



# Contra Costa Council on Homelessness

## Contra Costa Homeless Management Information System

### Contra Costa Standard HMIS Intake Form

<b>*First Name</b> _____		<b>Middle</b> _____		<b>*Last Name*</b> _____		<b>*Suffix</b> _____ (Jr/Sr.)	
<b>*Social Security No.</b> _____				<b>Intake Date</b> _____			
<b>Intake Counselor</b> _____				<b>Agency /Program</b> _____			
<b>Services Requested at Intake (check all that apply):</b>							
<b>Housing</b>		<b>Services/Other</b>		<b>Health</b>			
<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Basic needs: showers, mail, etc.	<input type="checkbox"/> Employment/job training	<input type="checkbox"/> Crisis intervention				
<input type="checkbox"/> Rental assistance	<input type="checkbox"/> Benefits assistance	<input type="checkbox"/> Food	<input type="checkbox"/> Drug/alcohol treatment				
<input type="checkbox"/> Housing	<input type="checkbox"/> Child care	<input type="checkbox"/> Info and referral	<input type="checkbox"/> Mental health				
<input type="checkbox"/> Section 8	<input type="checkbox"/> Clothing	<input type="checkbox"/> Legal services	<input type="checkbox"/> Perinatal services				
<input type="checkbox"/> Security deposit	<input type="checkbox"/> Counseling services	<input type="checkbox"/> Transportation	<input type="checkbox"/> Primary health care				
	<input type="checkbox"/> Domestic violence aid	<input type="checkbox"/> Other					

Note: All information requested below is voluntary, however some questions may be required by specific programs to determine eligibility.

<b>1. Do you speak and understand English (Y/N)?</b> _____ If no, what language are you most comfortable speaking? <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Arabic <input type="checkbox"/> Other		
<b>2. Who referred you to this program?</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> AB 109 probation officer  <input type="checkbox"/> Friend  <input type="checkbox"/> Family member  <input type="checkbox"/> Hospital (non-psychiatric)  <input type="checkbox"/> Psychiatric hospital/facility  <input type="checkbox"/> Criminal justice system (non AB 109)  <input type="checkbox"/> Law enforcement/police  <input type="checkbox"/> Shelter  <input type="checkbox"/> Clinic/Outpatient facility         </div> <div style="width: 30%;"> <input type="checkbox"/> Residential program  <input type="checkbox"/> Skilled Nursing Facility  <input type="checkbox"/> 211 Crisis Line  <input type="checkbox"/> Other Crisis Center  <input type="checkbox"/> Shelter Hotline  <input type="checkbox"/> Mental Health Access Line  <input type="checkbox"/> VA  <input type="checkbox"/> Church/religious organization  <input type="checkbox"/> Benefits worker/case manager         </div> <div style="width: 30%;"> <input type="checkbox"/> HOPE Outreach  <input type="checkbox"/> Central County Outreach  <input type="checkbox"/> Web/internet  <input type="checkbox"/> MSC/Drop-In center  <input type="checkbox"/> Self  <input type="checkbox"/> Other _____  <input type="checkbox"/> Client doesn't know  <input type="checkbox"/> Client refused to answer         </div> </div>		
<b>3. Nickname/Alias</b> _____		<b>4. Maiden Name</b> _____
<b>*5. Birth Date:</b> _____ Check one: Full _____ Approximate/Partial _____ Client doesn't know _____ Refused _____ <b>Age:</b> _____		
<b>*6. Gender:</b> Check one: Male _____ Female _____ Transgender to Male _____ Transgender to female _____ Other _____ Client doesn't know _____ Refused _____		
<b>7. If another adult is applying for services with you, please list their full name and relationship to you:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Name: _____</div> <div style="width: 60%;">           Relation to you:  <input type="checkbox"/> Spouse/Partner    <input type="checkbox"/> Child    <input type="checkbox"/> Nonrelative    <input type="checkbox"/> Other _____         </div> </div>		
<b>*8. Are you the Head of Household?</b> _____	<b>9. How many children in household?</b> _____	<b>10. Total household size:</b> _____
<b>11. Phone # (if any):</b> _____	<b>12. Email (if any):</b> _____	<b>13. Identification #:</b> _____
<b>*14. Ethnicity?</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (non-Hispanic/Latino) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
<b>*15. What race BEST describes you? (check all that apply)</b> [HUD recommendation: Those of Latin heritage should mark <u>American Indian</u> if their ancestry from North, South or Central America. Those from the Far East (including India) should mark <u>Asian</u> . Those from the Middle East should mark <u>White</u> .] <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> American Indian/Alaskan Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Native Hawaiian / Pacific Islander         </div> <div style="width: 30%;"> <input type="checkbox"/> Black/African-American  <input type="checkbox"/> White         </div> <div style="width: 30%;"> <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Client Refused         </div> </div>		
<b>*16. Household Configuration:</b> <input type="checkbox"/> Single <input type="checkbox"/> Couple Without Children <input type="checkbox"/> Female Single Parent <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Other _____		

