



NorCal Continuum of Care™

HMIS/CEP Committee Meeting July 8, 2022

10:30 am – 12:00 pm
1450 Court St Ste. 109

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/372784373>

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United States: [+1 \(646\) 749-3122](tel:+16467493122)

Access Code: 372-784-373

To Address the Board: Members of the public may address the Board on any agenda item. Pursuant to the Brown Act (Govt. Code section 54950, et seq.) Board action or discussion cannot be taken on non-agenda matters but the board may briefly respond to statements or questions. Persons wishing to address the Board on agenda items or during public comment please sign up by emailing Shannon Goodwin at smgoodwin@co.shasta.ca.us. You may also submit your public comment via email that will be read into the record.

1. Call to Order/Quorum Established/Introductions

2. Public Comments (limited to 3 mins. per comment)

Members of the public will have the opportunity to address the Board on any issue within the jurisdiction of the Board. Speakers will be limited to three minutes.

3. Approval of Meeting Minutes

Board members will review and approve minutes from the June 10, 2022 Meeting. (Attachment A)

4. Action

- I. Continuing State of Emergency Teleconferencing
- II. Chair and Vice Chair
- III. Research Agreement (Attachment B)
- IV. HMIS User Agreement (Attachment C)

5. Discussion

- I. Access Points (standing item)
- II. Service Providers (standing item)
- III. Housing Interventions (standing item)
- IV. Outreach Teams (standing item)
- V. At Risk of Homelessness
- VI. Change Request Form- Grace Poor (Attachment D)
- VII. Assessment Questions- Foster Care (Attachment E)

HMIS/CEP

Committee Members

Cathy Rahmeyer
County of Plumas,
Chair

Kintay Johnson
County of Del-Norte,
Vice-Chair

Vacant
County of Sierra

Maddelyn Bryan
County of Siskiyou

Grace Poor
County of Lassen

Carol Madison
County of Modoc

Michele Alexander
County of Shasta



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VIII. Removing the ROI

6. County Updates

7. Lead Agency Updates

8. Discussion Items for Next Meeting

9. Adjournment

Next Meeting

August 12, 2022

10:30 am – 12 pm

If requested, the agenda shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof. You may contact the Shasta County Housing and Community Action Agency at 530-225-5160 for disability-related modifications or accommodations, including auxiliary aids or services, in order to participate in the public meeting. **The agenda shall include information regarding how, to whom, and when a request for disability-related modification or accommodation, including auxiliary aids or services, may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meeting.**



**NorCal CoC HMIS Committee Meeting Minutes
June 10, 2022
10:30am –11:30am
Via Teleconference**

1. Call to Order/Quorum Established/Introductions

Meeting was called to order at 10:35 Roll Call was taken.

Members Present: Cathy Rahmeyer-Chair, Grace Poor- (Lassen), Tara Ames-Alternate (Siskiyou), Carol Madison(Modoc), Laurie Marsh-Alternate (Sierra)

Absent: Not represented- DelNorte and Shasta Counties

Lead Agency: Shannon Goodwin, Paul Tunison

Members of the Public: None

2. Public Comments (limited to 3 mins. per comment)

Members of the public have the opportunity to address the Board on any issue within the jurisdiction of the Committee. Speakers are limited to 3 minutes.

None

3. Approval of Meeting Minutes, (Attachments A)

HMIS Committee Minutes for May 13,2022 were reviewed. Grace Poor made a Motion to approve the minutes as Submitted. Motion was seconded by Cathy Rahmeyer.

Roll Call Vote was taken. All-approved Non-opposed



4. Action

I. Continuing State of Emergency Teleconferencing (Standing)

Cathy Rahmeyer stated that COVID cases are up, Modoc has 35 new cases and Modoc County is rolling back on in person services.

Laurie Marsh made a motion to continue with the State of Emergency Teleconferencing. Motion was seconded by Grace Poor.

