$\langle \rangle \rangle$

Kings/Tulare HMIS

Intake Form_Child

1. Intake Summary										
-	roject Name Client ID (Computer Generated)									
Project Start Date	Intake Staff Name									
2. Client Demographics										
First	Middle	Last	Suffix							
Name Data Quality:	Full name re Client Doesn		eet name, or code name reported used □ Data Not Collected							
SSN/Code:	Date of Birth/Code:	Ethnicity:	Race:							
 Full SSN Approx/Partial SSN Client Doesn't Know Client Refused Data Not Collected 	 // □ Full DOB □ Approx/Partial DOB *At a minimum, approximate year of birth is required. 	 Non-Hispanic/Non-Latin(a)(o)(x) Hispanic/Latin(a)(o)(x) Client Doesn't Know Client Refused Data Not Collected 	 American Indian, Alaska Native, or Indigenous Asian or Asian American Black, African American, or African Native Hawaiian or Pacific Islander White Client Doesn't Know Client Refused Data Not Collected 							
Gender (select all that apply)		Disabling Condition	Relation to Head of Household							
 Female Male A gender that is not singularly 'Female' or 'Male' Transgender Questioning 	 Client Doesn't Know Client Refused Data Not Collected 	 No Yes Client Doesn't Know Client Refused Data Not Collected 	 Self (head of household) Head of household's child Head of household's spouse/partner Head of household's other relation member (other relation to head of household) Other: non-relation member 							

3. Program Specific Information						
Covered by Health Insurance	If Yes, Which Source(s)					
□ No	Medicaid (Medi-Cal)	Health Insurance obtained through COBRA				
□ Yes	□ Medicare	Private Pay Health Insurance				
Client Doesn't Know	□ State Children's Health Insurance Program	□ State Health Insurance for Adults				
□ Client Refused	□ VA Medical Services (Military Insurance)	Indian Health Services Program				
□ Data Not Collected	Employer Provided Health Insurance	□ Other				



Intake Form_Child

Physical Disability	If yes, expected to be of long-continued an indefinite duration and substantially impairs ability to live independently					
□ No	□ Client Refused	□ No		Client Refus	ed	
□ Yes	□ Data Not Collected	Yes Data Not Collected				
□ Client Doesn't Know	Client Doesn't Know					
Chronic Health Condition	If yes, expected to be of long-continued an indefinite duration and substantially impairs ability to live independently					
□ No	□ Client Refused	□ No		Client Refus	ed	
□ Yes	□ Data Not Collected	Yes Data Not Collected				
□ Client Doesn't Know		Client Doesn't Know				
Mental Health Problem		If yes, expected to be of long-continued an indefinite duration and substantially impairs ability to live independently				
□ No	□ Client Refused	□ No	□ No □ Client Refused		ed	
□ Yes	□ Data Not Collected	Yes Data Not Collected			llected	
□ Client Doesn't Know		Client Doesn't Know				
Substance Use Disorder	If yes, expected to be of long-continued an indefinite duration and substantially impairs ability to live independently					
□ No	Client Doesn't Know	□ No	No 🗆 Client Refused			
□ Alcohol Use Disorder	□ Client Refused	□ Yes	Data Not Collected			
Drug Use Disorder	□ Data Not Collected	Client Doesn't Know				
□ Alcohol & Drug Use Disorders						
Developmental Disabilities						
□ No □ Yes	Client Doesn't Know		Client Refused		Data Not Collected	
HIV/AIDS						
□ No □ Yes	Client Doesn't Know		Client Refused		Data Not Collected	