

HMIS # _____

Staff Name _____

Date Form Completed ____ / ____ / ____

Santa Cruz County HMIS – HOPWA Adult Enrollment

The service provider should complete this form while enrolling an adult client or the Head of Household into a HOPWA-funded program. 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 HOPWA Child Enrollment form.**

1) Client Name	First Last	
Relationship to Head of Household (HoH) (HUD) <i>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.</i>	<input type="checkbox"/> Self (HoH) <input type="checkbox"/> Child of HoH <input type="checkbox"/> Spouse/partner of HoH <input type="checkbox"/> Relative member of household <input type="checkbox"/> Non-relative member of household	
Relationship to HoH – Additional Detail	<div style="display: flex; flex-wrap: wrap;"> <div style="flex: 50%;"> <input type="checkbox"/> Self <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Father/Mother <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Roommate <input type="checkbox"/> Grandchild </div> <div style="flex: 50%;"> <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Grandparent <input type="checkbox"/> Significant Other <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other <input type="checkbox"/> Stepdaughter/Stepson </div> </div>	

Client Name _____

Head of Household Name (if not Self) _____

1) Project Start Date

The date the client enrolled in the program; also considered when the client started being helped by the project (program).

		/			/				
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Month

Day

Year

2) 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).

- | | |
|---|--|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Mixteco | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Zapoteco | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Tzotil | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Different Preferred Language, please specify: |
| <input type="checkbox"/> Farsi | _____ |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Client prefers not to answer |

Client Name _____

Head of Household Name (if not Self) _____

3) Housing Move-In Date

[Head of Household]

(Required for Permanent Housing Projects)

*This is the date a client moves into a permanent housing situation while enrolled in a permanent housing program including Rapid Rehousing and Permanent Supportive Housing. The move-in date can be the same as the project enrollment date but it cannot be before the client's project enrollment date. **Leave the field blank if the client has not yet moved into permanent housing. Update the enrollment data with a move-in date after move-in happens.***

		/			/				
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Month

Day

Year

4) 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. Update the enrollment data after engagement happens.***

		/			/				
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Month

Day

Year

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 (Answer Q8)

- ☐ 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 (Answer Q9)

- ☐ 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 (Answer Q9)

- ☐ Rental by client, no ongoing housing subsidy
- ☐ **Rental by client, with ongoing housing subsidy [collect additional info below]**
- ☐ 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) _____

<p>Rental Subsidy Type: <i>If the client spent the previous night in a “Rental by client, with ongoing housing subsidy”, please select the type of housing subsidy used.</i></p>	<p><input type="checkbox"/> GPD TIP housing subsidy</p> <p><input type="checkbox"/> VASH housing subsidy</p> <p><input type="checkbox"/> RRH or equivalent subsidy</p> <p><input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated)</p> <p><input type="checkbox"/> Public housing unit</p> <p><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</p> <p><input type="checkbox"/> Emergency Housing Voucher (EHV)</p> <p><input type="checkbox"/> Family Unification Program Voucher (FUP)</p> <p><input type="checkbox"/> Foster Youth to Independence Initiative (FYI)</p> <p><input type="checkbox"/> Permanent Supportive Housing</p> <p><input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons</p>	
<p>6) Length of stay in prior living situation</p> <p>[Head of Household and Adults]</p> <p><i>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.</i></p> <p><i>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.</i></p>	<p><input type="checkbox"/> One night or less</p> <p><input type="checkbox"/> Two to six nights</p> <p><input type="checkbox"/> One week or more, but less than one month</p> <p><input type="checkbox"/> One month or more, but less than 90 days</p> <p><input type="checkbox"/> 90 days or more, but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p><input type="checkbox"/> Client doesn’t know</p> <p><input type="checkbox"/> Client prefers not to answer</p>	

Client Name _____

Head of Household Name (if not Self) _____

<p>7) If the client stayed in an Institutional Situation last night, was the stay less than 90 days?</p> <p><i>An Institutional Situation is defined as jail, substance abuse or mental health treatment facility, hospital, or other similar facility.</i></p> <p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>											
<p>8) If the client stayed in Transitional/Permanent housing last night, was the stay less than 7 days?</p> <p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>											
<p>9) Approximate date <u>this episode</u> of homelessness started:</p> <p>[Head of Household and Adults]</p> <p><i>Ask the client “What date did your current episode of homelessness begin?”</i></p> <p><i>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.</i></p>	<p><input type="checkbox"/> Not Applicable</p> <table border="1" data-bbox="591 1213 1016 1281"> <tr> <td></td><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td> </tr> </table> <p>This information can be by client self-report</p>				/			/				
			/			/						

Client Name _____

Head of Household Name (if not Self) _____

10) Number of separate times (episodes) the client has been on the streets or in Emergency Shelter in the past three years including today

This section refers to the number of separate times (episodes) the client has been on the streets or in Emergency Shelter (ES) in the past three years 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 past three years

[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) _____

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.

