

HMIS # _____

Staff Name _____

Date Form Completed ____ / ____ / ____

Santa Cruz County HMIS – Standard 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) <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	<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 <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																					
2) Project Start Date <i>The date the client enrolled in the program; also considered when the client started being helped by the project (program).</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="2">Month</td> <td></td> <td colspan="2">Day</td> <td></td> <td colspan="4">Year</td> </tr> </table>				/			/					Month			Day			Year			
		/			/																	
Month			Day			Year																

Client Name _____

Head of Household Name (if not Self) _____

<p>3) Translation Assistance Needed</p> <p>[Head of Household]</p> <p><i>Does the client need access to translation services?</i></p> <p>If Yes, Preferred Language(s):</p> <p><i>If the client needs access to translation services, please select their preferred language(s).</i></p>	<div style="background-color: #f0f0f0; padding: 5px; margin-bottom: 10px;"> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer </div> <div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Spanish <input type="checkbox"/> Mixteco <input type="checkbox"/> Zapoteco <input type="checkbox"/> Tzotil <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> American Sign Language <input type="checkbox"/> Farsi <input type="checkbox"/> Arabic <input type="checkbox"/> Russian </div> <div style="width: 50%;"> <input type="checkbox"/> Portuguese <input type="checkbox"/> Samoan <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Cambodian <input type="checkbox"/> Different Preferred Language, please specify: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer </div> </div> </div>										
<p>4) Housing Move-In Date</p> <p>[Head of Household]</p> <p><i>(Required for Permanent Housing Projects)</i></p> <p><i>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.</i></p>	<table border="1" style="width: 100%; height: 60px; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Month Day Year </div>			/			/				
		/			/						

Client Name _____

Head of Household Name (if not Self) _____

5) 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.***

		/			/				
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Month

Day

Year

Client Name _____

Head of Household Name (if not Self) _____

6) 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>7) 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>8) 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>9) 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>

Client Name _____

Head of Household Name (if not Self) _____

10) 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.

☐ Not Applicable

		/			/				

This information can be by client self-report

11) 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

Client Name _____

Head of Household Name (if not Self) _____

12) 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.

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> One month (this time is the first month) | <input type="checkbox"/> 7 months | <input type="checkbox"/> 12 months |
| <input type="checkbox"/> 2 months | <input type="checkbox"/> 8 months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 9 months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 4 months | <input type="checkbox"/> 10 months | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> 5 months | <input type="checkbox"/> 11 months | |
| <input type="checkbox"/> 6 months | | |

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.

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer |

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer |

Client Name _____

Head of Household Name (if not Self) _____

3) Does the client have a Developmental Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
4) Does the client have a Chronic Health Condition? <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>	<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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
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	
6) Does the client have a Mental Health Disorder? <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>	<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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
7) Does the client have a Substance Use Disorder? <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>	<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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	

Client Name _____

Head of Household Name (if not Self) _____

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>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Client doesn’t know</p> <p><input type="checkbox"/> Client prefers not to answer</p>	
<p>2) 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>	<p><input type="checkbox"/> Within the past three months</p> <p><input type="checkbox"/> Three to six months ago (excluding six months exactly)</p> <p><input type="checkbox"/> Six months to one year ago (excluding one year exactly)</p> <p><input type="checkbox"/> One year ago or more</p> <p><input type="checkbox"/> Client doesn’t know</p> <p><input type="checkbox"/> Client prefers not to answer</p>	
<p>3) 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>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</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) _____

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

Income from Any Source? <i>Is the client currently receiving any income from any source?</i>	<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(s) and amount(s) of income the client currently receives. <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> <i>DO NOT include income received by other adults (18 years and older) in the household; record their income in their Program Enrollment</i>	<input type="checkbox"/> Earned Income \$ _____ <input type="checkbox"/> Unemployment Insurance \$ _____ <input type="checkbox"/> Supplemental Security Income (SSI - received by persons who are disabled and do not have a significant work history) \$ _____ <input type="checkbox"/> Social Security Disability Insurance (SSDI - received by persons who are disabled and have a significant work history) \$ _____ <input type="checkbox"/> VA Service-Connected Disability Pension \$ _____ <input type="checkbox"/> VA Non-service connect disability pension \$ _____ <input type="checkbox"/> Private Disability Insurance \$ _____ <input type="checkbox"/> Worker's Compensation \$ _____ <input type="checkbox"/> Temporary Assistance for Needy Families (TANF/CalWORKs) \$ _____ <input type="checkbox"/> General Assistance (GA) \$ _____ <input type="checkbox"/> Retirement income from Social Security \$ _____ <input type="checkbox"/> Pension or Retirement Income from a Former Job \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Alimony and Other Spousal Support \$ _____ <input type="checkbox"/> Other Cash Income \$ _____ If Other Specify: _____
Total Cash Income for Individual	TOTAL: \$ _____

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 listed non-cash benefits?</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> <hr/> <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> <hr/> <p><input type="checkbox"/> Medicaid (Medi-Cal)</p> <p><input type="checkbox"/> Medicare</p> <p><input type="checkbox"/> State Children's Health Insurance (CHIP) Program</p> <p><input type="checkbox"/> Veteran's Health Administration (VHA)</p> <p><input type="checkbox"/> Employer-Provided Health Insurance</p> <p><input type="checkbox"/> Health Insurance Obtained Through COBRA</p> <p><input type="checkbox"/> Private Pay Health Insurance</p> <p><input type="checkbox"/> State Health Insurance for Adults</p> <p><input type="checkbox"/> Indian Health Services Program</p> <p><input type="checkbox"/> Other Health Insurance</p> <p>If Other Specify: _____</p>
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Client Name _____