Roll Call vote was taken: All-approved Non-opposed

II. Research Agreement (Attachment B) Tabled until July meeting

In reviewing the attached Research Agreement Grace asked about Signature/Date Lines? Shannon stated that there had been no direction as to adding and titling Signature lines. After a short discussion it was decided that Shannon would add signatures lines. One line would be a representative of the NorCal Executive Board: Chair/Co-Chair the other would be for an Authorized Representative of the Research Company. Date lines would also be added.

Cathy Rahmeyer brought the section regarding Extensions up for discussion. After the discussion that followed it was decided that Shannon would take the question of how to handle an Extension to the Contract department.

Shannon will bring back the suggestions and new Version of the Research Agreement for review and as an Action Item. If there are more changes or additions, it was decided it could be tabled until the following meeting.

5. Discussion

I. **Access Points:** No one had anything new to report.

II. **Service Providers:** No one had anything new to report.

III. **Housing Interventions:** Cathy Rahmeyer reported that Plumas has secured new Funding and they are in the beginning stages deciding how to best use it.

No one else had anything new to Report.

IV. **Outreach Teams:**



Tara Ames reported on behalf of Maddelyn that Siskiyou County is working with the Yreka Police Department to create a team.

Cathy Rahmeyer added that the Sheriff's Department and Dispatch have her personal cell phone number so, she receives calls directly.

V. **Change Request Form (Attachment C)**

There was a discussion about adding a couple of Questions around Foster Care on CE Entry Assessment. Shannon will look up the HUD approved verbiage regarding the following questions and report back at the next meeting.

1. Have you ever been involved in Foster Care?
2. What age did you Exit Foster Care?

Cathy explained how important this information is for Case Management and funding. She also stated that kids that aged out are eligible for Transitioning Funding.

Paul Tunison said that these questions are asked in the Runaway/Homeless Youth Program and on the PIT count app.

VSPAT vs Assessment: Add a question to an Assessment regarding Foster Care.

VI. **At Risk of Homelessness- Place on July's Agenda**

The committee would like to develop or add questions that would list the At Risk population. The current assessments do not record this information so there is no mechanism in place to track these individuals or to prevent them from becoming homeless.

VII. **Chair/Vice Chair**

This will be added as a Discussion item for the next meeting. It was felt that all counties should be represented.



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6. County Updates:

Del Norte- No representative present

Lassen- Nothing to report

Modoc- Carol Madison reported that Teach/MISCA will be taking over the Housing issues for Modoc County. They will be hiring new staff. They will have one that completes CE and the other will be focusing on Housing issues.

Plumas- Nothing new to report

Shasta- Not represented

Sierra- Nothing new to report

Siskiyou- Tara Ames reported that they should hear (July) whether or not Siskiyou will be rewarded 2.5 Million in Funding from the Prop 47 Grant she submitted a request for.

These funds would be used for:

Night-Low Barrier Shelter

Day-Homeless Resource Center

HMIS Access Point

Mobile Crisis Center

7. Lead Agency Updates:

Shannon is continuing HMIS Security Audits and training. Getting organizations Licensed.

8. Discussion Items for Next Meeting

Grace asked that the Committee revisit removing the ROI.

This was from the June meeting minutes:

Removing ROI, amending documents. Shannon went over information that was presented at the last HMIS conference about the option of not requiring a ROI. She explained that there are some documents would need to



be updated. All verbiage would have to contain the same verbiage as the ROI but would not require a signature.

Shannon would draft new documents with changes. Everyone felt this would make the process of entering clients into HMIS quicker and easier for the client.

It was agreed that this would be extremely helpful and would help remove a barrier to helping clients. It will be a discussion item on July's Agenda.

Policies and Procedures that govern the HMIS committee Chair/ Co-Chair.

9. **Adjournment 11:09am**

Carol Madison made a motion to adjourn the meeting. Motion was seconded by Grace Poor. Roll Call Vote was taken: All-approved None-opposed

Regular Meeting:
July 8, 2022
10:30 am- 12-pm

Data Confidentiality/Security Agreement
Between the NorCal CoC

_____, agree to the following terms and conditions relating to the use of data obtained from Nor Cal CoC for purposed of _____.
This agreement shall remain in effect for six (6) months from date of signing with the option of extending the agreement with written notice of all parties involved.

