



# Homeless Management Information System Enrollment Form (Program: \_\_\_\_\_)

(Separate Enrollment Form must be completed for all household members as part of Program Enrollment;  
Head of Household must complete all fields; Children in Household only need shaded/highlighted fields.)

**Client name:** \_\_\_\_\_ **Date of Enrollment:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Phone number/email address:** \_\_\_\_\_

**CES Referral:**  Yes  No **Other referring agency (if any):** \_\_\_\_\_

**Case manager from other agency (if any):** \_\_\_\_\_ **Case manager phone/email:** \_\_\_\_\_

**Location of Client at enrollment:**  Stockton  Lathrop  Lodi  Manteca  Tracy  
 Unincorporated County  Other: \_\_\_\_\_

**Client is:**  Head of Household  Unaccompanied Adult (Single Adult)  Other Adult in household  
 Child in household  Unaccompanied Youth (Youth without any other household members)

**Head of Household (if different from "Client Name"):** \_\_\_\_\_

**Gender:**  Woman/Girl  Man/Boy  Culturally specific identity  Transgender  NonBinary  
 Questioning  Different Identity  Client doesn't know  Client prefers not to answer  
 Data not collected

**Race (check all that apply):**  
 White  Black or African American  Asian  
 American Indian or Alaskan Native  Native Hawaiian or Pacific Islander  Data not collected  
 Client doesn't know  Client prefers not to answer

**Ethnicity:**  Hispanic/Latinx  Non-Hispanic/Latinx  Client doesn't know  
 Client prefers not to answer  Data not collected

**Marital Status:**  Married  Not Married but Living with Partner  Divorced  Separated  
 Widowed  Never Married  Unknown  Data Not Collected

**Sexual Orientation:**  Straight/Heterosexual  Gay/Lesbian  Bisexual  Questioning  
 Client doesn't know  Client refuses  Data not collected

**Client's Preferred Language:** \_\_\_\_\_

**Veteran status:**  Yes  No  Client doesn't know  Client refused

**Branch of military:**  Army  Air Force  Navy  Marines  
 Other  Client doesn't know  Client refused

**Current living situation / Type of Residence (where was household last night?):**

- |                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Emergency shelter                                         | <input type="checkbox"/> Place not meant for human habitation          |
| <input type="checkbox"/> Transitional housing for homeless                         | <input type="checkbox"/> Hotel/motel paid by HSA or charity            |
| <input type="checkbox"/> Permanent housing for formerly homeless                   | <input type="checkbox"/> Hotel/motel paid by household                 |
| <input type="checkbox"/> Psychological hospital/facility                           | <input type="checkbox"/> Rental by client with ongoing housing subsidy |
| <input type="checkbox"/> Substance abuse treatment facility or Detox center        | <input type="checkbox"/> Rental by client with no ongoing subsidy      |
| <input type="checkbox"/> Residential project/halfway house w/ no homeless criteria | <input type="checkbox"/> Owned by client with ongoing housing subsidy  |
| <input type="checkbox"/> Hospital or other medical residential facility            | <input type="checkbox"/> Owned by client with no ongoing subsidy       |
| <input type="checkbox"/> Staying with family members                               | <input type="checkbox"/> Jail/prison/juvenile detention facility       |
| <input type="checkbox"/> Staying with friends                                      | <input type="checkbox"/> Long-term care facility                       |
| <input type="checkbox"/> Foster care or foster group home                          | <input type="checkbox"/> Other ( _____ )                               |
| <input type="checkbox"/> Client doesn't know                                       | <input type="checkbox"/> Client prefers not to answer                  |
|                                                                                    | <input type="checkbox"/> Data not collected                            |

**Current living situation / Length of stay in prior living situation indicated above:**

- |                                             |                                            |                                              |
|---------------------------------------------|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> 1 week or less     | <input type="checkbox"/> 1 week to 1 month | <input type="checkbox"/> 1 month to 3 months |
| <input type="checkbox"/> 3 months to 1 year | <input type="checkbox"/> more than 1 year  | <input type="checkbox"/> Client doesn't know |
|                                             |                                            | <input type="checkbox"/> Client refused      |

**Approximate date this homeless episode started:** \_\_\_\_\_

**Number of times been on the streets or in Emergency Shelter during the past three years:** \_\_\_\_\_

Verification provided:  Yes  No

**Total number of months on streets or in ES during the past three years:** \_\_\_\_\_

Verification provided:  Yes  No

**Last permanent address:** \_\_\_\_\_

**Is Client currently being evicted:**

- Yes  No  Client doesn't know  Client refused  Data Not Collected

**Has Client been evicted in past 3 years:**

- Yes  No  Client doesn't know  Client refused  Data Not Collected

**Number of evictions in past 3 years:** \_\_\_\_\_

**Has Client been discharged from an institution (jail, hospital, etc.) in past 6 months:**

- Yes  No  Client doesn't know  Client refused  Data Not Collected

**Disabling condition:**

- Yes  No  Client doesn't know  Client refused

Verification provided:  Yes  No

**Physical Disability:**

- Yes  No  Client doesn't know  Client refused  Data not collected

If yes, is it long term?  Yes  No  Client doesn't know  Client refused  Data not collected

