



1. Intake Summary

Program Name _____ **Client ID** (Computer Generated) _____

Motel Name _____ **Check-In Date** ____/____/____

Room Number _____ **Intake Staff Name** _____

2. Client Demographics

First _____ **Middle** _____ **Last** _____ **Suffix** _____

Name Data Quality: Full name reported Partial, street name, or code name reported
 Client Doesn't Know Client Refused Data Not Collected

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

Covered by Health Insurance	If Yes, Which Source(s)	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Medicaid (Medi-Cal) <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> VA Medical Services (Military Insurance) <input type="checkbox"/> Employer Provided Health Insurance	<input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other _____



Last or Current Permanent Address:		Address Quality:	
Street Address		<input type="checkbox"/> Full address reported <input type="checkbox"/> Client Refused <input type="checkbox"/> Incomplete or estimated address reported <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	
City, State, Zip			
HoH Email Address::	HoH Cell Phone Number:	Pets in Household:	Service Animal in Household:
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	(____) _____ - _____ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Access/Functional Needs Identified		Are you able to self-isolate or quarantine?	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
Total Number of Adults in Household		Total Number of Children in Household	
Numbers should reflect total number of adults who will need to be permanently housed at exit.		Numbers should reflect total number of children who will need to be permanently housed at exit.	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10

VI-SPDAT Score _____

Unit Information	
Unit Type	Unit Address
<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other <input type="checkbox"/> Shelter <input type="checkbox"/> Apartment <input type="checkbox"/> Trailer	Room Number: _____ Unit Name: _____ Unit Address: _____ City, County, State, Zip code: _____