<b>17. Sexual Orientation:</b> Heterosexual _____    Gay _____    Lesbian _____    Bisexual _____    Questioning/Unsure _____    Refused _____			
<b>*18. Have you ever served in the US Military:</b> Yes _____    No _____    Client doesn't know _____    Client refused _____ <b>If yes, Branch of the Military?</b> Army _____    Navy _____    Air Force _____    Marines _____    Coast Guard _____ <b>Year entered military service:</b> _____ <b>Year separated from military service:</b> _____ <b>Era (check all that apply):</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> World War II    <input type="checkbox"/> Persian Gulf War    <input type="checkbox"/> Iraq Dawn  <input type="checkbox"/> Korean War    <input type="checkbox"/> Afghanistan    <input type="checkbox"/> Other Peace-keeping Operations  <input type="checkbox"/> Vietnam War    <input type="checkbox"/> Iraq Freedom         </div> <div style="width: 50%;"> <b>Discharge Status:</b>  <input type="checkbox"/> Honorable    <input type="checkbox"/> Bad Conduct  <input type="checkbox"/> General under honorable conditions    <input type="checkbox"/> Dishonorable  <input type="checkbox"/> Under other than honorable conditions (OTH)    <input type="checkbox"/> Uncharacterized/Other  <input type="checkbox"/> Client doesn't know  <input type="checkbox"/> Client refused         </div> </div>			
Living Situation Info			
<b>*19. Please check what best describes your living situation last night (prior to entering this program):</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher  <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)  <input type="checkbox"/> Permanent housing for formerly homeless persons (such as CoC project; HUD legacy programs; or HOPWA PH)  <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher  <input type="checkbox"/> Place not meant for habitation (vehicle, abandoned bldg, train station/airport, or anywhere outside)  <input type="checkbox"/> Safe haven         </div> <div style="width: 33%;"> <input type="checkbox"/> Jail, prison, or juvenile detention facility  <input type="checkbox"/> Rental by client, no ongoing housing subsidy  <input type="checkbox"/> Rental by client, with VASH housing subsidy  <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy  <input type="checkbox"/> Rental by client, with other ongoing housing subsidy  <input type="checkbox"/> Owned by client, no ongoing housing subsidy  <input type="checkbox"/> Owned by client, with ongoing housing subsidy  <input type="checkbox"/> Staying or living in a family member's room, apartment or house  <input type="checkbox"/> Staying or living in a friend's room, apartment or house         </div> <div style="width: 33%;"> <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility  <input type="checkbox"/> Psychiatric hospital or other psychiatric facility  <input type="checkbox"/> Substance abuse treatment facility or detox center  <input type="checkbox"/> Long-term care facility or nursing home  <input type="checkbox"/> Foster care home or foster care group home  <input type="checkbox"/> Residential project or halfway house with no homeless criteria  <input type="checkbox"/> Other _____  <input type="checkbox"/> Client doesn't know  <input type="checkbox"/> Client refused         </div> </div>			
<b>*20. Length of living situation prior to entering this program:</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> One day or less  <input type="checkbox"/> Two days to one week  <input type="checkbox"/> More than one week, but less than one month         </div> <div style="width: 33%;"> <input type="checkbox"/> One to three months  <input type="checkbox"/> More than three months, but less than one year  <input type="checkbox"/> One year or longer         </div> <div style="width: 33%;"> <input type="checkbox"/> Client doesn't know  <input type="checkbox"/> Client refused         </div> </div> <b>If less than 30 days or if coming from an institution, where were you living before?</b> <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Other (see item 19 for best description) _____			
<b>*21. Housing Status at Program Entry</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Category 1 – Homeless (i.e. streets, shelter, transitional housing)  <input type="checkbox"/> Category 2 – At imminent risk of losing housing (within 14 days)  <input type="checkbox"/> Category 3 – Homeless only under other federal statutes         </div> <div style="width: 33%;"> <input type="checkbox"/> Category 4 – Fleeing domestic violence  <input type="checkbox"/> At-risk of homelessness  <input type="checkbox"/> Stably housed         </div> <div style="width: 33%;"> <input type="checkbox"/> Client doesn't know  <input type="checkbox"/> Client refused         </div> </div> <p><i>Note: Category 1 Homeless includes individuals recently exiting an institution who were homeless prior to entering the institution</i></p>			
<b>22. Cause of homelessness? (Choose up to 3. Indicate 1 for primary reason, 2 for secondary reason. 3 for tertiary reason): For prevention programs, cause for potential homelessness?</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Divorce/Separation _____  <input type="checkbox"/> Loss of job _____  <input type="checkbox"/> Parole _____  <input type="checkbox"/> Substance abuse _____         </div> <div style="width: 33%;"> <input type="checkbox"/> Domestic violence _____  <input type="checkbox"/> Low income _____  <input type="checkbox"/> Ran away _____  <input type="checkbox"/> Thrown out _____         </div> <div style="width: 33%;"> <input type="checkbox"/> Eviction _____  <input type="checkbox"/> Mental illness _____  <input type="checkbox"/> Rent increase _____  <input type="checkbox"/> Other: _____         </div> </div>			
<b>*23. City where you lost stable housing (does not include shelter, transitional housing, or institutions). For prevention programs, city where you are at-risk of losing your housing?</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="checkbox"/> Alamo  <input type="checkbox"/> Antioch  <input type="checkbox"/> Bay Point  <input type="checkbox"/> Bethel Island  <input type="checkbox"/> Blackhawk  <input type="checkbox"/> Brentwood         </div> <div style="width: 25%;"> <input type="checkbox"/> Byron  <input type="checkbox"/> Canyon  <input type="checkbox"/> Clayton  <input type="checkbox"/> Clyde  <input type="checkbox"/> Concord  <input type="checkbox"/> Crockett         </div> <div style="width: 25%;"> <input type="checkbox"/> Danville  <input type="checkbox"/> Diablo  <input type="checkbox"/> Discovery Bay  <input type="checkbox"/> El Cerrito  <input type="checkbox"/> El Sobrante  <input type="checkbox"/> Hercules         </div> <div style="width: 25%;"> <input type="checkbox"/> Kensington  <input type="checkbox"/> Knightsen  <input type="checkbox"/> Lafayette  <input type="checkbox"/> Martinez  <input type="checkbox"/> Moraga  <input type="checkbox"/> N Richmond         </div> <div style="width: 25%;"> <input type="checkbox"/> Oakley  <input type="checkbox"/> Orinda  <input type="checkbox"/> Pacheco  <input type="checkbox"/> Pinole  <input type="checkbox"/> Pittsburg  <input type="checkbox"/> Pleasant Hill         </div> <div style="width: 25%;"> <input type="checkbox"/> Port Costa  <input type="checkbox"/> Richmond  <input type="checkbox"/> Rode  <input type="checkbox"/> San Pablo  <input type="checkbox"/> San Ramon  <input type="checkbox"/> Walnut Creek         </div> </div> <p>Other Bay Area County:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Alameda  <input type="checkbox"/> Napa  <input type="checkbox"/> Santa Clara  <input type="checkbox"/> Sonoma         </div> <div style="width: 33%;"> <input type="checkbox"/> Marin  <input type="checkbox"/> San Francisco  <input type="checkbox"/> Santa Cruz  <input type="checkbox"/> Other County in CA _____         </div> <div style="width: 33%;"> <input type="checkbox"/> Monterey  <input type="checkbox"/> San Mateo  <input type="checkbox"/> Solano  <input type="checkbox"/> Refused         </div> </div> <p>Other City in the U.S.: _____    Other Country: _____</p>			
<b>*24. Last Permanent City and Zip Code (HUD definition: where client last resided for 90 days or more, not counting institutions, shelters, or transitional housing.) For prevention programs this may be where the client is currently residing.</b> City _____ State _____ *Zip _____ Client doesn't know _____ Refused _____			
<b>25. What is your Current or Most Recent Mailing Address?</b> Address _____ City _____ State _____ Zip _____ Currently staying there (Y/N)? _____			

