FORM A1: MARIN HMIS PROGRAM (ADULT) ENTRY FORM

PROGRAM NAME: _____Worker Name:_____

This form is for all adult intakes. Note there can only be one head of household per family. Include the Head of Household ID below for additional adult family members. Complete form A2 for all household members under the age of 18.

Name_____ Other **names used or known by:**_____
First Last

Date Entered the Program _____. **Client Unique ID**_____
MM DD YY *L L M M D D Y Y*

Head of household ID: _____ **Head of household name:**_____
(Leave blank if head of household or single person)

SS#	_____- _____- _____ ☐ Unknown ☐ Refused	**Date of Birth**	_____/_____/_____ MM DD YY ☐ Unknown ☐ Refused
Gender	☐ Male ☐ Female ☐ Transgender ☐ Unknown ☐ Refused	**Race (Select all that apply)**	☐ American Indian ☐ White ☐ Black ☐ Asian ☐ Multi-racial ☐ Pacific Islander ☐ Unknown ☐ Refused
Ethnicity	☐ Non-Hispanic/Latino ☐ Hispanic/Latino ☐ Unknown ☐ Refused	**Disabling Condition**	☐ Yes ☐ No ☐ Unknown ☐ Refused
Veteran	☐ Yes ☐ No ☐ Unknown ☐ Refused	**Relationship Status**	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Significant Other ☐ Widowed
Housing status	☐ Literally Homeless ☐ Imminently losing housing ☐ Unstably housed and at risk of losing housing ☐ Stably Housed ☐ Unknown ☐ Refused		
Residence Prior to Program Entry (Check one)	☐ Place not meant for human habitation ☐ Emergency shelter (motel paid for w/voucher) ☐ Hotel or motel paid by client ☐ Staying in family's apt or house ☐ Staying in friend's apt or house ☐ Rented by client, no housing subsidy ☐ Rented by client with VASH subsidy ☐ Rent by client with other subsidy ☐ Jail, prison, or juvenile detention facility ☐ Owned by client with subsidy ☐ Owned by client, no housing subsidy ☐ Permanent housing for formerly homeless ☐ Hospital (non-psychiatric) ☐ Psychiatric hospital ☐ Substance abuse treatment facility/detox ☐ Transitional housing for homeless persons ☐ Foster care home or group home	**Length of Stay in Previous Place**	☐ One week or less ☐ More than one week, less than one month ☐ One to three months ☐ More than three months, less than one year ☐ One year or longer ☐ Unknown ☐ Refused

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	☐ Other (Specify)_____ ☐ Unknown ☐ Refused		
Zip Code of Last Place Stayed 3 months or more	_____ City & State if zip unknown		
Highest level of education client completed?	☐ Elementary ☐ High School ☐ GED ☐ Assoc. Degree ☐ Some college ☐ B.A. ☐ Graduate ☐ Post-Graduate	**Is client currently a student?** **If yes, what level?**	☐ Yes ☐ No ☐ High School ☐ GED ☐ Assoc. Degree ☐ Vocational ☐ B.A. ☐ Graduate ☐ Post-Graduate ☐ Other
Reasons for Homelessness (select all that apply)	☐ Lost job ☐ Illness ☐ Disabled ☐ Evicted ☐ Accident ☐ Debt ☐ No income ☐ Lack of affordable housing ☐ Foreclosure ☐ Lost benefits ☐ Alcohol/drug abuse ☐ Released from jail/institution ☐ Insufficient income ☐ End of relationship ☐ Violence in the home ☐ Other:_____		

Employment

Employment Status **If employed Type of employment**	☐ Full-time ☐ Part-time ☐ Unemployed ☐ Not in workforce **Hours per week_____** **Hourly rate $_____** ☐ Office/Clerical ☐ Technical ☐ Manufacturing/warehouse ☐ Sales ☐ Retail ☐ Construction/labor/driver ☐ Domestic service ☐ Food Service ☐ Other_____

Special Needs at Entry		**Currently receiving treatment or services?**
Alcohol Abuse	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
If Yes, is condition expected to be of long & indefinite duration?	☐ Yes ☐ No ☐ U ☐ R	
Drug Abuse	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
If Yes, is condition expected to be of long& indefinite duration?	☐ 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, is condition expected to be of	☐ Yes ☐ No ☐ U ☐ R	

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long& indefinite duration?		

Domestic Violence

Domestic Violence Experience	☐ Yes ☐ No ☐ U ☐ R	**If Yes, when did Domestic Violence experience occur?**	☐ Within past 3 months ☐ 3 to 6 months ago ☐ 6 to 12 months ago ☐ More than a year ago ☐ Unknown ☐ Refused

Income and Benefits at Entry

Income received from any source in past 30 days?	☐ Yes ☐ No ☐ U ☐ R	**Non-Cash Benefits received from any source in past 30 days?**	☐ Yes ☐ No ☐ U ☐ R
Source of Income	Amount		Receive Benefit?
Earned Income	$_____.00	CMSP	☐
Unemployment Ins.	$_____.00	Healthy Kids/Cal Kids/SCHIP	☐
SSI	$_____.00		
SSDI	$_____.00	Medi-CAL	☐
Food Stamps	$_____.00		
Veteran's Disability	$_____.00	MEDICARE	☐
Worker's Comp.	$_____.00	Veteran's healthcare	☐
TANF/CalWORKS	$_____.00		
General Assistance	$_____.00	Private Insurance	☐
SS Retirement	$_____.00	Other Sources	☐
Pension	$_____.00		
Veterans" Pension	$_____.00		
Child support	$_____.00		
Alimony	$_____.00		
Other sources	**$_____.00**		
Total Monthly Income			