1. Data will be treated as private and confidential. Data will not be copied reproduced or furnished, in any way, to sources outside the NorCal CoC without prior written permission of the Nor Cal CoC. Data shall not be furnished to any other agency or individual unless permission is first received from the Nor Cal and the third party executes a separate Data confidentiality/ Security Agreement with all parties.
2. Data containing, or which could lead to, the identification of specific research subjects is strictly confidential and shall not be disclosed in any manner.
3. Any and all reports produced utilizing data obtained under this agreement will reflect only summary level information based on analysis of the detailed data and shall not contain individual names or other identifying information of any study subjects, nor shall information be reported in such a manner as to allow for identification of individual study subjects.
4. Data shall only be used for research purposes that meet the objectives of the Nor Cal CoC
5. All data Provided to _____ shall be maintained securely. All data contained on disk, hard copy, etc, shall be maintained in a locked environment accessible only to the researchers and other parties that have signed the appropriate security agreements.
6. The transfer of data shall be by secure means. Data containing identifying information shall not be transmitted via email without being encrypted and password-protected. Secure transmission includes the mailing of data disks using companies such as Federal Express, which track shipments and requires proof of delivery.
7. All data located in computer files shall be password protected with access limited to the researcher or other parties that have signed appropriate security agreements.
8. All case-level data files provided _____ and case-level sub-files created for analysis purposes will be permanently purged from _____ computers back-up storage and transfer media upon conclusion of _____ involvement with Nor Cal six months after completion of our work together or at the request of Nor Cal CoC.

X

NorCal Executive Board

X

Date

X

Authorized Representative

X

Date

DRAFT

HMIS END USER AGREEMENT

Agency: _____ Name of End User: _____

The NorCal CoC recognizes the importance of client needs in the design and management of HMIS. These needs include maintaining client confidentiality and treating the personal data of clients with respect and care.

As the guardians entrusted with this personal data, Participating Agency End Users have a moral and a legal obligation to ensure that the data they enter into HMIS is being collected, accessed and used appropriately. Proper user training; adherence to the NorCal HMIS Policies and Procedures Manual; and a clear understanding of the privacy, security, and confidentiality policies are vital to achieving these goals.

Your User ID and password give you access to HMIS. Initial each item below to indicate your understanding and acceptance of the proper use of your User ID and password and your intention to comply with all elements of the Homeless Management Information System Data and Technical Standards Notice published by the U.S. Department of Housing and Urban Development. Unauthorized use or disclosure of HMIS information is a serious matter and any End User found to be in breach of this agreement will be subject to the following penalties or sanctions, including: the loss or limitation of use of Service Point; adverse employment actions including dismissal; and civil and/or criminal prosecution.

Please initial that you understand and agree to comply with all the statements listed below.

_____ My ServicePoint User ID and password are for my use only and must not be shared with anyone.

_____ I will take all reasonable means to keep my User ID and password physically secure.

_____ If I am logged into ServicePoint and must leave the work area where the computer is located, I must log-off of Service Point before leaving.

_____ Any computer that has Service Point "open and running" shall never be left unattended. Any computer that is used to access Service Point must be equipped with locking (password protected) screen savers.

_____ If I notice or suspect a security breach, I must notify the HMIS System Administrator – Shasta County Department of Housing and Community Action Programs.

_____ I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.

_____ I understand that in the event a client doesn't want to share their information with other agencies, it's my responsibility to make the client's program enrollment, services, file, etc., private in HMIS and to ensure if the information is provided during CEP case conferencing; it is done so in a non-identifying manner.

_____ I understand that I will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals, or entities (see the Client

informed Consent and Release of Information Authorization and the Notice of Privacy Practices in HMIS Policies and Procedures) both within HMIS and during CPE case conferencing.

_____ I understand that I may only view, obtain, disclose, or use the database information that is necessary in performing my job.