26. In which city did you sleep last night? (this means: where did you sleep prior to entering this program)

City \_\_\_\_\_ State \_\_\_\_\_

\*27. Is this your first time experiencing homelessness (being without housing)? Yes \_\_\_\_\_ No \_\_\_\_\_ Client refused \_\_\_\_\_

### \*28. Chronic Homelessness

a. Are you entering from the streets, shelter, or safe haven? Yes \_\_\_\_\_ No \_\_\_\_\_ Client refused \_\_\_\_\_

If yes, approximate date this episode of homelessness started (breaks of 7 days or less are acceptable) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\* Note: To assist with this question, have the client look back to the date they last had a place to sleep that was not on the streets or in shelter. You may provide the client with HMIS data to help jog their memory. If the client knows the month and year but not the day, substitute the day of the month with the same day as project entry. Time spent in an institution or treatment facility may be counted if it was less than 90 days.

b. Regardless of where you stayed last night, number of times you have been homeless on the streets/shelter in the past three years including today.

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="radio"/> Never in the past 3 years | <input type="radio"/> 3 times         | <input type="radio"/> Client doesn't know |
| <input type="radio"/> This is the first time    | <input type="radio"/> 4 or more times | <input type="radio"/> Refused             |
| <input type="radio"/> 2 times                   |                                       |   |

c. Total Number of Months Homeless in the Past Three Years [Note: Any single day or part of a month spent homeless should be counted as 1 month. Add up these episodes for a cumulative total.]: \_\_\_\_\_ months

29. Total length of time client has been homeless (without housing) [Short breaks are acceptable.]

\_\_\_\_\_ years and \_\_\_\_\_ months ☐ Client doesn't know ☐ Client refused

\*30. Is client's length of homelessness documented, either in HMIS or in a paper file? Yes \_\_\_\_\_ No \_\_\_\_\_ Refused \_\_\_\_\_

### Health and Disability Info

31. Are you (and your dependent children) capable of self-care?

- ☐ Yes ☐ Yes with assistance ☐ No

\*32. Do you have a Disabling Condition? Yes \_\_\_\_\_ No \_\_\_\_\_ Client doesn't know \_\_\_\_\_ Client refused \_\_\_\_\_

This means: do you have a physical, mental, emotional, developmental disability, HIV/AIDS, diagnosable substance abuse problem, or chronic health condition of expected long duration that substantially limits your ability to live on your own?

