HMIS # _____

Staff Name _____

Date Form Completed _____/_____/_____

Santa Cruz County Standard Intake – Child Client Profile

The service provider should complete this form while interviewing a child household member. Separate client profiles should be completed for each client who is **under** the age of 18 *unless they are the Head of Household*. **Separate client profiles must be completed for adults as well, but please be sure to use the Standard HMIS Adult Client Profile form.**

1) Client Name	**First**	**Middle**
	Last	**Suffix**
Preferred Name (if multiple, separate by commas)		
Pronouns	❑ She/Her/Hers ❑ He/Him/His ❑ They/Them/Theirs ❑ Manual Entry: _____ ❑ Client doesn't know ❑ Client prefers not to answer *If "Manual Entry" is chosen, a text line will appear where you can manually enter the participant's preferred pronouns.*	
Quality of Name	❑ Full Name Reported ❑ Partial Name or Nickname	❑ Client doesn't know ❑ Client prefers not to answer
2) Social Security Number (SSN) ***Please verify this SSN is the same as the one in HMIS.*** **Collect the full SSN whenever possible – some funding sources require at least the last 4 digits of SSN.*	☐☐☐-☐☐-☐☐☐☐	
Quality of Social Security Number	❑ Full SSN Reported ❑ Approximate or Partial SSN	❑ Client doesn't know ❑ Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

3) Date of Birth (DOB)	Month / Day / Year	
Quality of Date of Birth	❑ Full DOB Reported ❑ Approximate or Partial DOB	❑ Client doesn't know ❑ Client prefers not to answer
4) Gender *Which of these genders best describes how the client identifies?*	❑ Woman (Girl if child) ❑ Man (Boy if child) ❑ Culturally Specific Identity (e.g., Two-Spirit)	❑ Transgender ❑ Non-Binary ❑ Questioning ❑ Different Identity: _____ ❑ Client doesn't know ❑ Client prefers not to answer
5) Race and Ethnicity (Required) *What race(s) or ethnicity(ies) best describe how the client identifies? Check all that apply*	❑ American Indian, Alaska Native, Indigenous ❑ Asian or Asian American ❑ Black, African American, or African ❑ Hispanic/Latina/o ❑ Middle Eastern or North African ❑ Native Hawaiian or Pacific Islander	❑ White ❑ Client doesn't know ❑ Client prefers not to answer
Additional Race and Ethnicity Detail: *Enter any additional race or ethnicity information the client wishes to share. For example, a person may identify as "Hispanic/Latina/e/o" based on the response options provided, but more specifically identifies as Puerto Rican.*		
6) Deceased	If the participant becomes deceased, please set the toggle to "ON" and complete the *Estimated Date of Death* and *Note* fields that will appear on the client profile in the HMIS when the deceased toggle is on.	

Client Name _____

Head of Household Name (if not Self) _____