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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:							
<ul> <li>Full SSN</li> <li>Approx/Partial SSN</li> <li>Client Doesn't Know</li> <li>Client Refused</li> <li>Data Not Collected</li> </ul>	<ul> <li>//</li> <li>□ Full DOB</li> <li>□ Approx/Partial DOB</li> <li>*At a minimum, approximate year of birth is required.</li> </ul>	<ul> <li>Non-Hispanic/Non-Latin(a)(o)(x)</li> <li>Hispanic/Latin(a)(o)(x)</li> <li>Client Doesn't Know</li> <li>Client Refused</li> <li>Data Not Collected</li> </ul>	<ul> <li>American Indian, Alaska Native, or Indigenous</li> <li>Asian or Asian American</li> <li>Black, African American, or African</li> <li>Native Hawaiian or Pacific Islander</li> <li>White</li> <li>Client Doesn't Know</li> <li>Client Refused</li> <li>Data Not Collected</li> </ul>							
Gender (select all that apply)		Disabling Condition	Relation to Head of Household							
<ul> <li>Female</li> <li>Male</li> <li>A gender that is not singularly 'Female' or 'Male'</li> <li>Transgender</li> <li>Questioning</li> </ul>	<ul> <li>Client Doesn't Know</li> <li>Client Refused</li> <li>Data Not Collected</li> </ul>	<ul> <li>No</li> <li>Yes</li> <li>Client Doesn't Know</li> <li>Client Refused</li> <li>Data Not Collected</li> </ul>	<ul> <li>Self (head of household)</li> <li>Head of household's child</li> <li>Head of household's spouse/partner</li> <li>Head of household's other relation member (other relation to head of household)</li> <li>Other: non-relation member</li> </ul>							

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						
<b>Developmental Disabilities</b>						
□ No □ Yes	Client Doesn't Know		Client Refused		Data Not Collected	
HIV/AIDS						
□ No □ Yes	Client Doesn't Know		Client Refused		Data Not Collected	