NorCal HMIS Minor Intake Form

Please fill out (1) form for each child

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency Case No:** | | |  |  |  |  |  |  | **Service Point Client No:** | | | |  |  |
| **1. Head of Household Information** | | | | | | | | | | | | | | |
| Intake Date | | Month | | Day |  | Year |  |  |  | Name of HOH: | | | | |
|  | | SSN: | | | | | | | | DOB: | | | | |
| **2. Household Relationship** | | | | | | | | | | | | | | |
| **Relationship to Head of Household** | |  Brother  Granddaughter   Daughter  Grandfather   Daughter-in-law  Grandmother   Father  Grandson   Father-in-law  Husband   Foster’s daughter  Mother   Foster’s son  Mother-in-law | | | | | | |  |  |  |  Nephew  Son   Niece  Son-in-law   Other non-relative  Step-daughter   Other relative  Step-son   Self  Unknown   Significant other  Wife   Sister | |  |
| **3. Client Information** | | | | | | | | | | | | | | |
| First | | | | | | Middle | | | | | | Last | | Suffix |
| Alias | | | | | | | |  | | | | | | |
| **SSN** | | | **- -** | | | | | | | | **Gender** | |  Woman (Girl, if child)  Man (Boy, if child)   Culturally Specific Identity (e.g., Two-Spirit)   Transgender   Non-Binary   Questioning   Different Identity | |
| **SSN Data Quality** | | |  Full Reported   Partial/Approx. Reported   Client doesn’t know   Client refused | | | | | | | |
| **Date of Birth** | | | Month | Day | | Year | |  |  |  |  | |  | |
| **DOB Data Quality** | | |  Full Reported   Partial/Approx. Reported   Client doesn’t know.   Client refused | | | | | | | |
| **Race and Ethnicity** | | |  American Indian, Alaska Native, or Indigenous   Asian, or Asian American   Black, African American, or African   Hispanic/Latina/e/o   Middle Eastern or Northern African   Native Hawaiian or Pacific Islander   White | | | | | | | | **Disabling Condition?** | |  Yes   No   Client doesn’t know   Client refused | |
| **Zip Code of Last Permanent Address** | | |  | | | | | | | | **Zip Data Quality** | |  Full Reported   Partial/Approx. Reported   Client doesn’t know.   Client refused | |
| **4. Monthly Income/Non-Cash Benefits/Health Insurance/Disabilities** | | | | | | | | | | | | | | |
| **Income from any source:** | | | | |  Yes  No (*If yes, Please record on HoH Intake.)* | | | | | | | | | |
| **Covered by Health Insurance:** | | | | |  Yes  No  Client doesn’t know  Client refused | | | | | | | | | |
| **Health Insurance Type:** |  MEDICAID/MEDI-CAL  MEDICARE    Employer – Provided Health Insurance    State Health Insurance for Adults  | | | | | | | | State Children’s Health Insurance Program  VA Medical Services  Health Insurance obtained through COBRA  Private Pay Health Insurance Indian Health Services Program  Other | | | | | |
| **Disability Type:** | | | | **Determination** | | | **If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?** | | | | | | | |
| Alcohol Use Disorder | | | |  Yes  No | | | Start Date: | |  |  |  |  Yes  No  Client doesn’t know  Client refused | | |
| Both Alcohol and Drug Use Disorder | | | |  Yes  No | | | Start Date: | |  |  |  |  Yes  No  Client doesn’t know  Client refused | | |
| Chronic Health Condition | | | |  Yes  No | | | Start Date: | |  |  |  |  Yes  No  Client doesn’t know  Client refused | | |
| Developmental | | | |  Yes  No | | | Start Date: | |  |  |  |  Yes  No  Client doesn’t know  Client refused | | |
| Drug Abuse | | | |  Yes  No | | | Start Date: | |  |  |  |  Yes  No  Client doesn’t know  Client refused | | |
| HIV/AIDS | | | |  Yes  No | | | Start Date: | |  |  |  |  Yes  No  Client doesn’t know  Client refused | | |
| Mental Health Disorder | | | |  Yes  No | | | Start Date: | |  |  |  |  Yes  No  Client doesn’t know  Client refused | | |
| Physical | | | |  Yes  No | | | Start Date: | |  |  |  |  Yes  No  Client doesn’t know  Client refused | | |

\*Please make sure to get a RELEASE OF INFORMATION (ROI) signed for each additional adult Household member. \*