FORM A2: MARIN HMIS PROGRAM (DEPENDENT CHILDREN) ENTRY FORM

PROGRAM NAME:_____ Intake Worker Initials:_____.

Program Entry Date_____ .

Head of household ID:_____ **Head of household name:**_____

Name		**SS#**	_____- _____- _____ ☐ Unknown ☐ Refused
Date of Birth	_____/_____/_____ MM DD YYYY	**Gender**	☐ Male ☐ Female ☐ Transgender ☐ Unknown ☐ Refused
Race	☐ Amer. Indian ☐ White ☐ Black ☐ Multi-racial ☐ Asian ☐ Pacific Islander ☐ Unknown ☐ Refused	**Ethnicity**	☐ Non-Hispanic/Latino ☐ Hispanic/Latino ☐ Unknown ☐ Refused
Disabling Condition	☐ Yes ☐ No ☐ Unknown ☐ Refused	**Housing status**	☐ Literally Homeless ☐ Housed at Imminent Risk of losing housing ☐ Housed and at risk of losing housing ☐ In Stable housing ☐ Unknown ☐ Refused

Special Needs at Entry		**Currently receiving treatment or services?**
Substance Abuse	☐ Alcohol ☐ No ☐ U ☐ R ☐ Drugs ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R ☐ Yes ☐ No ☐ U ☐ R
If Yes, expected to be of long duration?	Alcohol ☐ Yes ☐ No ☐ U ☐ R Drugs ☐ Yes ☐ No ☐ U ☐ R	
HIV/AIDS	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
Developmental Disability	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
Chronic Health Condition	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
Physical Disability	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
Mental Health	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
If Yes, expected to be of long duration?	☐ Yes ☐ No ☐ U ☐ R	

Name		**SS#**	_____- _____- _____ ☐ Unknown ☐ Refused
Date of Birth	_____/_____/_____ MM DD YYYY ☐ Unknown ☐ Refused	**Gender**	☐ Male ☐ Female ☐ Transgender ☐ Unknown ☐ Refused
Race	☐ Amer. Indian ☐ White ☐ Black ☐ Multi-racial ☐ Asian ☐ Pacific Islander ☐ Unknown ☐ Refused	**Ethnicity**	☐ Non-Hispanic/Latino ☐ Hispanic/Latino ☐ Unknown ☐ Refused
Disabling Condition	☐ Yes ☐ No ☐ Unknown ☐ Refused	**Homeless status**	☐ Literally Homeless ☐ Housed at Imminent Risk of losing housing ☐ Housed and at risk of losing housing

Attach Additional Sheets for more household members under 18.

FORM A2: MARIN HMIS PROGRAM (DEPENDENT CHILDREN) ENTRY FORM

			☐ In Stable housing ☐ Unknown ☐ Refused
Special Needs at Entry			**Currently receiving treatment or services?**
Substance Abuse	☐ Alcohol ☐ No ☐ U ☐ R ☐ Drugs ☐ No ☐ U ☐ R		☐ Yes ☐ No ☐ U ☐ R ☐ Yes ☐ No ☐ U ☐ R
If Yes, expected to be of long duration?	Alcohol ☐ Yes ☐ No ☐ U ☐ R Drugs ☐ Yes ☐ No ☐ U ☐ R		
HIV/AIDS	☐ Yes ☐ No ☐ U ☐ R		☐ Yes ☐ No ☐ U ☐ R
Developmental Disability	☐ Yes ☐ No ☐ U ☐ R		☐ Yes ☐ No ☐ U ☐ R
Chronic Health Condition	☐ Yes ☐ No ☐ U ☐ R		☐ Yes ☐ No ☐ U ☐ R
Physical Disability	☐ Yes ☐ No ☐ U ☐ R		☐ Yes ☐ No ☐ U ☐ R
Mental Health	☐ Yes ☐ No ☐ U ☐ R		☐ Yes ☐ No ☐ U ☐ R
If Yes, expected to be of long duration?	☐ Yes ☐ No ☐ U ☐ R		

Name		**SS#**	_____-_____-_____ ☐ Unknown ☐ Refused
Date of Birth	_____/_____/_____ MM DD YYYY ☐ Unknown ☐ Refused	**Gender**	☐ Male ☐ Female ☐ Transgender ☐ Unknown ☐ Refused
Race	☐ Amer. Indian ☐ White ☐ Black ☐ Multi-racial ☐ Asian ☐ Pacific Islander ☐ Unknown ☐ Refused	**Ethnicity**	☐ Non-Hispanic/Latino ☐ Hispanic/Latino ☐ Unknown ☐ Refused
Disabling Condition	☐ Yes ☐ No ☐ Unknown ☐ Refused	**Homeless status**	☐ Literally Homeless ☐ Housed at Imminent Risk of losing housing ☐ Housed and at risk of losing housing ☐ In Stable housing ☐ Unknown ☐ Refused
Special Needs at Entry			**Currently receiving treatment or services?**
Substance Abuse	☐ Alcohol ☐ No ☐ U ☐ R ☐ Drugs ☐ No ☐ U ☐ R		☐ Yes ☐ No ☐ U ☐ R ☐ Yes ☐ No ☐ U ☐ R
If Yes, expected to be of long duration?	Alcohol ☐ Yes ☐ No ☐ U ☐ R Drugs ☐ Yes ☐ No ☐ U ☐ R		
HIV/AIDS	☐ Yes ☐ No ☐ U ☐ R		☐ Yes ☐ No ☐ U ☐ R
Developmental Disability	☐ Yes ☐ No ☐ U ☐ R		☐ Yes ☐ No ☐ U ☐ R
Chronic Health Condition	☐ Yes ☐ No ☐ U ☐ R		☐ Yes ☐ No ☐ U ☐ R
Physical Disability	☐ Yes ☐ No ☐ U ☐ R		☐ Yes ☐ No ☐ U ☐ R
Mental Health	☐ Yes ☐ No ☐ U ☐ R		☐ Yes ☐ No ☐ U ☐ R
If Yes, expected to be of long duration?	☐ Yes ☐ No ☐ U ☐ R		

Attach Additional Sheets for more household members under 18.