MARIN HMIS PROGRAM (ADULT) ENTRY FORM A1

PROGRAM NAME: _____ **Worker Initials:**_____

Complete an Adult Entry form for each adult in the family. There can be only one head of household. Note the head of household ID (Unique ID) and name on any additional family member forms. Complete a Dependent Children form for each child under 18 in the family.

Program Entry Date:_____

Client Name:_____ **Unique ID:**_____
First **Last** *(complete only for head of household)*

☐ Client is head of household **Head of Household Name:**_____ **Head of Household ID**: _____

SS#	_____- _____- _____ ☐ Unknown ☐ Refused	**Date of Birth**	_____/_____/_____ MM DD YY
Gender	☐ Male ☐ Female ☐ Transgender ☐ Unknown ☐ Refused	**Race**	☐ American Indian ☐ White ☐ Black ☐ Asian ☐ Multi-racial ☐ Pacific Islander ☐ Unknown ☐ Refused ☐ Other
Ethnicity	☐ Non-Hispanic/Latino ☐ Hispanic/Latino ☐ Unknown ☐ Refused	**Unaccompanied Youth**	☐ Yes ☐ No ☐ Unknown ☐ Refused
Disabling Condition	☐ Yes ☐ No ☐ Unknown ☐ Refused	**Veteran**	☐ Yes ☐ No ☐ Unknown ☐ Refused
Residence Prior to Program Entry (Check one)	☐ Place not meant for human habitation ☐ Emergency shelter (motel paid for w/voucher) ☐ Hotel or motel paid by client ☐ Staying in family's apt or house ☐ Staying in friend's apt or house ☐ Rented by client, no housing subsidy ☐ Rented by client with VASH subsidy ☐ Rent by client with other subsidy ☐ Jail, prison, or juvenile detention facility ☐ Owned by client with subsidy ☐ Owned by client, no housing subsidy ☐ Permanent housing for formerly homeless ☐ Hospital (non-psychiatric) ☐ Psychiatric hospital ☐ Safe haven ☐ Substance abuse treatment facility/detox ☐ Transitional housing for homeless persons ☐ Foster care home or group home ☐ Other ☐ Unknown ☐ Refused	**Length of Stay in Previous Place**	☐ One week or less ☐ More than one week, less than one month ☐ One to three months ☐ More than three months, less than one year ☐ One year or longer ☐ Unknown ☐ Refused
		How many times homeless in past three years?	_____ ☐ Unknown ☐ Refused
Zip Code of Last Permanent Residence	_____ City & State if zip unknown	**Homeless status**	☐ Literally Homeless ☐ Housed at Imminent Risk of losing housing ☐ Housed and at risk of losing housing ☐ In Stable housing ☐ Unknown ☐ Refused

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U= Unknown R= Refused

Special Needs at Entry		Currently receiving treatment or services?
Alcohol Abuse	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
If Yes, is condition expected to be of long & indefinite duration?	☐ Yes ☐ No ☐ U ☐ R	
Drug Abuse	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
If Yes, is condition expected to be of long& indefinite duration?	☐ Yes ☐ No ☐ U ☐ R	
HIV/AIDS	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
Developmental Disability	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
Chronic Health Condition	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
Physical Disability	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
Mental Health	☐ Yes ☐ No ☐ U ☐ R	☐ Yes ☐ No ☐ U ☐ R
If Yes, is condition expected to be of long& indefinite duration?	☐ Yes ☐ No ☐ U ☐ R	

Domestic Violence			
Domestic Violence Experience	☐ Yes ☐ No ☐ U ☐ R	**If Yes, when did Domestic Violence experience occur?**	☐ Within past 3 months ☐ 3 to 6 months ago ☐ 6 to 12 months ago ☐ More than a year ago ☐ Unknown ☐ Refused

Income and Benefits at Entry				
Income received from any source in past 30 days?	☐ Yes ☐ No ☐ U ☐ R		**Non-Cash Benefits received from any source in past 30 days?**	☐ Yes ☐ No ☐ U ☐ R
Source of Income	Receiving income source?	Amount		Receive Benefit?
Earned Income	☐ Yes ☐ No	$_____.00	CMSP	☐
Unemployment Ins.	☐ Yes ☐ No	$_____.00	Healthy Kids/Cal Kids	☐
SSI	☐ Yes ☐ No	$_____.00	Medicaid	☐
SSDI	☐ Yes ☐ No	$_____.00	Medi-CAL	☐
Food Stamps	☐ Yes ☐ No	$_____.00	MEDICARE	☐
Veteran's benefits	☐ Yes ☐ No	$_____.00	SCHIP	☐
Worker's Comp.	☐ Yes ☐ No	$_____.00	Section 8	☐
TANF/CalWORKS	☐ Yes ☐ No	$_____.00	Veteran's healthcare	☐
General Assistance	☐ Yes ☐ No	$_____.00	Unknown	☐
Social Security	☐ Yes ☐ No	$_____.00	Refused	☐
Pension	☐ Yes ☐ No	$_____.00	Other Sources	☐
Child support	☐ Yes ☐ No	$_____.00		
Alimony	☐ Yes ☐ No	$_____.00		
Other sources	☐ Yes ☐ No	$_____.00		
Total Monthly Income		**$_____.00**		

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