COMMUNITY TECHNOLOGY ALLIANCE

HMIS #
CM Name
Project Entry Date

Monterey & San Benito Counties HMIS Standard Intake - CHILD

This form is designed to be completed by a service provider while interviewing a client.
A separate Standard Intake form should be completed for each member of the household.

Household Information Is client: ☒ Child

If checked Child	Name of HoH
If you are in a household, what is your relationship to the HoH?	❑ Self (head of household) ❑ Head of household's child ❑ Head of household's spouse or partner ❑ Other: relation to head of household ❑ Other: non-relation member

Client Profile

First Name	**Middle**
Last Name	
Social Security Number	
U.S. Military Veteran	❑ Yes ❑ Client Doesn't Know ☒ No ❑ Client Refused

Client Demographics

Date of Birth	
Gender	❑ Female ❑ Male ❑ Trans Female (MTF or Male to Female) ❑ Trans Male (FTM or Female to Male) ❑ Gender Non-Conforming (i.e. not exclusively male or female) ❑ Client Doesn't Know ❑ Client Refused
Ethnicity ❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino ❑ Client Doesn't Know ❑ Client Refused	**Race** ❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Client Doesn't Know ❑ Client Refused

Contact Information and Address Prior to Project Entry

Street Address	
City	
State	**Zip**
Start Date	_____/_____/_____
If no longer living here, when did you leave?	_____/_____/_____
Phone	
Email	

Health Insurance

Covered by health insurance?	❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused
❑ Medicaid	❑ Private pay health plan
❑ Medicare	❑ State health insurance for adults
❑ State children's health insurance program	❑ Indian health services program
❑ VA Medical Services	❑ Other Source
❑ Employer provided	If Other, specify:

Disability

Does the client have a disabling condition?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused	
If Yes, please complete the following for each disability type			
Alcohol Abuse	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability State Date	_____	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Both Alcohol & Drug Abuse	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start Date	_____	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Chronic Health Condition	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start Date	_____	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Developmental	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability State Date	_____	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Drug Abuse	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start Date	_____	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused

Disability

HIV/AIDS	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability State Date	_____	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Mental Health Problem	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability State Date	_____	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Physical	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability State Date	_____	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused

I, (Adult client or Head of Household) certify that the information I have provided here is true/correct to the best of my knowledge.

Print Name of Client	Signature of Client	Date

Print Name of Intake Worker	Signature of Intake Worker	Date