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 |
|  |  |  |  |  |

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| **Quality of Social Security Number** |  Full SSN Reported Approximate or Partial SSN  |  Client Doesn’t Know Client Refused |
| 1. **Date of Birth (DOB)**
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|  |  | / |  |  | / |  |  |  |  |
| Month |  | Day |  | Year |

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| **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**
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| --- | --- | --- | --- |
|  |  |  |  |
|  Year |  |  |  |  |

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| 1. **Year Separated from Military Service**
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| --- | --- | --- | --- |
|  |  |  |  |
|  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 |