<p>1) Does the client currently have a disabling condition? <i>This question is used with other information to determine if the client meets criteria for chronic homelessness.</i></p> <p><i>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.</i></p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer </div>
<p>2) Does the client have a Physical Disability?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer </div>
	<div> <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer </div>
<p>3) Does the client have a Developmental Disability?</p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer </div>
<p>4) Does the client have a Chronic Health Condition?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer </div>
	<div> <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer </div>
<p>5) Does the client have HIV – AIDS?</p> <p><i>If Yes, please be sure to answer the required HIV/AIDS questions below.</i></p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer </div>

Client Name _____

Head of Household Name (if not Self) _____

<p>6) Does the client have a Mental Health Disorder?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<div> <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer </div>
<p>7) Does the client have a Substance Use Disorder?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<div> <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Client prefers not to answer </div> <div> <input type="checkbox"/> Drug use disorder </div> <div> <input type="checkbox"/> Both Alcohol & Drug Abuse Use Disorders </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> No <input type="checkbox"/> Client prefers not to answer </div>

Domestic Violence [Head of Household and Adults]

<p>1) Survivor of Domestic Violence</p> <p><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></p> <p><i>If the answer is "no", skip to "Monthly Income – Cash Benefits" section.</i></p> <p><i>If the answer is "yes", COMPLETE questions 2 and 3.</i></p>	<div> <input type="checkbox"/> Yes </div> <div> <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> Client prefers not to answer </div>
<p>1) When experienced</p> <p><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 against you or a member of your family?"</i></p>	<div> <input type="checkbox"/> Within the past three months </div> <div> <input type="checkbox"/> Three to six months ago (excluding six months exactly) </div> <div> <input type="checkbox"/> Six months to one year ago (excluding one year exactly) </div> <div> <input type="checkbox"/> One year ago or more </div> <div> <input type="checkbox"/> Client doesn't know </div> <div> <input type="checkbox"/> Client prefers not to answer </div>

Client Name _____

Head of Household Name (if not Self) _____

<p>1) Are you currently fleeing?</p> <p><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 because of the domestic violence situation?”</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
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Monthly Income – Cash Benefits [Head of Household and Adults]

<p>Income from Any Source? <i>Is the client currently receiving any income from any source?</i></p> <p>If yes, specify the type(s) and amount(s) of income the client currently receives.</p> <p><i>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.</i></p> <p><i>DO NOT include income received by other adults (18 years and older) in the household; record their income in their Program Enrollment</i></p> <p>Total Cash Income for Individual</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<div> <input type="checkbox"/> Earned Income \$ _____ </div> <div> <input type="checkbox"/> Unemployment Insurance \$ _____ </div> <div> <input type="checkbox"/> Supplemental Security Income SSI (<i>SSI - received by persons who are disabled and do not have a significant work history</i>) \$ _____ </div> <div> <input type="checkbox"/> Social Security Disability Insurance SSDI (<i>SSDI - received by persons who are disabled and have a significant work history</i>) \$ _____ </div> <div> <input type="checkbox"/> VA Service-Connected Disability Pension \$ _____ </div> <div> <input type="checkbox"/> VA Non-service connect disability pension \$ _____ </div> <div> <input type="checkbox"/> Private Disability Insurance \$ _____ </div> <div> <input type="checkbox"/> Worker's Compensation \$ _____ </div> <div> <input type="checkbox"/> Temporary Assistance for Needy Families (TANF/CalWORKs) \$ _____ </div> <div> <input type="checkbox"/> General Assistance (GA) \$ _____ </div> <div> <input type="checkbox"/> Retirement income from Social Security \$ _____ </div> <div> <input type="checkbox"/> Pension or Retirement Income from a Former Job \$ _____ </div> <div> <input type="checkbox"/> Child Support \$ _____ </div> <div> <input type="checkbox"/> Alimony and Other Spousal Support \$ _____ </div> <div> <input type="checkbox"/> Other Cash Income \$ _____ </div> <div> If Other Specify: _____ </div> <div style="background-color: #cccccc; padding-top: 10px;"> TOTAL: \$ _____ </div>

