



AGENCY _____

Orange County CMIS INTAKE PERSON _____

Program Entry Date

MM-DD-YYYY

Client Intake

HoH First Name: _____

HoH Last Name: _____

First Name

Grid for First Name

Last Name

Grid for Last Name

Date Of Birth

MM-DD-YY

DOB Code

Partial Don't Know Refused

Social Security Number

Grid for Social Security Number

SSN Data Quality Code

Don't Know Refused

Gender

Male Transgender M to F Don't Know Female Transgender F to M Refused

Are you Head of Household?

Yes (Self) No

If not Head of Household?

Spouse Child Other Partner Stepchild

Ethnicity

Hispanic Non Hispanic Don't Know Refused

Veteran

No Yes Don't Know Refused

Highest Level of Education Completed

No Schooling 9th High School Diploma Graduate school Nursery School-4th 10th GED Don't Know 5th or 6th 11th Post Secondary School Refused 7th or 8th 12th grade, no diploma 4 years college

Disabled

No Don't Know Yes Refused

Insurance

MediCare MediCal Medicaid Private Self-Insured None Unknown HMO MSI

Race-Select All That Apply

White Asian Black/African-American Don't Know Refused Native Hawaiian/Pacific Islander American Indian/Alaska Native

Housing Status

Literally homeless Stably housed Imminently losing their housing Don't Know Unstably housed and at-risk of losing their housing Refused

Family Composition

Single Parent Two Parents Foster Parent(s) Adults No Children (couple w/no kids) Unaccompanied (single person)

City (Last Known Permanent Address over 90 days)

Grid for City

County

Grid for County

State

Grid for State

Zip Code

Grid for Zip Code

Country

Grid for Country

Income Source

Income Source grid with Amount (Dollars Only) and Interval (Use Codes Below) columns. Includes: No \$ Resources, Don't Know, or Refused; Earned Income; Unemployment Insurance; Supplemental Security Inc./SSI; Veteran's Disability; Private Disability Ins.; Worker's Compensation; TANF; General Assistance (GA).

Income Source

Income Source grid with Amount (Dollars Only) and Interval (Use Codes Below) columns. Includes: Veteran's Pension; Pension from Former Job; Child Support; Alimony or Spousal Support; Other Source; Retirement Inc-Soc.Security; CalWORKS; AFDC; Social Security Disability.

Interval Codes W=Weekly E= Every Other Week T=Twice Per Month M=Monthly Y=Yearly



Orange County CMIS Client Intake

First Name

Grid of 15 empty boxes for first name

Last Name

Grid of 15 empty boxes for last name

HoH First Name: _____

HoH Last Name: _____

Program Name _____ HoH Last Name: _____

Where did you spend the night before entering the program? (Prior Living Situation)

| | | |
|--|---|---|
| <input type="radio"/> Emergency Shelter | <input type="radio"/> Owned by client, no housing subsidy | <input type="radio"/> Owned by client, with housing subsidy |
| <input type="radio"/> Transitional Housing for Homeless | <input type="radio"/> Staying or Living w/ family | <input type="radio"/> Place not mean for habitation |
| <input type="radio"/> Perm Housing for formerly homeless | <input type="radio"/> Staying or Living w/ friend | <input type="radio"/> Other |
| <input type="radio"/> Psychiatric hospital or other facility | <input type="radio"/> Hotel/Motel paid w/out ES voucher | <input type="radio"/> Don't Know |
| <input type="radio"/> Substance abuse facility or detox | <input type="radio"/> Foster Care | <input type="radio"/> Refused |
| <input type="radio"/> Hospital (non_psychiatric) | <input type="radio"/> Safe Haven | |
| <input type="radio"/> Jail, Prison or Juvenile detention | <input type="radio"/> Rental by client, with VASH housing subsidy | |
| <input type="radio"/> Rental by client, no housing subsidy | <input type="radio"/> Rental by client, with other (non-VASH) housing subsidy | |

Length of Stay in Prior Living Situation

| | | |
|---|--|-------------------------------|
| <input type="radio"/> 1 week or less | <input type="radio"/> More than 3 months, less than 1 year | <input type="radio"/> Refused |
| <input type="radio"/> More than 1 week, less than 1 month | <input type="radio"/> 1 year or longer | |
| <input type="radio"/> 1 to 3 months | <input type="radio"/> Don't Know | |

Are you currently homeless? Yes No Don't Know Refused (If No) Are you at risk of being homeless? Yes No Don't Know Refused

How long have you been homeless? 1 day-1 month 1-6 months 7-12 months More than 12 months N/A

Have you been continuously homeless for a year or more? Yes No Don't Know Refused

How many episodes of homelessness have you had in the past three (3) years? Less than 4 Episodes At Least 4 Episodes

| | | | | |
|--|---|---|--|---|
| <input type="radio"/> Change in Income | <input type="radio"/> Domestic Violence | <input type="radio"/> Drugs/Alcohol | <input type="radio"/> Emancipation | <input type="radio"/> Eviction |
| <input type="radio"/> GR Cuts | <input type="radio"/> Health Problems | <input type="radio"/> Illness | <input type="radio"/> Injury | <input type="radio"/> Lost Job/Layoff |
| <input type="radio"/> Moved | <input type="radio"/> Other | <input type="radio"/> Release from hospital | <input type="radio"/> Release from jail/prison | <input type="radio"/> Underemployed, or don't make enough money |
| <input type="radio"/> Family/Friends Asked Client to Leave | (If homeless) What circumstances caused your homelessness? | | | |

| | | |
|---|---|---|
| Do you have a physical disability? | Do you have a developmental disability? | Chronic Health Condition? |
| <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused |

Do you have any other special needs? Yes No Don't Know Refused Have you been diagnosed with AIDS or tested positive for HIV? Yes No Don't Know Refused

Do you feel you have a mental health issue? Yes No Don't Know Refused **Mental health problem: Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently** Yes No

Do you have a drug or alcohol problem? Alcohol Both alcohol and drug Drug No Don't Know Refused **Substance Abuse: Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently** Yes No Don't Know Refused

Have you ever been a victim of domestic or intimate partner violence? Yes No Don't Know Refused **If you experienced domestic or intimate partner violence, how long ago did you have this experience?** In the past 3 months 3-6 months 6-12 months Don't Know More than a year ago N/A Refused

Other Orange County city of major contact if any: (place of worship, work, or spend time) _____

