

# ACHMIS Project Enrollment v2022.1

Client Unique ID

Project Name:		Project Date:	
---------------	--	---------------	--

Client First:		Middle:		Last:		Suffix:	
---------------	--	---------	--	-------	--	---------	--

Relationship to Head of Household:	Self (head of household)	Head of household's child
	Head of household's spouse or partner	Head of household's other relation member
	Head of household's non-relation member	

Client Location	CA-502
-----------------	--------

If Street Outreach, Complete Date of Engagement with Client:	/   /
--	-------

In Permanent Housing?:	Move-in Date:**  /  /	**Enter housing move in date on ENROLLMENT screen**
------------------------	-----------------------	---

Type of Residence: (Where did you stay last night?) (Select ONE)
--

<b>Homeless Situation</b>			
Place not meant for habitation (e.g. vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)			
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY funded Host Home shelter			
Safe Haven			
<b>Institutional Situation</b>			
Foster care home or foster care group home			
Hospital or other residential non-psychiatric medical facility			
Jail, prison or juvenile detention facility			
Long-term care facility or nursing home			
Psychiatric hospital or other psychiatric facility			
Substance abuse treatment facility or detox center			
<b>Unknown</b>	<table border="1"> <tr> <td>Client doesn't know</td> <td>Client refused</td> </tr> </table>	Client doesn't know	Client refused
Client doesn't know	Client refused		

<b>Transitional and Permanent Housing</b>	
Residential project or halfway house with no homeless criteria	Permanent housing (other than RRH) for formerly homeless persons
Hotel or motel paid for without emergency shelter voucher	Rental by client, with RRH or equivalent subsidy
Transitional housing for homeless persons (including homeless youth)	Rental by client, with HCV voucher (tenant or project based)
Host Home (non-crisis)	Rental by client in a public housing unit
Staying or living in a FRIEND'S room, apartment or house	Rental by client, no ongoing housing subsidy
Staying or living in a FAMILY member's room, apartment or house	Rental by client, with other ongoing housing subsidy
Rental by client, with GPD TIP housing subsidy	Owned by client, with ongoing housing subsidy
Rental by client, with VASH housing subsidy	Owned by client, no ongoing housing subsidy

Length of Stay in Prior Living Situation:
---

One night or less	Two to six nights	One week or more, but less than one month	One month or more, but less than 90 days
90 days or more, but less than one year	One year or longer	Client doesn't know	Client refused
Length of Stay Less Than 7 Nights:	No	Yes	
Length of Stay Less Than 90 Days:	No	Yes	
On the Night Before – Stayed on the streets, in ES or Safe Haven:	No	Yes	

Approximate date homelessness started:	/   /
--	-------

# ACHMIS Project Enrollment v2022.1

Client Unique ID

Number of times on the street, in ES, or Safe Haven in the past three years:

One time	Two times	Three times	Four or more times	Client doesn't know	Client refused
----------	-----------	-------------	--------------------	---------------------	----------------

Total number of months homeless on the street, in emergency shelter or SH in the past three years: \_\_\_\_\_

Disability:	No	Yes	Client doesn't know	Client refused				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Physical	Mental Health	Chronic Health Condition	Alcohol	Drugs	Both	Developmental	HIV/AIDS
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Domestic Violence:

Are you, or have you been a survivor of domestic or intimate partner violence?

Yes	No	Client doesn't know	Client refused
-----	----	---------------------	----------------

If YES, how long ago did you have this experience? If YES, are you currently fleeing?

Within the past 3 months	3 to 6 months ago	6 months to 1 year ago	No	Yes
1 year ago or more	Client doesn't know	Client refused	Client doesn't know	Client refused

Cash Income for Individual				Non-Cash Benefits			
Income from Any Source?				Receiving Non-Cash Benefits?			
Yes	No	Client doesn't know	Client refused	Yes	No	Client doesn't know	Client refused
Source:		Amount:		Supplemental Nutrition Assistance Program (SNAP)			
Earned income (i.e., employment income)		\$ _____.00		Special Supplemental, Nutrition Program for Women, Infants, and Children			
Unemployment Insurance		\$ _____.00		TANF Child Care services			
Worker's Compensation		\$ _____.00		TANF Transportation services			
Private disability Insurance		\$ _____.00		Other TANF-Funded services			
VA Service-Connected Disability Compensation		\$ _____.00		Other Non-Cash Benefit Source: _____			
Social Security Disability Insurance (SSDI) \$		\$ _____.00		Health Insurance			
Supplemental Security Income (SSI)		\$ _____.00		Covered by Health Insurance?			
Retirement Income from Social Security		\$ _____.00		Yes	No	Client doesn't know	Client refused
VA Non-Service-Connected Disability Pension \$		\$ _____.00		MEDICAID/Medi-Cal			
				MEDICARE			

# ACHMIS Project Enrollment v2022.1

Client Unique ID

Pension or retirement income from a former job	\$__ __ __ __.00	State Children's Health Insurance
Temporary Assistance for Needy Families (TANF)	\$__ __ __ __.00	Veteran's Administration (VA) Medical Services
General Assistance (GA)	\$__ __ __ __.00	Employer-Provided Health Insurance
Alimony or other spousal support	\$__ __ __ __.00	Health Insurance obtained through COBRA
Child Support	\$__ __ __ __.00	Private Pay Health Insurance
Other Cash Income	\$__ __ __ __.00	State Health Insurance for Adults
Other Cash Income Source:		Indian Health Services Program
		Other Health Insurance Source: _____
<b>Total Cash Income for Individual:</b>	<b>\$</b>	

## Well-being

Client perceives their life has value and worth.	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
	Strongly agree	Client doesn't know	Client refused	
Client perceives they have support from others who will listen to problems.	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
	Strongly agree	Client doesn't know	Client refused	
Client perceives they have a tendency to bounce back after hard times.	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
	Strongly agree	Client doesn't know	Client refused	
Client's 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	

<b>General Health Status</b>	Excellent	Very Good	Good
Fair	Poor	Client doesn't know	Client refused

Staff Completing (Printed Name):	Date:
----------------------------------	-------