Mendocino County	❑ Santa Clara County
❑ Amador County	❑ Merced County	❑ Shasta County
❑ Butte County	❑ Modoc County	❑ Sierra County
❑ Calaveras County	❑ Mono County	❑ Siskiyou County
❑ Colusa County	❑ Monterey County	❑ Solano County
❑ Contra Costa County	❑ Napa County	❑ Sonoma County
❑ Del Norte County	❑ Nevada County	❑ Stanislaus County
❑ El Dorado County	❑ Orange County	❑ Sutter County
❑ Fresno County	❑ Placer County	❑ Tehama County
❑ Glenn County	❑ Plumas County	❑ Trinity County

Client Name _____

Head of Household Name (if not Self) _____

	❑ Humboldt County ❑ Imperial County ❑ Inyo County ❑ Kern County ❑ Kings County ❑ Lake County ❑ Lassen County ❑ Los Angeles County ❑ Madera County	❑ Riverside County ❑ Sacramento County ❑ San Benito County ❑ San Bernardino County ❑ San Diego County ❑ San Francisco County ❑ San Joaquin County ❑ San Luis Obispo County	❑ Tulare County ❑ Tuolumne County ❑ Ventura County ❑ Yolo County ❑ Yuba County ❑ Client doesn't know ❑ Client prefers not to answer
If the last place you lived in permanent housing was in Santa Cruz County, *what part (region) of Santa Cruz County did you live in?*	❑ North County ❑ Mid-County ❑ South County	❑ Client doesn't know ❑ Client prefers not to answer	
If your last permanent housing was in North Santa Cruz County*, what part of North County did you live in?*	❑ Unincorporated Areas (e.g., Felton, Ben Lomond, Davenport, other) ❑ City of Santa Cruz ❑ City of Scotts Valley	❑ Client doesn't know ❑ Client prefers not to answer	
If your last permanent housing was in Mid-Santa Cruz County, *what part of Mid-County did you live in?*	❑ Unincorporated Areas (e.g., Live Oak, Soquel, other) ❑ City of Capitola	❑ Client doesn't know ❑ Client prefers not to answer	
If your last permanent housing was in South-Santa Cruz County, *what part of South County did you live in?*	❑ Unincorporated Areas (e.g., Aptos, La Selva, Corralitos, other) ❑ City of Watsonville	❑ Client doesn't know ❑ Client prefers not to answer	

Client Name _____

Head of Household Name (if not Self) _____