

1. Intake Summary

Date _____ / _____ / _____ **Intake Staff Name** _____
MM DD YYYY

Program Name _____ **Client ID** (Computer Generated) _____

2. Basic Client Profile

First Name _____ **MI** _____ **Last Name** _____ **Suffix** _____

Address _____ **Zip** _____ **Phone** _____

Emergency Contact Name _____ **Address** _____ **Phone** _____

Total Number of Members in Household _____ **Ages** _____

Relationship to Head of Household Self Spouse Dependent Child Other _____

SS#	_____ - _____ - _____	Date of Birth	_____ / _____ / _____ <small>MM DD YYYY</small>
SS Quality	<input type="checkbox"/> Full SSN <input type="checkbox"/> Don't Know or Don't Have <input type="checkbox"/> Partial SSN <input type="checkbox"/> Refused	DOB Type	<input type="checkbox"/> Full DOB <input type="checkbox"/> Don't Know <input type="checkbox"/> Approx or Partial DOB <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Refused <input type="checkbox"/> Female <input type="checkbox"/> Transgendered Male to Female <input type="checkbox"/> Other <input type="checkbox"/> Transgendered Female to Male <input type="checkbox"/> Don't Know	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Union <input type="checkbox"/> Married & Living w/Spouse <input type="checkbox"/> Widowed
Ethnicity	<input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Primary Language	<input type="checkbox"/> English <input type="checkbox"/> Other Non-English <input type="checkbox"/> Spanish	Limited English	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran Status	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Residence Prior to Program Entry	<input type="checkbox"/> Emergency shelter <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Permanent housing for formerly homeless <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility/detox <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Staying in family member's apartment/house <input type="checkbox"/> Staying in friend's room/apartment/house <input type="checkbox"/> Hotel or motel paid without emergency voucher <input type="checkbox"/> Foster care home or group home <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Other <input type="checkbox"/> Safe Haven <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with other (non-VASH) subsidy <input type="checkbox"/> Owned by client, with housing subsidy <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Length of Stay in Previous Residence	<input type="checkbox"/> One week or less <input type="checkbox"/> More than one week, less than one month <input type="checkbox"/> One to three months <input type="checkbox"/> More than three months, less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
		Housing Status	<input type="checkbox"/> Literally homeless <input type="checkbox"/> Imminently losing their housing <input type="checkbox"/> Unstably housed & at-risk of losing housing <input type="checkbox"/> Stably housed <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
		Target Population	<input type="checkbox"/> Senior <input type="checkbox"/> 18-24 Transition Age Youth <input type="checkbox"/> Disabled <input type="checkbox"/> Farm Worker <input type="checkbox"/> Sudden loss of income <input type="checkbox"/> Facing eviction within 2 weeks <input type="checkbox"/> Head of household under 25 <input type="checkbox"/> Income of 20 – 40% AMI

Tulare HPRP Intake Form

Zip Code of Last Perm. Residence		Zip Code Type	<input type="checkbox"/> Full or Partial Zip Code <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Income::			
Income Received from Any Source in Last 30 Days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Non-Cash Benefits Received in Last 30 Days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Monthly Income	<input type="checkbox"/> A Veterans' Disability Payment <input type="checkbox"/> Alimony or Other Spousal Support <input type="checkbox"/> Child Support <input type="checkbox"/> Earned Income <input type="checkbox"/> General Assistance <input type="checkbox"/> No Financial Resources <input type="checkbox"/> Other <input type="checkbox"/> Pension from a Former Job <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Retirement Income from Social Security <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment Income <input type="checkbox"/> Veteran's Pension <input type="checkbox"/> Worker's Compensation	Non-Cash Benefits	<input type="checkbox"/> Supplemental Nutritional Assistance Program (Food Stamps) <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> SCHIP <input type="checkbox"/> Special Supplementation Nutritional Program for WIC <input type="checkbox"/> VA Medical Services <input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance <input type="checkbox"/> Other Source <input type="checkbox"/> Temporary Rental Assistance
Employment (Adults and Unaccompanied Youth only)::			
Currently Employed	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused	If Yes, Number of Hours Worked in Past Week	_____ hours
If No, Looking for Work	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused	Employment Tenure	<input type="checkbox"/> Permanent <input type="checkbox"/> Don't Know <input type="checkbox"/> Temporary <input type="checkbox"/> Refused <input type="checkbox"/> Seasonal
Education (Adults and Unaccompanied Youth only)::			
Currently in School	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused	Received Vocational Training or Apprenticeship Certificates	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused
Highest Level of School Completed	<input type="checkbox"/> No Schooling Completed <input type="checkbox"/> Nursery School to 4 th Grade <input type="checkbox"/> 5 th or 6 th Grade <input type="checkbox"/> 7 th or 8 th Grade <input type="checkbox"/> 9 th Grade <input type="checkbox"/> 10 th Grade <input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th Grade, No Diploma <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-Secondary School <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	If client has received high school diploma, GED or enrolled in post secondary education, what degree(s) has the client earned	<input type="checkbox"/> None <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other Graduate/Professional Degree <input type="checkbox"/> Certificate/Advanced Training or Skilled Artisan <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

Children's Education (for Children ages 5-17)::			
Currently Enrolled in School	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused	If Yes, Name of Child's School	<hr/>
If yes, is/was child connected to the McKinney-Vento Homeless Assistance Act School Liaison	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused	Type of School	<input type="checkbox"/> Public School <input type="checkbox"/> Parochial or Other Private School <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
If Not Enrolled, Problems Enrolling Child	<input type="checkbox"/> None <input type="checkbox"/> Residency Requirements <input type="checkbox"/> Availability of School Records <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Legal Guardianship Requirements <input type="checkbox"/> Transportation <input type="checkbox"/> Lack of Available Preschool <input type="checkbox"/> Immunization Requirements <input type="checkbox"/> Physical Examination Records <input type="checkbox"/> Other	If Not Enrolled, Date of Last Enrollment	<hr/> <div style="display: flex; justify-content: space-around; width: 100%;"> MM / DD / YYYY </div>