\*33. Please indicate Yes or No for each of the following disability types:

	Yes/No	Severity Documented?	Long Term?	Receiving Aid?		Yes/No	Severity Documented?	Long Term?	Receiving Aid?		Yes/No	Severity Documented?	Long Term?	Receiving Aid?
1. Mental Health Problem	_____	_____	_____	_____	4. HIV/AIDS	_____	_____	_____	_____	7. Chronic Health Condition	_____	_____	_____	_____
2. Alcohol Abuse	_____	_____	_____	_____	5. Physical	_____	_____	_____	_____	8. Other:	_____	_____	_____	_____
3. Drug Abuse	_____	_____	_____	_____	6. Developmental	_____	_____	_____	_____					

Note: Chronic health condition – a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples include but are not limited to: heart disease, severe asthma, diabetes, arthritis-related conditions, adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions), severe headache/migraine, cancer, chronic bronchitis, liver condition, stroke, or emphysema.

**PATH only:** If answered Yes to Mental Health above, is it a Serious Mental Illness (SMI)? \_\_\_\_\_

If answered Yes to Mental Health, Alcohol Abuse, or Drug Abuse above, indicate underneath each item how this was confirmed (CC = Confirmed thru clinical evaluation/assessment, CP = Confirmed by prior evaluation or clinic records, or U = Unconfirmed/Presumptive/Self Report).

34. Have you ever been a victim of domestic violence? Yes \_\_\_\_\_ No \_\_\_\_\_ Client Doesn't Know \_\_\_\_\_ Client Refused \_\_\_\_\_

If Yes, please indicate when the most recent domestic violence experience occurred:

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="radio"/> Within the past 3 months | <input type="radio"/> 3-6 months ago      | <input type="radio"/> 6-12 months ago |
| <input type="radio"/> One year ago or more     | <input type="radio"/> Client doesn't know | <input type="radio"/> Client refused  |

Are you currently fleeing? Yes \_\_\_\_\_ No \_\_\_\_\_ Client Doesn't Know \_\_\_\_\_ Client Refused \_\_\_\_\_

\*35. Are you currently covered by Health Insurance (Y/N)? \_\_\_\_\_ Client Doesn't Know \_\_\_\_\_ Client Refused \_\_\_\_\_

Please answer Yes or No for each of the following Health Insurance Types:

Health Insurance	Currently covered (Y/N)?	*HOPWA Only: If no, reason?	Health Insurance	Currently covered (Y/N)?	*HOPWA Only: If no, reason?
Medicaid/Medi-Cal			Employer-provided Health Insurance		
MEDICARE			Health insurance obtained through COBRA		
State Children's Health Insurance Program (CHIP)			Private Pay Health Insurance		
Veteran's Administration (VA) Medical Services			State Health Insurance for Adults		

\*HOPWA Only: If not covered, indicate reason: (A= Applied but decision pending, B = Applied but client was ineligible, C = Client did not apply, D = Insurance Type not applicable.)

## Income and Employment

**36. Are you Employed (Y/N)?** \_\_\_\_\_

**If employed, type of employment?** Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_

**How many hours do you work each week?** \_\_\_\_\_ **Where?** \_\_\_\_\_

**If unemployed, why?** Looking for work \_\_\_\_\_ Unable to work \_\_\_\_\_ Not looking for work \_\_\_\_\_ Other \_\_\_\_\_

**\*37. Any income received from any source in the last 30 days (Y/N)?** \_\_\_\_\_ (answer Yes or No to each of the following):

Source	Any income received in the past 30 days (Y/N)?	Amount	Source	Any income received in the past 30 days (Y/N)?	Amount
Earned Income (ie. employment income)			Child Support		
Retirement Income from Social Security			Alimony or Other spousal support		
Pension from a former job (including military retirement pay)			SSI		
Private disability insurance			SSDI		
Unemployment insurance			General Assistance		
Workers Compensation			TANF		
VA service-connected disability compensation			Other		
VA non-service connected disability pension			No Financial Resources		