Head of Household Name (if not Self) _____

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

General Health Status [Head of Household and Adults]

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

Is the client currently Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <div> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer </div>
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

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	<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	
	Is the client currently enrolled in school or a training program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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>	<input type="checkbox"/> California <input type="checkbox"/> Alabama <input type="checkbox"/> Alaska <input type="checkbox"/> Arizona <input type="checkbox"/> Arkansas <input type="checkbox"/> Colorado <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware <input type="checkbox"/> Florida <input type="checkbox"/> Georgia <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho <input type="checkbox"/> Illinois <input type="checkbox"/> Indiana <input type="checkbox"/> Iowa <input type="checkbox"/> Kansas <input type="checkbox"/> Kentucky <input type="checkbox"/> Louisiana <input type="checkbox"/> Maine	<input type="checkbox"/> Maryland <input type="checkbox"/> Massachusetts <input type="checkbox"/> Michigan <input type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi <input type="checkbox"/> Missouri <input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <input type="checkbox"/> New Jersey <input type="checkbox"/> New Mexico <input type="checkbox"/> New York <input type="checkbox"/> North Carolina <input type="checkbox"/> North Dakota <input type="checkbox"/> Ohio <input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania <input type="checkbox"/> Rhode Island <input type="checkbox"/> South Carolina <input type="checkbox"/> South Dakota <input type="checkbox"/> Tennessee <input type="checkbox"/> Texas <input type="checkbox"/> Utah <input type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Washington <input type="checkbox"/> West Virginia <input type="checkbox"/> Wisconsin <input type="checkbox"/> Wyoming <input type="checkbox"/> Out of Country <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

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>	<input type="checkbox"/> Santa Cruz County <input type="checkbox"/> Alameda County <input type="checkbox"/> Alpine County <input type="checkbox"/> Amador County <input type="checkbox"/> Butte County <input type="checkbox"/> Calaveras County <input type="checkbox"/> Colusa County <input type="checkbox"/> Contra Costa County <input type="checkbox"/> Del Norte County <input type="checkbox"/> El Dorado County <input type="checkbox"/> Fresno County <input type="checkbox"/> Glenn County <input type="checkbox"/> Humboldt County <input type="checkbox"/> Imperial County <input type="checkbox"/> Inyo County <input type="checkbox"/> Kern County <input type="checkbox"/> Kings County <input type="checkbox"/> Lake County <input type="checkbox"/> Lassen County <input type="checkbox"/> Los Angeles County <input type="checkbox"/> Madera County	<input type="checkbox"/> Marin County <input type="checkbox"/> Mariposa County <input type="checkbox"/> Mendocino County <input type="checkbox"/> Merced County <input type="checkbox"/> Modoc County <input type="checkbox"/> Mono County <input type="checkbox"/> Monterey County <input type="checkbox"/> Napa County <input type="checkbox"/> Nevada County <input type="checkbox"/> Orange County <input type="checkbox"/> Placer County <input type="checkbox"/> Plumas County <input type="checkbox"/> Riverside County <input type="checkbox"/> Sacramento County <input type="checkbox"/> San Benito County <input type="checkbox"/> San Bernardino County <input type="checkbox"/> San Diego County <input type="checkbox"/> San Francisco County <input type="checkbox"/> San Joaquin County <input type="checkbox"/> San Luis Obispo County	<input type="checkbox"/> San Mateo County <input type="checkbox"/> Santa Barbara County <input type="checkbox"/> Santa Clara County <input type="checkbox"/> Shasta County <input type="checkbox"/> Sierra County <input type="checkbox"/> Siskiyou County <input type="checkbox"/> Solano County <input type="checkbox"/> Sonoma County <input type="checkbox"/> Stanislaus County <input type="checkbox"/> Sutter County <input type="checkbox"/> Tehama County <input type="checkbox"/> Trinity County <input type="checkbox"/> Tulare County <input type="checkbox"/> Tuolumne County <input type="checkbox"/> Ventura County <input type="checkbox"/> Yolo County <input type="checkbox"/> Yuba County <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<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>	<input type="checkbox"/> North County <input type="checkbox"/> Mid-County <input type="checkbox"/> South County	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	

Client Name _____

Head of Household Name (if not Self) _____

<p><i>If your last permanent housing was in North Santa Cruz County, what part of North County did you live in?</i></p>	<input type="checkbox"/> Unincorporated Areas (e.g., Felton, Ben Lomond, Davenport, other) <input type="checkbox"/> City of Santa Cruz <input type="checkbox"/> City of Scotts Valley	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p><i>If your last permanent housing was in Mid-Santa Cruz County, what part of Mid-County did you live in?</i></p>	<input type="checkbox"/> Unincorporated Areas (e.g., Live Oak, Soquel, other) <input type="checkbox"/> City of Capitola	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p><i>If your last permanent housing was in South-Santa Cruz County, what part of South County did you live in?</i></p>	<input type="checkbox"/> Unincorporated Areas (e.g., Aptos, La Selva, Corralitos, other) <input type="checkbox"/> City of Watsonville	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____