



Contra Costa Continuum of Care

Contra Costa Homeless Management Information System

Standard HMIS Intake Form for Coordinated Entry Access Points

First Name _____ Middle _____ Last Name _____ *Suffix _____ (Jr/Sr.)

*Social Security No: _____ *Intake Date: _____

Case Manager: _____ *Agency/Program: _____

Case Manager Phone: () Case Manager Email: _____

Note: All information requested below is voluntary, however some questions may be required by specific programs to determine eligibility. If client already has an existing record in HMIS, questions 1 thru 9 may be skipped.

1. Nickname/Alias: _____		2. Maiden name: _____	
*3. Birth Date: _____ Age: _____		<input type="checkbox"/> Full <input type="checkbox"/> Approximate/Partial <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
*4. Gender: <input type="checkbox"/> Man (Boy if child) <input type="checkbox"/> Transgender <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Woman (Girl if child) <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity: _____ <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Non-Binary			
5. Sexual orientation: <input type="checkbox"/> Straight <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client prefers not to answer			
*6. What race best describes you? (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Black, African-American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Additional Race and Ethnicity Detail: _____ <input type="checkbox"/> American Indian/Alaskan Native/Indigenous			
7. What is your primary language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			
*8. Do you need translation assistance: Yes / No If yes, preferred language(s)? _____			
*9. Have you ever served in the US Military? Yes / No Year entered service: _____ Year separated from service: _____			
Branch of the Military? <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard			
Theater of Operations (Circle Yes or No for each)		Discharge status (Check one)	
World War II Y / N	Afghanistan Y / N	<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Uncharacterized/Other <input type="checkbox"/> Under other than honorable conditions (OTH) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Bad conduct <input type="checkbox"/> Client prefers not to answer	
Korean War Y / N	Iraqi Freedom Y / N		
Vietnam War Y / N	Iraq New Dawn Y / N		
Persian Gulf War Y / N	Other Y / N		
10. Client Phone No: _____		11. Email: _____	
12. Identification: _____			
13. What is your current or most recent mailing address? Currently staying there (Y/N)? _____ Address _____ City _____ State _____ Zip _____			
*14. Relationship to head of household: <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other relation <input type="checkbox"/> Other: Non-relation member			
15. Who referred you to this program? <input type="checkbox"/> 211 Crisis line <input type="checkbox"/> CARE/Drop in center <input type="checkbox"/> Self <input type="checkbox"/> Other Crisis line <input type="checkbox"/> Benefits worker/Case manager <input type="checkbox"/> Friends/Relatives <input type="checkbox"/> Shelter Hotline <input type="checkbox"/> VA <input type="checkbox"/> Web/Internet <input type="checkbox"/> Mental Health Access line <input type="checkbox"/> CORE outreach <input type="checkbox"/> Church/Religious organization <input type="checkbox"/> Hospital (Non-psychiatric) <input type="checkbox"/> Police /Law Enforcement <input type="checkbox"/> Other _____ <input type="checkbox"/> Clinic/Outpatient facility <input type="checkbox"/> Criminal justice system (Non AB109) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> AB109 Probation officer <input type="checkbox"/> Client prefers not to answer to answer <input type="checkbox"/> Residential program <input type="checkbox"/> SSVF Agency			

TRIAGE / PROBLEM SOLVING (Skip if you are a RRH/PSH program, or if client is already enrolled in CES)

What is your current living situation? (Select one)

- | | |
|--|--|
| <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
<input type="checkbox"/> Safe haven
<input type="checkbox"/> Foster care home or foster care group home
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility
<input type="checkbox"/> Jail, prison, or juvenile detention facility
<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/> Host home (non-crisis)
<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 | <input type="checkbox"/> Owned by client, no ongoing housing subsidy
<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Rental by client, without ongoing housing subsidy
<input type="checkbox"/> Rental by client, with ongoing housing subsidy
<input type="checkbox"/> With GPD TIP housing subsidy
<input type="checkbox"/> With VASH housing subsidy
<input type="checkbox"/> With RRH or equivalent subsidy
<input type="checkbox"/> With Housing Choice Voucher (HCV) (tenant or project based)
<input type="checkbox"/> In a public housing unit
<input type="checkbox"/> Housing Stability Voucher
<input type="checkbox"/> Family Unification Program Voucher (FUP)
<input type="checkbox"/> Permanent Supportive Housing
<input type="checkbox"/> Other permanent housing for formerly homeless
<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer |
|--|--|

If at risk of losing housing within 14 days...

Outcome

Refer to 211 for Prevention/Diversion support and share the information below.

- When you call 211, they may ask you questions like “Why do you need to leave your current situation?” and “What would you need to help you stay”...
- If you qualify for prevention resources, 211 will connect you with Hope Solutions or Hume Center for prevention support.

- Referred to a Crisis Needs Assessment with 211

If currently on the streets or in shelter...

OUTCOME

1. Engage in problem solving (sample questions below):

What was the cause of your homelessness?	
Do you have friends/family/a support network like a church, AA, or other recovery group? <i>[Explore each of these resources and whether they'd be safe alternatives]</i>	
Is there anyone you can think of whom you can stay with for the next 3-7 days if I were to assist you with limited-time case management or financial support?	

- Provided problem solving intervention

If problem solving is successful:

1. Client was successfully diverted to (indicate where housed) :

2. If time-limited financial support is needed, schedule appt for:

- Hope Solutions Rapid Exit (925-266-7620)

If a housing solution was identified, attempt diversion for the next 1-3 days.

3. [For families with children] Are you and your children fleeing an unsafe housing situation? Yes / No / NA

- ... If has children, schedule appt for
 STAND (888-215-5555)

4. [For ages 18-24] Would you be interested in youth-specific programs in Richmond/Crockett/Concord that may better meet your needs? Yes / No / NA

- ... If yes, schedule appt for
 Calli House (510-236-9612)

5. [For Street Outreach only] Are you living on the street and over the age of 18?

4a. If yes, are they also a: senior family severely disabled ?

- ... If yes, refer and confirm bed at:
 Concord Shelter Brookside Shelter
 Delta Landing GRIP Family Shelter
 Mountain View House

4b. If shelter capacity reached

- Concord Warming Center

If currently homeless and problem solving was not successful, schedule a Housing Needs Assessment.

- Referred to a Housing Needs Assessment. Date of scheduled VISPDAT: _____/_____/_____

If not homeless or at imminent risk, END TRIAGE ASSESSMENT.

Prior Living Situation

***16. What best describes your living situation last night (prior to entering this program) [Please choose one of the three following situations and only answer the questions within that column]:**

Homeless Situations	Institutional Situations	Transitional & Permanent housing
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe haven <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host home (non-crisis) <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 <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (other than RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Rental by client, without ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <ul style="list-style-type: none"> <input type="checkbox"/> With GPD TIP housing subsidy <input type="checkbox"/> With VASH housing subsidy <input type="checkbox"/> With RRH or equivalent subsidy <input type="checkbox"/> With Housing Choice Voucher (HCV) (tenant or project based) <input type="checkbox"/> In a public housing unit <input type="checkbox"/> Housing Stability Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing for formerly homeless
*Length of living situation prior to entering this program: <input type="checkbox"/> One night or less <input type="checkbox"/> Two nights to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 Days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	*Length of living situation prior to entering this program: <input type="checkbox"/> One night or less <input type="checkbox"/> Two nights to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 Days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	*Length of living situation prior to entering this program: <input type="checkbox"/> One night or less <input type="checkbox"/> Two nights to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 Days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
*Approximate date this episode of homelessness started: ____ / ____ / ____	*If the length of stay above was less than 90 days, did you enter the institution from the streets, Emergency shelter, or Safe Haven? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, approximate date this episode of homelessness started: ____ / ____ / ____ <small>Note: If homelessness began prior to institution stay, and the institution stay was less than 90 days, the stay also counts as time homeless.</small>	*If the length of stay above was less than 7 nights, did you enter the above housing situation from the streets, Emergency shelter, or Safe Haven? <input type="checkbox"/> Yes <input type="checkbox"/> No * If yes, approximate date this episode of homelessness started: ____ / ____ / ____ <small>Note: If client stayed in a housed situation for less than 7 days, the stay also counts as time homeless.</small>

*** For shelters & street outreach only:** If client is coming from an institution where they stayed more than 90 days or a housed situation where they stayed more than 7 days, then their start date of homelessness would be today's date (Intake Date): **Intake Date:** ____ / ____ / ____

***If a Household with Children:** Were children living in same prior living situation as HOH? Yes No

If no, where? _____

***17. If homeless, number of times you have been homeless on the streets/shelter in the past three years including today.**

- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 3 times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 2 times | <input type="checkbox"/> 4 or more times | <input type="checkbox"/> Client prefers not to answer |

***18. If homeless, 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

***19. Housing status at program entry**

- | | | |
|---|---|--|
| <input type="checkbox"/> Category 1 – Literally Homeless (i.e. streets, shelter, transitional housing)
<input type="checkbox"/> Category 4 – Fleeing domestic violence and has no other residence or resources to obtain permanent housing | <input type="checkbox"/> Category 2 – At imminent risk of losing housing (w/14 days) At risk of homelessness—not literally homeless but is low income and either: doubled-up, couch-surfing or living in motel; will lose housing within 21 days; is exiting a publicly funded institution; or has moved twice in the past 60 days. | <input type="checkbox"/> Category 3 – Unaccompanied youth (under 25) or families with minors who are not literally homeless but are homeless under Dept. of Education Definition—they may be in a motel, couch-surfing, doubled-up
<input type="checkbox"/> Stably housed |
|---|---|--|

20. Cause of housing crisis? (Check all that apply). For prevention programs, cause for potential homelessness?

- | | | | | |
|---|--|--|--|--------------|
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Eviction | <input type="checkbox"/> Parole | Other: _____ |
| <input type="checkbox"/> Loss of job | <input type="checkbox"/> Low income /Underemployment | <input type="checkbox"/> Mental health | <input type="checkbox"/> Substance abuse | |
| <input type="checkbox"/> Rent Increase | <input type="checkbox"/> Physical Health | <input type="checkbox"/> Ran Away | <input type="checkbox"/> Thrown Out | |

21. Formerly a ward of child welfare/foster care? (circle one) Yes / No

*22. *RRH & PH Use Only: Permanent Housing Move-in Date:	* RRH & PH Use Only, City Where Housed:	RRH & PH Use Only, Permanent Housing Street Address:
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*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?

- | | | | | | |
|--|-----------------------------------|--|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Alamo | <input type="checkbox"/> Byron | <input type="checkbox"/> Danville | <input type="checkbox"/> Kensington | <input type="checkbox"/> Oakley | <input type="checkbox"/> Port Costa |
| <input type="checkbox"/> Antioch | <input type="checkbox"/> Canyon | <input type="checkbox"/> Discovery Bay | <input type="checkbox"/> Knightsen | <input type="checkbox"/> Orinda | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Bay Point | <input type="checkbox"/> Clayton | <input type="checkbox"/> El Cerrito | <input type="checkbox"/> Lafayette | <input type="checkbox"/> Pacheco | <input type="checkbox"/> Rodeo |
| <input type="checkbox"/> Bethel Island | <input type="checkbox"/> Clyde | <input type="checkbox"/> El Sobrante | <input type="checkbox"/> Martinez | <input type="checkbox"/> Pinole | <input type="checkbox"/> San Pablo |
| <input type="checkbox"/> Blackhawk | <input type="checkbox"/> Concord | <input type="checkbox"/> Hercules | <input type="checkbox"/> Moraga | <input type="checkbox"/> Pittsburg | <input type="checkbox"/> San Ramon |
| <input type="checkbox"/> Brentwood | <input type="checkbox"/> Crockett | | <input type="checkbox"/> N Richmond | <input type="checkbox"/> Pleasant Hill | <input type="checkbox"/> Walnut Creek |

Other Bay Area county:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Marin | <input type="checkbox"/> Monterey |
| <input type="checkbox"/> Napa | <input type="checkbox"/> San Francisco | <input type="checkbox"/> San Mateo |
| <input type="checkbox"/> Santa Clara | <input type="checkbox"/> Santa Cruz | <input type="checkbox"/> Other county: |
| <input type="checkbox"/> Sonoma | <input type="checkbox"/> Solano | <input type="checkbox"/> Client prefers not to answer |

* Zip code of last permanent residence: _____

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

City _____ State _____

*25. If homeless, is this your first time experiencing homelessness (being without housing)? Yes / No

*26. Total length of time client has been homeless (without housing) [short breaks are acceptable]. ____Years ____Months

Health and Disability

*27. Please Circle Yes or No for each of the following disability types:

Physical	Y / N	Long Term and Impairs Independence?	Y / N	Mental health disorder	Y / N	Long Term and Impairs Independence?	Y / N
Developmental	Y / N			Alcohol use disorder	Y / N	Long Term and Impairs Independence?	Y / N
Chronic health condition	Y / N	Long Term and Impairs Independence?	Y / N	Drug use disorder	Y / N	Long Term and Impairs Independence?	Y / N
HIV/AIDS	Y / N			Both Alcohol and Drug disorders	Y / N	Long Term and Impairs Independence?	Y / N

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.

