

Kings/Tulare HMIS

Intake Form_Child: Universal Data Elements

1. Intake Summary					
Project Name	pject Name Client ID (Computer Generated)				
Project Start Date					
Housing Move-In Date	/Intake Staff Name				
2. Client Demographics					
First	Middle	l		Suffix	
Name Data Quality:	☐ Full name reported ☐ Partial, street name, or code name reported				
	☐ Client Doesr	n't Know Client Refused Data Not Collected			
SSN/Code:	Date of Birth/Code:	Ethnicity:		Race:	
		□ Non-Hispanic/Nor Latin(a)(o)(x)		☐ American Indian, Alaska Native, or Indigenous	
		☐ Hispanic/Latin(a)		☐ Asian or Asian American☐ Black, African American, or African	
TI FULL CON	T F. II DOD	☐ Client Refused		☐ Native Hawaiian or Pacific Islander	
☐ Full SSN ☐ Approx/Partial SSN	☐ Full DOB ☐ Approx/Partial DOB	☐ Data Not Collected		☐ White	
☐ Client Doesn't Know	LI Approx/Fartial DOB			☐ Client Doesn't Know	
☐ Client Refused	*At a minimum,			☐ Client Refused	
☐ Data Not Collected	approximate year of birth is required.			□ Data Not Collected	
Gender		Disabling Conditio	n	Relation to Head of Household	
□ Female	☐ Client Doesn't Know	□ No		☐ Self (head of household)	
□ Male	☐ Client Refused	□ Yes		☐ Head of household's child	
☐ A gender that is not	☐ Data Not Collected	☐ Client Doesn't Know		☐ Head of household's spouse/partner	
singularly 'Female' or 'Male'		☐ Client Refused		☐ Head of household's other relation	
☐ Transgender ☐ Questioning		☐ Data Not Collected		member (other relation to head of household)	
ы Questioning				☐ Other: non-relation member	
3. Program Specific Information					
Covered by Health Insurance	If Yes, Which Source(s)				
□ No	☐ Medicaid (Medi-Cal)		☐ Health 1	☐ 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		

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