

Alameda County HMIS Client Profile v2020.1

First: _____ Middle: _____

Unique Identifier:

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Last: _____ Suffix: _____

Social Security Number:

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<input type="checkbox"/> Full name reported	<input type="checkbox"/> Partial, Street or Code Name
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Full SSN	<input type="checkbox"/> Approximate or Partial SSN
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused

Alias: _____

Date of Birth:

			/				/		
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 Full DOB reported Approx or Partial DOB Client refused Client doesn't know

Gender
 Female Trans Female (MTF or Male to Female) Male Trans Male (FTM or Female to Male)
 Gender Non-Conforming (i.e. not exclusively male or female) Client doesn't know Client refused

Sexual Orientation:
 Heterosexual Gay Lesbian Bisexual Questioning / Unsure Client doesn't know Client refused

Race	(Select all that apply—up to five responses)				Ethnicity	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	

Veteran Information: Yes No Year Entered Military Service: _____ Year Separated: _____

Theater of Operations:	<input type="checkbox"/> World War II	<input type="checkbox"/> Korean War	<input type="checkbox"/> Vietnam War	<input type="checkbox"/> Persian Gulf War	<input type="checkbox"/> Afghanistan	<input type="checkbox"/> Iraq (Iraqi Freedom)	<input type="checkbox"/> Iraq (New Dawn)	<input type="checkbox"/> Other operations	<input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused
Branch of Military:	<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Navy	<input type="checkbox"/> Marines	<input type="checkbox"/> Coast Guard				<input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused
Discharge Status:	<input type="checkbox"/> Honorable	<input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Other than honorable conditions (OTH)	<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Uncharacterized			<input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused

What is City, State of last permanent housing?

<input type="checkbox"/> Alameda	<input type="checkbox"/> Albany	<input type="checkbox"/> Berkeley	<input type="checkbox"/> Castro Valley	<input type="checkbox"/> Dublin
<input type="checkbox"/> Emeryville	<input type="checkbox"/> Fremont	<input type="checkbox"/> Hayward	<input type="checkbox"/> Livermore	<input type="checkbox"/> Newark
<input type="checkbox"/> Oakland	<input type="checkbox"/> Piedmont	<input type="checkbox"/> Pleasanton	<input type="checkbox"/> San Leandro	<input type="checkbox"/> San Lorenzo
<input type="checkbox"/> Sunol	<input type="checkbox"/> Union City	<input type="checkbox"/> Other unincorporated Alameda County	<input type="checkbox"/> Other Bay Area County: Contra Costa	<input type="checkbox"/> Other California County: Marin
<input type="checkbox"/> Other California County: San Francisco	<input type="checkbox"/> Other Bay Area County: San Mateo	<input type="checkbox"/> Other Bay Area County: Santa Clara	<input type="checkbox"/> Other California County	<input type="checkbox"/> Other State <input type="checkbox"/> Other Country

What is City, State of high school last attended?

<input type="checkbox"/> Alameda	<input type="checkbox"/> Albany	<input type="checkbox"/> Berkeley	<input type="checkbox"/> Castro Valley	<input type="checkbox"/> Dublin
<input type="checkbox"/> Emeryville	<input type="checkbox"/> Fremont	<input type="checkbox"/> Hayward	<input type="checkbox"/> Livermore	<input type="checkbox"/> Newark
<input type="checkbox"/> Oakland	<input type="checkbox"/> Piedmont	<input type="checkbox"/> Pleasanton	<input type="checkbox"/> San Leandro	<input type="checkbox"/> San Lorenzo
<input type="checkbox"/> Sunol	<input type="checkbox"/> Union City	<input type="checkbox"/> Other unincorporated Alameda County	<input type="checkbox"/> Other Bay Area County: Contra Costa	<input type="checkbox"/> Other California County: Marin
<input type="checkbox"/> Other California County: San Francisco	<input type="checkbox"/> Other Bay Area County: San Mateo	<input type="checkbox"/> Other Bay Area County: Santa Clara	<input type="checkbox"/> Other California County	<input type="checkbox"/> Other State <input type="checkbox"/> Other Country

What is City, State of family residence when born?

<input type="checkbox"/> Alameda	<input type="checkbox"/> Albany	<input type="checkbox"/> Berkeley	<input type="checkbox"/> Castro Valley	<input type="checkbox"/> Dublin
<input type="checkbox"/> Emeryville	<input type="checkbox"/> Fremont	<input type="checkbox"/> Hayward	<input type="checkbox"/> Livermore	<input type="checkbox"/> Newark
<input type="checkbox"/> Oakland	<input type="checkbox"/> Piedmont	<input type="checkbox"/> Pleasanton	<input type="checkbox"/> San Leandro	<input type="checkbox"/> San Lorenzo
<input type="checkbox"/> Sunol	<input type="checkbox"/> Union City	<input type="checkbox"/> Other unincorporated	<input type="checkbox"/> Other Bay Area County:	<input type="checkbox"/> Other California County:
<input type="checkbox"/> Other California County: San Francisco	<input type="checkbox"/> Other Bay Area County: San Mateo	<input type="checkbox"/> Other Bay Area County: Santa Clara	<input type="checkbox"/> Other California County	<input type="checkbox"/> Other State <input type="checkbox"/> Other Country

Client Contact

Contact Type:

- Emergency Contact
 Housing Navigator/Case
 Landlord Liaison
 Primary Care Provider
 Public Benefits
 Other/General

Email:	
Phone (#1)	
Phone (#2)	
Contact Date	
Note:	

Client Location

Address Type:

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Home | <input type="checkbox"/> Mailing Address | <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> Housing Navigator/Case Manager/Care Coordinator | <input type="checkbox"/> Landlord Liaison |
| <input type="checkbox"/> Primary Care Coordinator | <input type="checkbox"/> Public Benefits | <input type="checkbox"/> Encampment Location | <input type="checkbox"/> Unsheltered Location | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Navigation Center | <input type="checkbox"/> Work | <input type="checkbox"/> School | <input type="checkbox"/> Father | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Temporary Access | <input type="checkbox"/> Message Address | <input type="checkbox"/> Forwarding Address |
| <input type="checkbox"/> Property Management Company | <input type="checkbox"/> Other/General | | | |

Name:	
Address (line 1)	
Address (line2)	
City	
State	
Zip Code	
Location Date	
Note	

Staff Completing (Printed Name):

Date: