HMIS #

Staff Name

Date Form Completed / /

**Santa Cruz County Intake Client Profile**

The service provider should complete this form while interviewing a client. ***A separate Intake Client Profile is completed for each member of the household, including children.***

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| 1. **Client Name** | **First** | **Middle** |
|  | **Last** |  |
|  | **Alias (if multiple, separate by commas)** | |
| **Quality of Name** |  Full Name Reported  Partial Name or Nickname |  Client Doesn’t Know  Client Refused |
| 1. **Social Security Number (SSN)**   ***Please verify this SSN is the same as the one in HMIS.*** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | X | | X | X | | - | | X | X | | - | X | | X | X | X | |  | | |  | |  | | |  | | |  | | | | | |  | |
| **Quality of Social Security Number** |  Full SSN Reported  Approximate or Partial SSN |  Client Doesn’t Know   Client Refused | |
| 1. **Date of Birth (DOB)** | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |  |  | | Month | |  | Day | |  | Year | | | | |  | |
| **Quality of Date of Birth** |  Full DOB Reported  Approximate or Partial DOB |  Client Doesn’t Know   Client Refused | |
| 1. **Gender**   *Which of these genders best describes how the client identifies?* |  Female   Male   Trans Female (Male to Female or MTF)   Trans Male (Female to Male or FTM) | Gender Non-Conforming (i.e. not exclusively male or female)   Client Doesn’t Know   Client Refused | |
| 1. **Race (Required)**   *What race or races best describe how the client identifies? Check all that apply* | American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander |  White  Client Doesn’t Know  Client Refused | |
| 1. **Ethnicity (Required)**   *What ethnicity best describes how the client identifies?* |  Non-Hispanic/Non-Latino   Hispanic/Latino |  Client Doesn’t Know   Client Refused | |
| 1. **Veteran Status**   *Is the client a veteran of the US armed forces? Was he/she ever on active duty in the military?*  ***If the answer is “no”, skip to the “Client Enrollment” section***  ***If the answer is “yes”, COMPLETE questions 8 through 12.*** |  Yes  No |  Client Doesn’t Know  Client Refused | |
| 1. **Year Entered Military Service** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | |  | | | Year | | |  | |  | |  |  | |  | |
| 1. **Year Separated from Military Service** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | |  | | | Year | | |  | |  | |  |  | |  | |

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| 1. **Theater of Operations Served:** | *In what theater or theaters of operation was client active?* | |
| **World War II** |  Yes   No |  Client Doesn’t Know  Client Refused |
| **Korean War** |  Yes   No |  Client Doesn’t Know  Client Refused |
| **Vietnam War** |  Yes   No |  Client Doesn’t Know  Client Refused |
| **Persian Gulf War** |  Yes   No |  Client Doesn’t Know  Client Refused |
| **Afghanistan** |  Yes   No |  Client Doesn’t Know  Client Refused |
| **Iraq (Iraqi Freedom)** |  Yes   No |  Client Doesn’t Know  Client Refused |
| **Iraq (New Dawn)** |  Yes   No |  Client Doesn’t Know  Client Refused |
| **Other Operations** |  Yes   No |  Client Doesn’t Know  Client Refused |
| **11) Branch of Military** |  Army  Air Force  Navy   Marine |  Coast Guard  Client Doesn’t Know  Client Refused |
| **12) Discharge Status** |  Honorable  General Under Honorable Conditions  Under Other Than Honorable Conditions (OTH)  Bad Conduct |  Dishonorable  Uncharacterized  Client doesn’t know Client Refused |