❑ Intake ❑ Update _____

CCC Shelter Plus Care Program
Client File Face Sheet / HMIS Intake Form

Last Name: _____ **First Name:** _____ **Enrollment Date:** _____

Grant No.: _____ **Client No.:** _____ **Age:** _____ **DOB:** _____ **SS#:** _____

Gender:
a) Male
b) Female
c) Transgender

Veteran:
a) Yes
b) No

Ethnicity:
a) Hispanic
b) Non-Hispanic

Race:
a) American Indian or Alaskan
b) Asian
c) Black or African-American
d) Hawaiian or Pacific Islander
e) White
f) American Indian/Alaskan Native *and* White
g) Asian *and* White
h) Black/African American *and* White
i) American Indian/Alaskan Native *and* Black/African American
j) Other Multi-Racial

Special Needs/Disabilities:
(circle all that apply)
a) Mental Illness
b) Alcohol Abuse
c) Drug Abuse
d) HIV/AIDS
e) Developmental disability
f) Physical disability
g) Domestic Violence
h) Other: _____

Prior Living Situation:
a) Streets, car, park, etc.
b) Emergency Shelter
c) Transitional Housing
d) Psychiatric Facility
e) Substance abuse treatment facility
f) Hospital
g) Jail/Prison

City in which client lost housing: _____

Is client chronically homeless? (Y/N)
(homeless for more than 1 year or more than 4 times in 3 years) _____

Income at Entry:
$_____ SSI
$_____ SSDI
$_____ Social Security
$_____ GA
$_____ TANF (AFDC)
$_____ Child Support SCHIP
$_____ Veterans Benefits
$_____ Earned income
$_____ Unemployment
$_____ Veterans' Health Care
$_____ Medicaid (Medi-Cal)
$_____ Food Stamps
$_____ Other: _____
❑ No financial resources

Total Monthly Income (at Entry): $_____

Adjustments/Changes in income:
Date: _____ Amount: _____ Source: _____
Date: _____ Amount: _____ Source: _____
Date: _____ Amount: _____ Source: _____

Have you lost any of the following public assistance in the last year?

a) GA
b) Food Stamps
c) TANF/CalWORKS
d) SSI
e) SSDI
f) Medi-Cal
g) SDI
h) Section 8
i) Public Housing
j) Shelter Plus Care
k) Subsidized Childcare
l) Survivor's Benefits
m) Other _____

Housing Status:

1. Briefing Date: _____ Bedrooms: _____ Move-in Date: _____ Phone: _____
Address #1: _____ City: _____ Zip: _____
Certificate cancelled on: _____ *Reason:* _____ *Move-out Date:* _____

2. Reissue Date: _____ Bedrooms: _____ Move-in Date: _____ Phone: _____
Address #2: _____ City: _____ Zip: _____
Certificate cancelled on: _____ *Reason:* _____ *Move-out Date:* _____

3. Reissue Date: _____ Bedrooms: _____ Move-in Date: _____ Phone: _____
Address #3: _____ City: _____ Zip: _____
Certificate cancelled on: _____ *Reason:* _____ *Move-out Date:* _____

Members of Household:	Head of Household? (Y/N)	Age	Gender	Relationship	Income/Source	Disability

Provider Contacts:

Service Coordinator: _____ Agency: _____ Phone: _____
Other: _____ Agency: _____ Phone: _____
Housing Authority CCC contact: _____ Phone: _____