**\*38. Current Total Monthly Income (for self and dependents under 18):** \$ \_\_\_\_\_

**\*39. Any non-cash benefits received in the last 30 days (Y/N)?** \_\_\_\_\_ (answer Yes or No to each of the following):

Source	Received in the past 30 days (Y/N)?	Source	Received in the past 30 days (Y/N)?
Supplemental Nutrition Assistance Program (Food Stamps)		WIC	
TANF Child Care Services		Section 8, public housing, or other ongoing rental assistance	
TANF Transportation Services		Temporary rental assistance	
Other TANF-funded services		Other:	

**40. Are you eligible for public assistance you are not currently receiving?** Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

**41. Have you lost any of the following public assistance in the last year?**

- |                                     |                                |                                      |  |
|-------------------------------------|--------------------------------|--------------------------------------|--|
| <input type="radio"/> GA            | <input type="radio"/> SSI      | <input type="radio"/> SDI            | <input type="radio"/> Shelter Plus Care    |
| <input type="radio"/> Food Stamps   | <input type="radio"/> SSDI     | <input type="radio"/> Section 8      | <input type="radio"/> Subsidized Childcare |
| <input type="radio"/> TANF/CalWORKS | <input type="radio"/> Medi-Cal | <input type="radio"/> Public Housing | <input type="radio"/> Survivor's Benefits  |

**42. If so, why did you lose your public assistance?**

- |                                  |   |   |  |
|----------------------------------|---|---|--|
| <input type="radio"/> Time Limit | <input type="radio"/> Gained Employment | <input type="radio"/> SSA error resulting in cutoff | <input type="radio"/> Sanctions/Non-Compliance |
| <input type="radio"/> Eviction   | <input type="radio"/> Other _____       |   |  |

## Education

**43. Last grade completed?**

- ☐ < 5th grade  
 ☐ Grade 5-6  
 ☐ Grade 7-8  
 ☐ 9<sup>th</sup> Grade  
 ☐ 10<sup>th</sup> Grade  
 ☐ 11<sup>th</sup> Grade  
 ☐ 12<sup>th</sup> Grade  
 ☐ Some college  
 ☐ School program does not have grade

**44. Did you graduate from high school, get a GED, or certificate of high school proficiency (Y/N)?** \_\_\_\_\_

## Dependents

**\*45. Please list information about all dependent children (under 18 years old) in your household who will be participating in this program. (Add additional lines on back page if needed.)**

First and Last Name	Relationship to HOH	Homeless Status (refer to page 2)	Birth Date	SS #	Gender (M/F)	Ethnicity	Race	Program Entry Date (if different from above)	Special Needs

**46. Are there other family members that may be joining you in the future?**

Name	Relationship to HOH	Age	Homeless Status (refer to page 2)	When will they be joining you?

## Criminal History / Police Contact

**47. Have you ever been convicted of a felony (Y/N)?** \_\_\_\_ Explain: \_\_\_\_\_

**Have you ever been convicted of a crime (Y/N)?** \_\_\_\_ Explain: \_\_\_\_\_

**Were you convicted within the last 6 months (Y/N)?** \_\_\_\_

**48. Are you currently on probation (Y/N)?** \_\_\_\_ Probation office's name and phone no.: \_\_\_\_\_  
Probation end date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**49. Are you currently on parole (Y/N)?** \_\_\_\_ Parole office's name and phone no.: \_\_\_\_\_  
Parole end date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**50. Have you ever been incarcerated in State/County/Federal Prison (Y/N)?** \_\_\_\_  
**If yes:**  
a) **Were you released as a result of California Assembly Bill (AB) 109 (Y/N)?** \_\_\_\_  
b) **Were you released within the last 6 months (Y/N)?** \_\_\_\_