_____ I understand that these rules apply to all users of HMIS, whatever their work role or position.

_____ I understand that hard copies of HMIS information must be kept in a secure file.

_____ I understand that once hard copies of HMIS information are no longer needed, they must be properly destroyed to maintain confidentiality.

I affirm the following:

1. I have received the following HMIS trainings:
 - a) ServicePoint use
 - b) Privacy
 - c) Data collection
 - d) Security policy
2. I have read and will abide by all policies and procedures in the HMIS Policies and Procedures Manual and have adequate training and knowledge to enter data and/or run reports in ServicePoint.
3. I will maintain the confidentiality of client data in ServicePoint as outlined above and in the HMIS Policies and Procedures Manual.
4. I will only search, view, enter or share data in HMIS when a Client Consent Form is on file.

End User Signature

Date

End User Printed Name

Phone Number

Email Address

To be filled out by Agency Directory/Supervisor

Designated Agency HMIS Program Lead
User will be generating reports

Yes

No

Yes

No

Non-Licensed Users

Volunteer
Data Collection Only

Yes

No

Yes

No

Please indicate the programs the end user has been authorized to access.

Agency Director/ Supervisor

Date

04/12/2021

NorCal CA 516 Continuum of Care
HMIS Request for Policy Addition, Deletion, Change

Organization: Lassen County Health and Social Services
Name: Grace Poor
Date: 06/02/2022

I request that the following change(s) be made to the HMIS Policies & Procedures Manual:

Change the following existing policy:

I am requesting that the Appendix I: Adult Intake Form and Appendix J: Minor Intake Form
be updated to reflect the changes shown in the attached pages from the 2022 HMIS Policies & Procedures Draft.

Delete the following existing policy:

N/A

Add the following:

Provide in clear and concise language the policy to be considered by the HMIS Committee to be inserted / deleted in or from the current Policies and Procedures manual. Please be clear and specific.

Policy:

I am requesting that Appendix I and Appendix J be updated to reflect the changes indicated in the attached pages.

Provide a brief description of the policy or process. Please be clear and specific.

Description:

See changes in attached draft.

Provide in detail the procedure for the policy identified above. Please be clear and specific.

Procedures:

See changes in attached draft.

DRAFT

1. Intake Summary			
Agency Case No:		Service Point Client No:	
Intake Date	Mont. Day Year	Intake Staff Name	
Case Manager		Staff Direct Phone Line	
Agency Name		Notice of Privacy Practices Acknowledgement signed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Program Name		Release of Information (ROI) Signed <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Household Information			
Household Type	<input type="checkbox"/> Couple (parent & friend) & child(ren) <input type="checkbox"/> Couple with no child(ren) <input type="checkbox"/> Extended family unit <input type="checkbox"/> Female Single Parent	<input type="checkbox"/> Foster Parent(s)with child(ren) <input type="checkbox"/> Grandparent(s)with child(ren) <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Non-custodial Caregiver(s)w/child(ren)	<input type="checkbox"/> Other <input type="checkbox"/> SingleAdult <input type="checkbox"/> Two Parents with child(ren)
3. Client Information			
First	Middle	Last	Suffix
Alias		Email Address	
Address		Telephone	
SSN			
SSN Data Quality	<input type="checkbox"/> Full Reported <input type="checkbox"/> Partial/Approx. Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	U.S. Military Veteran (adults only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Date of Birth	Month Day Year	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning
DOB Data Quality	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
Primary Race & Secondary Race	Pri Sec <input type="checkbox"/> <input type="checkbox"/> American Indian, or Alaska Native, or Indigenous <input type="checkbox"/> <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> <input type="checkbox"/> Black, or African American, or African <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> <input type="checkbox"/> White <input type="checkbox"/> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> <input type="checkbox"/> Client refused	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latin (a) (o) (x) <input type="checkbox"/> Hispanic/Latin (a) (o) (x) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Relationship to Head of Household (HoH)	<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member <input type="checkbox"/> Other (non-relation member)	Disabling Condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Zip Code of Last Permanent Address			Client Location (CoC) & Current County of Service
Zip Data Quality	<input type="checkbox"/> Full Reported <input type="checkbox"/> Partial/Approx. Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> CA-516 <input type="checkbox"/> Del Norte <input type="checkbox"/> Lassen <input type="checkbox"/> Modoc <input type="checkbox"/> Plumas <input type="checkbox"/> Shasta <input type="checkbox"/> Sierra <input type="checkbox"/> Siskiyou	
NOTES:			

Commented [%8]: Gender Changes is current to the HMIS FY2022 HUD's Data Standards.