Client Name _____

Head of Household Name (if not Self) _____

Non-Cash Benefits [Head of Household and Adults]

<p>Receiving Non-Cash Benefits? <i>Is the client currently receiving one of the non-cash benefits listed below?</i></p> <p>If Yes, indicate all the non-cash benefits the client is receiving:</p> <p><i>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.</i></p> <p><i>DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits in their Program Enrollment</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP/CalFresh)</p> <p><input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</p> <p><input type="checkbox"/> TANF/CALWORKS Childcare Services</p> <p><input type="checkbox"/> TANF/CALWORKS Transportation Services</p> <p><input type="checkbox"/> Other TANF/CALWORKS-Funded Services</p> <p><input type="checkbox"/> Other Non-Cash Benefit</p> <p>If Other Specify: _____</p>
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Health Insurance

<p>Covered by health insurance? <i>Is the client currently covered by health insurance?</i></p> <p>If Yes, select the client's type(s) of health insurance(s) coverage:</p> <p><i>If the client is currently covered by multiple health insurances, select all that apply.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Medicaid (Medi-Cal)</p> <p><input type="checkbox"/> Applied; Decision Pending</p> <p><input type="checkbox"/> Applied; Client Not Eligible</p> <p><input type="checkbox"/> Client Did Not Apply</p> <p><input type="checkbox"/> Insurance Type N/A for this Client</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p>
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Client Name _____

Head of Household Name (if not Self) _____

	<input type="checkbox"/> Medicare <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> State Children's Health Insurance (CHIP) Program <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Veteran's Health Administration (VHA) <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

	<input type="checkbox"/> Health Insurance Obtained Through COBRA <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Other Health Insurance If Other Specify: _____

Client Name _____

Head of Household Name (if not Self) _____

Medical Assistance [All Household Members with HIV/AIDS]

<p>Is the client receiving AIDS Drug Assistance Program (ADAP)?</p> <p>If No for “Receiving AIDS Drug Assistance Program (ADAP),” please select the appropriate reason:</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client prefers not to answer</p>
<p>Is the client receiving Ryan White-funded Medical or Dental Assistance?</p> <p>If No for “Receiving Ryan White-funded Medical or Dental Assistance,” please select the appropriate reason:</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client prefers not to answer</p>

T-cell (CD4) and Viral Load [All Household Members with HIV/AIDS]

<p>T-Cell (CD4) Count Available?</p> <p>If Yes to “T-Cell (CD4) Count Available,” then please collect the T-cell Count number: <i>Integer between 0-1500</i></p> <p>If a number is entered in the T-Cell (CD4) count, then how was the information obtained?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client prefers not to answer</p> <div style="background-color: #cccccc; height: 100px; width: 100%;"></div> <p><input type="checkbox"/> Medical Report <input type="checkbox"/> Client Report <input type="checkbox"/> Other</p>
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Client Name _____

Head of Household Name (if not Self) _____

Viral Load Information Available?	<input type="checkbox"/> Not Available <input type="checkbox"/> Available <input type="checkbox"/> Undetectable <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
If "Viral Load Information Available," then please collect the Viral Load Count: <i>Integer between 0-999999</i>	
If a number is entered in the Viral Load count, then how was the information obtained?	<input type="checkbox"/> Medical Report <input type="checkbox"/> Client Report <input type="checkbox"/> Other

Prescribed Anti-Retroviral [All Household Members with HIV/AIDS]

Has the participant been prescribed anti-retroviral drugs?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
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Additional Client Information [Head of Household and Adults]

What is the client's sexual orientation?	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
What is the client's sex?	<input type="checkbox"/> Female <input type="checkbox"/> Male	<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) _____

General Health Status [Head of Household and Adults]

What is the client's general health status?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
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Employment Status [Head of Household and Adults]

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

Education Status [Head of Household and Adults]