* Do you have a disabling condition? (If any of the above conditions are Long Term and Impairs Independence, or if “Y” to Developmental or HIV/AIDS)
 Yes No Client doesn't know Client prefers not to answer

*28. Are you a survivor of domestic violence?

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

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

- Within the past 3 months 3-6 months ago 6-12 months ago
 One year ago or more Client doesn't know Client prefers not to answer

Are you currently fleeing? Yes No

*29. Are you currently covered by health insurance Yes____ No____ Client doesn't know ____ Client prefers not to answer ____

Please answer Yes or No for each of the following health insurance types:

Health Insurance	Currently covered?	*HOPWA Only: If no, reason?	Health Insurance	Currently covered?	*HOPWA Only: If no, reason?
Medicaid/Medi-Cal	Y / N		Health insurance obtained through COBRA	Y / N	
Medicare	Y / N		Private pay health Insurance	Y / N	
State Children's Health Ins Program (SCHIP)	Y / N		State health insurance for adults	Y / N	
Employer-Provided Health Insurance	Y / N		Indian health services program	Y / N	
Veteran's Health Administration (VHA)	Y / N		Other	Y / N	

***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

***30. Are you employed?** Yes No

If **employed**, type of employment? Full Time Part time Seasonal/Sporadic (or day labor)

Hours Worked Last Week _____

Where? _____

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

***31. Any income received from any source in the last 30 days?** Yes / No

Earned Income	\$	SSDI	\$	TANF	\$
Unemployment Insurance	\$	SSI	\$	GA	\$
Workers Compensation	\$	Retirement Income from Social Security	\$	Alimony Spousal Support	\$
Private Disability Insurance	\$	VA Non-Service Connected Disability	\$	Child Support	\$
VA Service-Connected Disability	\$	Pension or Retirement from a Former Job	\$	Other (Specify):	\$

***32. Any non-cash benefits received in the last 30 days (Y/N)?** _____ (answer yes or no to each of the following):

Source	Received in past 30 days?	Source	Received in past 30 days?
Supplemental nutrition assistance program (SNAP/Food Stamps)	Y / N	TANF Transportation Services	Y / N
Special Supplemental Nutrition Pgm for Women, Infants, & Children (WIC)	Y / N	Other TANF-Funded Services	Y / N
TANF Childcare services	Y / N	Other Non-Cash Benefit (Specify):	Y / N

Education

33. Last grade completed?

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> < 5th grade | <input type="checkbox"/> 9 th – 11 th Grade | <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Grade 5-6 | <input type="checkbox"/> 12 th Grade | <input type="checkbox"/> Some college | <input type="checkbox"/> Vocational certification |
| <input type="checkbox"/> Grade 7-8 | <input type="checkbox"/> GED | <input type="checkbox"/> Associates degree | <input type="checkbox"/> Client doesn't know |
| | | <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Client prefers not to answer |

Dependents

***34. Please list information about all dependent children (under 18 years old) in your household who will be participating in this program.**

First and last name	Relationship to HOH	Birth date	SS #	Gender (M/F)	Race	Program entry date (if different from HoH)	Special needs	Health Insurance	Income

Criminal history

35. Have you ever been convicted of a crime (Y/N)? ____ Explain crime: _____

If yes, were you convicted within the last 6 months (Y/N)? ____

36. Are you currently on probation (Y/N)? ____ Probation office's name and phone no.: _____

Probation end date (mm/dd/yy): ____/____/____

37. Are you currently on parole (Y/N)? ____ Parole office's name and phone no.: _____

Parole end date (mm/dd/yy): ____/____/____

38. 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? (circle one) Yes / No

b) Were you released within the last 6 months? (circle one) Yes / No

39. Formerly a ward of juvenile justice system? (circle one) Yes / No

Emergency Contact and Signature

Emergency Contact: _____ **Emergency Contact Phone:** _____

Signature of the applicant stating that all information is true and correct _____