Commented [%10]: Ethnicity Changes is current to the HMIS FY2022 HUD's Data Standards.

Commented [%9]: Primary Race & Secondary Race Changes is current to the HMIS FY2022 HUD's Data Standards.

4. Homeless Determination

<p>Prior Living Situation</p> <p>Where did you spend last night? <i>(all adults & unaccompanied youth)</i></p>	<p>--HOMELESS SITUATION--</p> <p><input type="checkbox"/> Place not meant for human habitation (car, abandoned building, bus or train station, etc.)</p> <p><input type="checkbox"/> Emergency shelter (incl. hotel/motel or campground paid for w/ES voucher, or RHY-funded Host Home Shelter)(ES)</p> <p><input type="checkbox"/> Safe Haven (SH)</p> <p>--INSTITUTIONAL SITUATIONS--</p> <p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison, or juvenile detention facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility/detox</p> <p>--TEMPORARY AND PERMANENT HOUSING SITUATIONS</p> <p><input type="checkbox"/> Residential project or halfway house w/no homeless criteria</p> <p><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</p> <p><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) *</p> <p><input type="checkbox"/> Host Home (non-crisis)</p> <p><input type="checkbox"/> Staying or living in a friend's room, apartment or house</p> <p><input type="checkbox"/> Staying or living in a family member's room, apartment or house</p> <p><input type="checkbox"/> Rental by client, with GPD TIP housing subsidy</p> <p><input type="checkbox"/> Rental by client, with VASH subsidy</p> <p><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons</p> <p><input type="checkbox"/> Rental by client, with RRH or equivalent subsidy</p> <p><input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)</p> <p><input type="checkbox"/> Rental by client in a public housing unit</p> <p><input type="checkbox"/> Rental by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, with ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, no ongoing housing subsidy</p> <p>--OTHER--</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data Not Collected</p>	<p>*If yes to Transitional/Permanent Housing or Institutional Situations:</p> <p>On the night before, did you stay on the streets, ES or SH?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Length of stay in previous place</p>	<p><input type="checkbox"/> One night or less</p> <p><input type="checkbox"/> Two to six nights</p> <p><input type="checkbox"/> One week or more, but less than one month</p> <p><input type="checkbox"/> One month or more, but less than 90 days</p> <p><input type="checkbox"/> 90 days or more, but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p>	<p>Number of times client has been homeless (on the streets, in ES, or SH) in past three years including today</p> <p><input type="checkbox"/> 1 time</p> <p><input type="checkbox"/> 2 times</p> <p><input type="checkbox"/> 3 times</p> <p><input type="checkbox"/> Four or more times</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p>
<p>Approximate date homelessness started</p>	<p>Month Day Year</p>	<p>Total number of months homeless on the street in the past three years</p> <p><input type="checkbox"/> 1 month (this time is the first month)</p> <p><input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11</p> <p><input type="checkbox"/> 12 <input type="checkbox"/> More than 12 months</p> <p><input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused</p>

5. Monthly Income

Income from any source: Yes No Client doesn't know Client refused

Source of Income:	Receiving Income Source	Amount Received	Additional Household Members	Notes
Allimony or Other Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Earned Income (wages)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
General Assistance (GA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Pension or retirement income from another job	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Private Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Retirement income from Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
TANF (Including CalWORKs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	