Specify the last grade of school completed by the client	<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12/ High school diploma <input type="checkbox"/> School program does not have grade levels <input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
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Client Name _____

Head of Household Name (if not Self) _____

Is the client currently enrolled in school or a training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
If Yes, specify the type of school or training program	<input type="checkbox"/> High School <input type="checkbox"/> Community College <input type="checkbox"/> Vocational Program <input type="checkbox"/> Training Program <input type="checkbox"/> University <input type="checkbox"/> Other

Last Permanent Address [Head of Household and Adults]

What state did you previously live in permanent housing? <i>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).</i>	<table border="0"> <tr> <td><input type="checkbox"/> California</td> <td><input type="checkbox"/> Maryland</td> <td><input type="checkbox"/> Pennsylvania</td> </tr> <tr> <td><input type="checkbox"/> Alabama</td> <td><input type="checkbox"/> Massachusetts</td> <td><input type="checkbox"/> Rhode Island</td> </tr> <tr> <td><input type="checkbox"/> Alaska</td> <td><input type="checkbox"/> Michigan</td> <td><input type="checkbox"/> South Carolina</td> </tr> <tr> <td><input type="checkbox"/> Arizona</td> <td><input type="checkbox"/> Minnesota</td> <td><input type="checkbox"/> South Dakota</td> </tr> <tr> <td><input type="checkbox"/> Arkansas</td> <td><input type="checkbox"/> Mississippi</td> <td><input type="checkbox"/> Tennessee</td> </tr> <tr> <td><input type="checkbox"/> Colorado</td> <td><input type="checkbox"/> Missouri</td> <td><input type="checkbox"/> Texas</td> </tr> <tr> <td><input type="checkbox"/> Connecticut</td> <td><input type="checkbox"/> Montana</td> <td><input type="checkbox"/> Utah</td> </tr> <tr> <td><input type="checkbox"/> Delaware</td> <td><input type="checkbox"/> Nebraska</td> <td><input type="checkbox"/> Vermont</td> </tr> <tr> <td><input type="checkbox"/> Florida</td> <td><input type="checkbox"/> Nevada</td> <td><input type="checkbox"/> Virginia</td> </tr> <tr> <td><input type="checkbox"/> Georgia</td> <td><input type="checkbox"/> New Hampshire</td> <td><input type="checkbox"/> Washington</td> </tr> <tr> <td><input type="checkbox"/> Hawaii</td> <td><input type="checkbox"/> New Jersey</td> <td><input type="checkbox"/> West Virginia</td> </tr> <tr> <td><input type="checkbox"/> Idaho</td> <td><input type="checkbox"/> New Mexico</td> <td><input type="checkbox"/> Wisconsin</td> </tr> <tr> <td><input type="checkbox"/> Illinois</td> <td><input type="checkbox"/> New York</td> <td><input type="checkbox"/> Wyoming</td> </tr> <tr> <td><input type="checkbox"/> Indiana</td> <td><input type="checkbox"/> North Carolina</td> <td><input type="checkbox"/> Out of Country</td> </tr> <tr> <td><input type="checkbox"/> Iowa</td> <td><input type="checkbox"/> North Dakota</td> <td><input type="checkbox"/> Client doesn't know</td> </tr> <tr> <td><input type="checkbox"/> Kansas</td> <td><input type="checkbox"/> Ohio</td> <td><input type="checkbox"/> Client prefers not to answer</td> </tr> <tr> <td><input type="checkbox"/> Kentucky</td> <td><input type="checkbox"/> Oklahoma</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Louisiana</td> <td><input type="checkbox"/> Oregon</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Maine</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> California	<input type="checkbox"/> Maryland	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Alabama	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Alaska	<input type="checkbox"/> Michigan	<input type="checkbox"/> South Carolina	<input type="checkbox"/> Arizona	<input type="checkbox"/> Minnesota	<input type="checkbox"/> South Dakota	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Colorado	<input type="checkbox"/> Missouri	<input type="checkbox"/> Texas	<input type="checkbox"/> Connecticut	<input type="checkbox"/> Montana	<input type="checkbox"/> Utah	<input type="checkbox"/> Delaware	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Vermont	<input type="checkbox"/> Florida	<input type="checkbox"/> Nevada	<input type="checkbox"/> Virginia	<input type="checkbox"/> Georgia	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Washington	<input type="checkbox"/> Hawaii	<input type="checkbox"/> New Jersey	<input type="checkbox"/> West Virginia	<input type="checkbox"/> Idaho	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Illinois	<input type="checkbox"/> New York	<input type="checkbox"/> Wyoming	<input type="checkbox"/> Indiana	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Out of Country	<input type="checkbox"/> Iowa	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Kansas	<input type="checkbox"/> Ohio	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Oklahoma		<input type="checkbox"/> Louisiana	<input type="checkbox"/> Oregon		<input type="checkbox"/> Maine		
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Client Name _____