**Developmental Disability:**

- Yes  No  Client doesn't know  Client refused  Data not collected

If yes, is it long term?  Yes  No  Client doesn't know  Client refused  Data not collected

**Chronic Health Condition:**

- Yes  No  Client doesn't know  Client refused  Data not collected

If yes, is it long term?  Yes  No  Client doesn't know  Client refused  Data not collected

**HIV-AIDS diagnosis:**

- Yes  No  Client doesn't know  Client refused  Data not collected

**Mental Health Problem:**

- Yes  No  Client doesn't know  Client refused  Data not collected

If yes, is it long term?  Yes  No  Client doesn't know  Client refused  Data not collected

**Substance Use Disorder:**  Alcohol Use  Drug Use  Both Alcohol and Drug Use  No  
 Client refused  Data not collected

If yes, is it long term?  Yes  No  Client doesn't know  Client refused  Data not collected

**Victim of Domestic Violence:**  Yes  No  Client doesn't know  Client refused  Data not collected

Are you currently fleeing?:  Yes  No  Client doesn't know  Client refused  Data not collected

Last occurrence:  within past 3 months  3 to 6 months ago  6 to 12 months ago  
 more than 1 year ago  Client doesn't know  Client refused

**Cash income (in most recent 30 days):** for any income, list amount monthly

\_\_\_\_\_ Earned income \_\_\_\_\_ Unemployment insurance  
\_\_\_\_\_ Workers compensation \_\_\_\_\_ Private disability  
\_\_\_\_\_ Veteran's service related disability \_\_\_\_\_ SSDI  
\_\_\_\_\_ SSI \_\_\_\_\_ Social Security retirement  
\_\_\_\_\_ Veteran's non-service disability pension \_\_\_\_\_ Employment pension  
\_\_\_\_\_ TANF \_\_\_\_\_ General Assistance  
\_\_\_\_\_ Spousal support \_\_\_\_\_ Child support  
\_\_\_\_\_ Other (explain: \_\_\_\_\_)

\_\_\_\_\_ **Total cash monthly income**

**Non-cash benefits (in most recent 30 days):** for any benefits, list amount monthly

\_\_\_\_\_ SNAP / Food stamps  
\_\_\_\_\_ WIC  
\_\_\_\_\_ TANF child care  
\_\_\_\_\_ TANF transportation  
\_\_\_\_\_ Other TANF  
\_\_\_\_\_ Other (explain: \_\_\_\_\_)

**Health Insurance**

Yes  No Medi-Cal

If Yes: Is Health Insurance through Health Net :  
 Yes  No  Client doesn't know  Client refused  Data not collected

If Yes: Is Health Insurance through Health Plan of San Joaquin:  
 Yes  No  Client doesn't know  Client refused  Data not collected

If Yes: What is your Managed Health Plan Number: \_\_\_\_\_

Yes  No Medicare

Yes  No State Children's Health Insurance Plan

Yes  No VA Medical Services

Yes  No Employer provided health insurance

Yes  No Health insurance through COBRA

Yes  No Private pay health insurance

Yes  No State Health Insurance for Adults

Yes  No Indian Health Services Program Other: \_\_\_\_\_

**Does Client have a Payee or Conservator:**

- Yes  No  Client doesn't know  Client refused  Data not collected

**Client perceives life has value and worth:**

- Strongly Disagree  Somewhat Disagree  Neither Disagree nor Agree  Somewhat Agree  Strongly Agree  
 Client doesn't know  Client refused  Data not collected

**Client perceives they have support from others who will listen to problems:**

- Strongly Disagree  Somewhat Disagree  Neither Disagree nor Agree  Somewhat Agree  Strongly Agree  
 Client doesn't know  Client refused  Data not collected

**Client perceives they have a tendency to bounce back after tough times:**

- Strongly Disagree  Somewhat Disagree  Neither Disagree nor Agree  Somewhat Agree  Strongly Agree  
 Client doesn't know  Client refused  Data not collected

**Client frequency of feeling nervous, tense, worried, frustrated, or afraid:**

- Not at all  Once a month  Several times a month  Several times a week  At least every day  
 Client doesn't know  Client refused  Data not collected

**General health status:**

- Excellent  Very good  Good  Fair  Poor  Client doesn't know  Client refused  Data not collected