4. Homeless Determination

<p>Prior Living Situation</p> <p>Where did you spend last night? <i>(all adults & unaccompanied youth)</i></p>	<p>--HOMELESS SITUATION--</p> <p><input type="checkbox"/> Place not meant for human habitation (car, abandoned building, bus or train station, etc.)</p> <p><input type="checkbox"/> Emergency shelter (incl. hotel/motel or campground paid for w/ES voucher, or RHY-funded Host Home Shelter)(ES)</p> <p><input type="checkbox"/> Safe Haven (SH)</p> <p>--INSTITUTIONAL SITUATIONS--</p> <p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison, or juvenile detention facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility/detox</p> <p>--TEMPORARY AND PERMANENT HOUSING SITUATIONS</p> <p><input type="checkbox"/> Residential project or halfway house w/no homeless criteria</p> <p><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</p> <p><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) *</p> <p><input type="checkbox"/> Host Home (non-crisis)</p> <p><input type="checkbox"/> Staying or living in a friend's room, apartment or house</p> <p><input type="checkbox"/> Staying or living in a family member's room, apartment or house</p> <p><input type="checkbox"/> Rental by client, with GPD TIP housing subsidy</p> <p><input type="checkbox"/> Rental by client, with VASH subsidy</p> <p><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons</p> <p><input type="checkbox"/> Rental by client, with RRH or equivalent subsidy</p> <p><input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)</p> <p><input type="checkbox"/> Rental by client in a public housing unit</p> <p><input type="checkbox"/> Rental by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, with ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, no ongoing housing subsidy</p> <p>--OTHER--</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data Not Collected</p>	<p>*If yes to Transitional/Permanent Housing or Institutional Situations:</p> <p>On the night before, did you stay on the streets, ES or SH?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Length of stay in previous place</p>	<p><input type="checkbox"/> One night or less</p> <p><input type="checkbox"/> Two to six nights</p> <p><input type="checkbox"/> One week or more, but less than one month</p> <p><input type="checkbox"/> One month or more, but less than 90 days</p> <p><input type="checkbox"/> 90 days or more, but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p>	<p>Number of times client has been homeless (on the streets, in ES, or SH) in past three years including today</p> <p><input type="checkbox"/> 1 time</p> <p><input type="checkbox"/> 2 times</p> <p><input type="checkbox"/> 3 times</p> <p><input type="checkbox"/> Four or more times</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p>
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5. Monthly Income

Income from any source: Yes No Client doesn't know Client refused

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General Assistance (GA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Pension or retirement income from another job	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Private Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Retirement Income from Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
TANF (Including CalWORKs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	

VA Non-Service-Connected Disability Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
VA Service-Connected Disability Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	

6. Non-Cash Benefits

Non-cash benefit from any source: Yes No Client doesn't know Client refused

Source of Non-cash benefit:	Receiving Benefit	Type Received	Additional Household Members	Notes
SNAP including CalFresh (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Supplemental Nutrition Program (WIC)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
TANF Child Care Services	<input type="checkbox"/> Yes <input type="checkbox"/> No			
TANF Transportation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other TANF Funded Services (Sec.8/Public Housing/Rent Assist)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Source	<input type="checkbox"/> Yes <input type="checkbox"/> No			

7. Health Insurance

Covered by Health Insurance: Yes No Client doesn't know Client refused

Health Insurance type:	Covered?	Start date	Insurance Notes
MEDICAID/MEDI-CAL	<input type="checkbox"/> Yes <input type="checkbox"/> No		
MEDICARE	<input type="checkbox"/> Yes <input type="checkbox"/> No		
State Children's Health Insurance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer – Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
State Health Insurance for Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Indian Health Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		

8. Disabilities

Disability Type:	Disability Determination	If Yes, Expected to be of long- continued and indefinite duration and substantially Impairs ability to live independently?	Start date	Disability Notes
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Both Alcohol and Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused		

Commented [%11]: Alcohol Use Disorder Changes is current to the HMIS FY2022 HUD's Data Standards.

Commented [%12]: Both Alcohol and Drug Use Disorder Changes is current to the HMIS FY2022 HUD's Data Standards.

Commented [%13]: Drug Use Disorder Changes is current to the HMIS FY2022 HUD's Data Standards.