Head of Household Name (if not Self) _____

<p><i>If the last state you lived in permanent housing was California, what California county were you living in?</i></p>	<table border="0"> <tr> <td><input type="checkbox"/> Santa Cruz County</td> <td><input type="checkbox"/> Marin County</td> <td><input type="checkbox"/> San Mateo County</td> </tr> <tr> <td><input type="checkbox"/> Alameda County</td> <td><input type="checkbox"/> Mariposa County</td> <td><input type="checkbox"/> Santa Barbara County</td> </tr> <tr> <td><input type="checkbox"/> Alpine County</td> <td><input type="checkbox"/> Mendocino County</td> <td><input type="checkbox"/> Santa Clara County</td> </tr> <tr> <td><input type="checkbox"/> Amador County</td> <td><input type="checkbox"/> Merced County</td> <td><input type="checkbox"/> Shasta County</td> </tr> <tr> <td><input type="checkbox"/> Butte County</td> <td><input type="checkbox"/> Modoc County</td> <td><input type="checkbox"/> Sierra County</td> </tr> <tr> <td><input type="checkbox"/> Calaveras County</td> 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<p><i>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?</i></p>	<table border="0"> <tr> <td><input type="checkbox"/> North County</td> <td><input type="checkbox"/> Client doesn't know</td> </tr> <tr> <td><input type="checkbox"/> Mid-County</td> <td><input type="checkbox"/> Client prefers not to answer</td> </tr> <tr> <td><input type="checkbox"/> South County</td> <td></td> </tr> </table>	<input type="checkbox"/> North County	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Mid-County	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> South County																																																										
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<p><i>If your last permanent housing was in North Santa Cruz County, what part of North County did you live in?</i></p>	<table border="0"> <tr> <td><input type="checkbox"/> Unincorporated Areas (e.g., Felton, Ben Lomond, Davenport, other)</td> <td><input type="checkbox"/> Client doesn't know</td> </tr> <tr> <td><input type="checkbox"/> City of Santa Cruz</td> <td><input type="checkbox"/> Client prefers not to answer</td> </tr> <tr> <td><input type="checkbox"/> City of Scotts Valley</td> <td></td> </tr> </table>	<input type="checkbox"/> Unincorporated Areas (e.g., Felton, Ben Lomond, Davenport, other)	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> City of Santa Cruz	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> City of Scotts Valley																																																										
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<p><i>If your last permanent housing was in Mid-Santa Cruz County, what part of Mid-County did you live in?</i></p>	<table border="0"> <tr> <td><input type="checkbox"/> Unincorporated Areas (e.g., Live Oak, Soquel, other)</td> <td><input type="checkbox"/> Client doesn't know</td> </tr> <tr> <td><input type="checkbox"/> City of Capitola</td> <td><input type="checkbox"/> Client prefers not to answer</td> </tr> </table>	<input type="checkbox"/> Unincorporated Areas (e.g., Live Oak, Soquel, other)	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> City of Capitola	<input type="checkbox"/> Client prefers not to answer																																																											
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<p><i>If your last permanent housing was in South-Santa Cruz County, what part of South County did you live in?</i></p>	<table border="0"> <tr> <td><input type="checkbox"/> Unincorporated Areas (e.g., Aptos, La Selva, Corralitos, other)</td> <td><input type="checkbox"/> Client doesn't know</td> </tr> <tr> <td><input type="checkbox"/> City of Watsonville</td> <td><input type="checkbox"/> Client prefers not to answer</td> </tr> </table>	<input type="checkbox"/> Unincorporated Areas (e.g., Aptos, La Selva, Corralitos, other)	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> City of Watsonville	<input type="checkbox"/> Client prefers not to answer																																																											
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Client Name _____

Head of Household Name (if not Self) _____