HMIS # _____

Staff Name _____

Date Form Completed ____/____/____

Santa Cruz County HMIS – VA Services 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 for all VA-funded programs entering data in the HMIS: SSVF, HUD-VASH, GPD, etc. . **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
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	

Client Name _____

Head of Household Name (if not Self) _____

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) Housing Move-In Date:

[Head of Household]

(*Required for Permanent Housing Projects and VA Grant Per Diem – Case Management/Housing Retention Services Only 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.***

		/			/				

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 Q7)** ❑ 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 Q8)** ❑ 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 Q8)** ❑ 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) _____

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
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	

Client Name _____

Head of Household Name (if not Self) _____

8) If the client stayed in Transitional/Permanent housing last night, was the stay less than 7 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
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.***	❑ Not Applicable | | | / | | | / | | | | | This information can be by client self-report

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 <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 ***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) _____

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

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 conditions against 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

Client Name _____

Head of Household Name (if not Self) _____

3) 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 livingbecause of the domestic violence situation?"?*	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer

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 Enrollment form.*	❑ 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**: $_____

Client Name _____

Head of Household Name (if not Self) _____

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)/Cal Fresh ❑ 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: _____

Client Name _____

Head of Household Name (if not Self) _____

Homelessness Prevention Targeting Criteria – *SSVF Homelessness Prevention Programs ONLY* [Head of Household]

1) Is Homelessness Prevention Targeting Screener required? **If "YES", complete this section.** **If "NO", skip to "VAMC Station Number".** ***[Only SSVF Homelessness Prevention Programs will complete this section with the client]***	❑ Yes ❑ No	
2) Housing loss expected within...	❑ 1-6 days ❑ 7-13 days	❑ 14-21 days ❑ More than 21 days
3) Current household income	❑ $0 (i.e., not employed, not receiving cash benefits, no other current income) ❑ 1-14% of Area Median Income (AMI) for household size	❑ 15-30% of AMI for household size ❑ More than 30% of AMI for household size
4) Past experience of Homelessness (street/shelter/transitional housing) (any adult)	❑ Most recent episode occurred within the last year ❑ Most recent episode occurred more than one year ago ❑ None	
5) Head of Household is not a current leaseholder/renter of unit.	❑ Yes ❑ No	
6) Head of Household has never been a leaseholder/renter of unit.	❑ Yes ❑ No	
7) Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)	❑ Yes ❑ No	
8) Rental Evictions within the past 7 years (any adult)	❑ No prior rental evictions ❑ 1 prior rental eviction ❑ 2 or more prior rental evictions	
9) Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)	❑ Yes ❑ No	

Client Name _____

Head of Household Name (if not Self) _____

10) Incarcerated as adult (any adult in household)	❑ Not incarcerated ❑ Incarcerated once ❑ Incarcerated two or more times
11) Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)	❑ Yes ❑ No
12) Registered sex offenders (any household members)	❑ Yes ❑ No
13) Head of Household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	❑ Yes ❑ No
14) Currently pregnant (any household member)	❑ Yes ❑ No
15) Single parent/guardian household with minor child(ren)	❑ Yes ❑ No
16) Household includes one or more young children (age six or under), or a child who requires significant care	❑ No ❑ Youngest child is under 1 year old ❑ Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care
17) Household size of 5 or more requiring at least 3 bedrooms (due to household composition)	❑ Yes ❑ No
18) Households which may include one or more members meeting other criteria for targeting prevention determined by the CoC	❑ Yes ❑ No
HP APPLICANT TOTAL POINTS (integer) _____	
GRANTEE TARGETING THRESHOLD SCORE (integer) _____	

VAMC STATION NUMBER [Head of Household] _____

Client Name _____

Head of Household Name (if not Self) _____

Connection with SOAR – *SSVF Rapid Rehousing and Homelessness Prevention Programs ONLY* [Head of Household and Adults]

This question is intended to determine if the client has been connected to the SSI/SSDI Outreach, Access, and Recovery (SOAR) program.

❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer

Household Income as a percentage of AMI – *SSVF Rapid Rehousing and Homelessness Prevention Programs ONLY* [Head of Household]

❑ 30% or less
❑ 31% to 50%
❑ 51% to 80%
❑ 81% or greater

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

Client Name _____

Head of Household Name (if not Self) _____

Mental Health Consultation – *SSVF Rapid Rehousing, SSVF Homelessness Prevention, and VA Grant Per Diem Programs ONLY* [Head of Household and Veterans]

Mental Health Consultation	❑ Mental health consultation completed ❑ Mental health consultation being coordinated/arranged with VA provider ❑ Mental health consultation being coordinated/arranged with other provider ❑ Offer declined

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	

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

Client Name _____

Head of Household Name (if not Self) _____

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	❑ High School ❑ Community College ❑ Vocational Program	❑ Training Program ❑ University ❑ Other

Last Permanent Address [Head of Household and Adults]

What state did you live in where you *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).*	❑ California ❑ Alabama ❑ Alaska ❑ Arizona ❑ Arkansas ❑ Colorado ❑ Connecticut ❑ Delaware ❑ Florida ❑ Georgia ❑ Hawaii ❑ Idaho ❑ Illinois ❑ Indiana ❑ Iowa ❑ Kansas ❑ Kentucky ❑ Louisiana ❑ Maine	❑ Maryland ❑ Massachusetts ❑ Michigan ❑ Minnesota ❑ Mississippi ❑ Missouri ❑ Montana ❑ Nebraska ❑ Nevada ❑ New Hampshire ❑ New Jersey ❑ New Mexico ❑ New York ❑ North Carolina ❑ North Dakota ❑ Ohio ❑ Oklahoma ❑ Oregon	❑ Pennsylvania ❑ Rhode Island ❑ South Carolina ❑ South Dakota ❑ Tennessee ❑ Texas ❑ Utah ❑ Vermont ❑ Virginia ❑ Washington ❑ West Virginia ❑ Wisconsin ❑ Wyoming ❑ Out of Country ❑ Client doesn't know ❑ Client prefers not to answer
***If the last state you lived in permanent housing was California**, what California county were you living in?*	❑ Santa Cruz County ❑ Alameda County ❑ Alpine County ❑ Amador County ❑ Butte County ❑ Calaveras County	❑ Marin County ❑ Mariposa County ❑ Mendocino County ❑ Merced County ❑ Modoc County ❑ Mono County	❑ San Mateo County ❑ Santa Barbara County ❑ Santa Clara County ❑ Shasta County ❑ Sierra County ❑ Siskiyou County

Client Name _____

Head of Household Name (if not Self) _____

	❑ Colusa County ❑ Contra Costa County ❑ Del Norte County ❑ El Dorado County ❑ Fresno County ❑ Glenn County ❑ Humboldt County ❑ Imperial County ❑ Inyo County ❑ Kern County ❑ Kings County ❑ Lake County ❑ Lassen County ❑ Los Angeles County ❑ Madera County	❑ Monterey County ❑ Napa County ❑ Nevada County ❑ Orange County ❑ Placer County ❑ Plumas County ❑ Riverside County ❑ Sacramento County ❑ San Benito County ❑ San Bernardino County ❑ San Diego County ❑ San Francisco County ❑ San Joaquin County ❑ San Luis Obispo County	❑ Solano County ❑ Sonoma County ❑ Stanislaus County ❑ Sutter County ❑ Tehama County ❑ Trinity 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) _____