Commented [%14]: Mental Health Disorder Changes is current to the HMIS FY2022 HUD's Data Standards.

9. Domestic Violence Questions			
Are you a Domestic Violence Victim/Survivor?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused			
IF YES – When did the Domestic Violence experience occur?			
<input type="checkbox"/> Within past 3 months <input type="checkbox"/> 3-6 mo. Ago <input type="checkbox"/> 6-12 mo. Ago <input type="checkbox"/> More than a year ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused			
IF YES – Are you currently fleeing?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused			
10. Coordinated Entry Questions			
Do you have a felony conviction?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered sex offender?
Have you ever been denied housing because of criminal convictions?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any pets?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Residential Move-In Date			
If Yes, Date of Move-In	Month	Day	Year
NOTES:			

Appendix J: Minor Intake Form

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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 ay Year	Name of HOH:	
	SSN:	DOB:	
2. Household Relationship			
Relationship to Head of Household	<input type="checkbox"/> Brother	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Nephew
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Son
	<input type="checkbox"/> Daughter-in-law	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Son-in-law
	<input type="checkbox"/> Father	<input type="checkbox"/> Grandson	<input type="checkbox"/> Other non-relative
	<input type="checkbox"/> Father-in-law	<input type="checkbox"/> Husband	<input type="checkbox"/> Other relative
	<input type="checkbox"/> Foster daughter	<input type="checkbox"/> Mother	<input type="checkbox"/> Self
	<input type="checkbox"/> Foster son	<input type="checkbox"/> Mother-in-law	<input type="checkbox"/> Significant other
		<input type="checkbox"/> Sister	<input type="checkbox"/> Step-daughter
			<input type="checkbox"/> Step-son
			<input type="checkbox"/> Unknown
			<input type="checkbox"/> Wife
3. Client Information			
First	Middle	Last	Suffix
Alias			
SSN			Gender
SSN Data Quality	<input type="checkbox"/> Full Reported <input type="checkbox"/> Partial/Approx. Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender). <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning
Date of Birth	Month Day Year	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latin (a) (o) (x) <input type="checkbox"/> Hispanic/Latin (a) (o) (x) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
DOB Data Quality	<input type="checkbox"/> Full Reported <input type="checkbox"/> Partial/Approx. Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
Primary Race & Secondary Race	Pri Sec <input type="checkbox"/> <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> <input type="checkbox"/> Asian, or Asian American <input type="checkbox"/> <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> <input type="checkbox"/> White <input type="checkbox"/> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> <input type="checkbox"/> Client refused	Disabling Condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Zip Code of Last Permanent Address			Zip Data Quality
<input type="checkbox"/> Full Reported <input type="checkbox"/> Partial/Approx. Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused			
4. Monthly Income/Non-Cash Benefits/Health Insurance/Disabilities			
Income from any source:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Please record on HoH Intake.)		
Covered by Health Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
Health Insurance Type:	<input type="checkbox"/> MEDICAID/MEDI-CAL <input type="checkbox"/> Employer – Provided Health Insurance <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> MEDICARE <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Both Alcohol and Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

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

Commented [%15]: Gender Changes is current to the HMIS FY2022 HUD's Data Standards.

Commented [%16]: Ethnicity Changes is current to the HMIS FY2022 HUD's Data Standards.











Commented [%17]: Primary Race Changes is current to the HMIS FY2022 HUD's Data Standards.

Formatted Table
Commented [%18]: Changes is current to the HMIS FY2022 HUD's Data Standards.

Commented [%19]: Both Alcohol and Drug Use Disorders Changes is current to the HMIS FY2022 HUD's Data Standards.

Deleted: Abuse

Commented [%20]: Drug Use Disorder meets the FY 20200 HUD's HMIS Data Standards.

45 ▼			Formerly a Ward of Child Welfare/Foster Care Agency
46 ▼			Number of Years
47 ▼			If Less than one year, Number of Months
48 ▼			Formerly a Ward of Juvenile Justice System
49 ▼			Number of Years
50 ▼			If Less than one year, Number of Months

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