**51. Have you ever been held in city or county jail (Y/N)?** \_\_\_\_ Explain: \_\_\_\_\_  
**If yes:** Were you held there within the last 6 months (Y/N)? \_\_\_\_ How many times within last 6 months? \_\_\_\_

**52. Where were you living prior to being held/incarcerated (jail/prison)?**

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>○ Emergency shelter, including hotel or motel paid for with emergency shelter voucher</li> <li>○ Transitional housing for homeless persons (including homeless youth)</li> <li>○ Permanent housing for formerly homeless persons (such as CoC project; HUD legacy programs; or HOPWA PH)</li> <li>○ Hotel or motel paid for without emergency shelter voucher</li> <li>○ Place not meant for habitation (vehicle, abandoned bldg, train station/airport, or anywhere outside)</li> <li>○ Safe haven</li> </ul> | <ul style="list-style-type: none"> <li>○ Jail, prison, or juvenile detention facility</li> <li>○ Rental by client, no ongoing housing subsidy</li> <li>○ Rental by client, with VASH housing subsidy</li> <li>○ Rental by client, with GPD TIP housing subsidy</li> <li>○ Rental by client, with other ongoing housing subsidy</li> <li>○ Owned by client, no ongoing housing subsidy</li> <li>○ Owned by client, with ongoing housing subsidy</li> <li>○ Staying or living in a family member's room, apartment or house</li> <li>○ Staying or living in a friend's room, apartment or house</li> </ul> | <ul style="list-style-type: none"> <li>○ Hospital or other residential non-psychiatric medical facility</li> <li>○ Psychiatric hospital or other psychiatric facility</li> <li>○ Substance abuse treatment facility or detox center</li> <li>○ Long-term care facility or nursing home</li> <li>○ Foster care home or foster care group home</li> <li>○ Residential project or halfway house with no homeless criteria</li> <li>○ Other _____</li> <li>○ Client doesn't know</li> <li>○ Client refused</li> </ul> |
|---|--|---|

Client's Emergency Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

**Signature of Applicant stating that all information is true & correct:** \_\_\_\_\_

**For SSVF/VASH Programs****For HOPWA Programs****1. Percentage of Area Median Income (AMI)**

- ☐ Less than 30%
- ☐ 30% to 50%
- ☐ Greater than 50%

*\* HUD sets new AMI income limits each year. Please refer to [huduser.org](http://huduser.org) for the most up-to-date AMI limits.*

**2. Homeless Prevention Screening Score: \_\_\_\_\_**

*\*SSVF grantees must enter the 2-digit threshold score as was calculated in the homeless prevention screening/assessment.*

**3. VAMC Station Number: \_\_\_\_\_****1. Receiving Public HIV/AIDS Medical Assistance? Yes / No****If no, reason?**

- ☐ Applied; decision pending
- ☐ Applied; client not eligible
- ☐ Client did not apply
- ☐ Insurance type N/A for this client
- ☐ Client doesn't know
- ☐ Client refused

**2. Receiving AIDS Drug Assistance Program (ADAP)? Yes / No****If no, reason?**

- ☐ Applied; decision pending
- ☐ Applied; client not eligible
- ☐ Client did not apply
- ☐ Insurance type N/A for this client
- ☐ Client doesn't know
- ☐ Client refused

**3. T-cell (CD4) Count Available? Yes / No**

**If yes, T-Cell Count? (0-1500) \_\_\_\_\_**

**How was the data obtained?**

- ☐ Medical Report
- ☐ Client Report
- ☐ Other

**4. Viral Load Available? Yes / No**

**If yes, Viral Load? (0-99999) \_\_\_\_\_**

**How was the data obtained?**

- ☐ Medical Report
- ☐ Client Report
- ☐ Other

**Signature of Applicant stating that all information is true & correct: \_\_\_\_\_**