



San Joaquin Continuum of Care

# Intake Form — for use with HMIS

Date completed: \_\_\_\_\_

This was conducted:  In person  By phone  By Client

Client Phone #: \_\_\_\_\_ Client Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Quality of Social Security:  Full  Partial  Client doesn't know  Client prefers not to answer  
 Data not collected

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Quality of Name:  Full  Partial  Client doesn't know  Client prefers not to answer  
 Data not collected

Alias: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Quality of DoB:  Full  Partial  Client doesn't know  Client prefers not to answer  
 Data not collected

Current address (if applicable): \_\_\_\_\_

Gender:  Woman/Girl  Man/Boy  Culturally specific identity  Transgender  NonBinary  
 Questioning  Different Identity  Client doesn't know  Client prefers not to answer  
 Data not collected

### Race (check all that apply):

White  Black or African American  Asian  
 American Indian or Alaskan Native  Native Hawaiian or Pacific Islander  Data not collected  
 Client doesn't know  Client prefers not to answer

Ethnicity:  Hispanic/Latinx  Non-Hispanic/Latinx  Client doesn't know  
 Client prefers not to answer  Data not collected

Is there an adult in the household with a permanent disability?:  Yes  No

Are you fleeing domestic violence or an abusive situation?:  Yes  No

Are you a Military Veteran?:  Yes  No

The Number of people in household who are: \_\_\_\_\_ Adults 18 & over \_\_\_\_\_ Children under 18

Monthly cash income of entire household: \_\_\_\_\_

Do you receive any non-cash benefits (Food Stamps, Medi-Cal, WIC, Section 8, etc.)  Yes  No

### Current living situation (where was household last night?):

- Emergency shelter (*literally homeless*)
- Transitional housing for homeless (*literally homeless*)
- Permanent housing for formerly homeless
- Psychological hospital/facility
- Substance abuse treatment facility or Detox center
- Residential project/halfway house w/ no homeless criteria
- Hospital or other medical residential facility
- Staying with family members
- Staying with friends
- Foster care or foster group home
- Client doesn't know
- Place not meant for human habitation (*literally homeless*)
- Hotel/motel paid by HSA or charity (*literally homeless*)
- Hotel/motel paid by household
- Rental by client with ongoing housing subsidy
- Rental by client with no ongoing subsidy
- Owned by client with ongoing housing subsidy
- Owned by client with no ongoing subsidy
- Jail/prison/juvenile detention facility
- Long-term care facility
- Other (\_\_\_\_\_)
- Client prefers not to answer
- Data not collected

Completed by staff member: \_\_\_\_\_



### **ACTIONS following intake**

Households that have a "Living Situation" with the note "*literally homeless*" on this form should be referred to the Coordinated Entry System.

These households should be helped in conducting an Assessment and placed in the Community Queue according to the San Joaquin Continuum of Care Coordinated Entry Policies and Procedures. This Assessment can be conducted by front-line staff through the HMIS as part of the SJCoC "no-wrong doors" approach, and the household placed in the Queue.

The household may also be referred to the Coordinated Entry System lead agency, Family Resource Center.

FRC: [211sj@frcsj.org](mailto:211sj@frcsj.org) or 209-948-1553 (phone) or 3127 Transworld Drive, Stockton, CA 95206.

Every Intake should be fully documented in the /HMIS with at least a Client Profile and a Client Note. This includes Intakes that are determined to be "ineligible" for services.