

Sonoma County Continuum of Care

Assessment Type: Client Demographics Information

| | |
|-----------------------------|------------------------|
| HMIS Case Number: _____ | Project Name: _____ |
| Assessment Date: _____ | Assessment Time: _____ |
| Assessment Taken By: _____ | |
| HMIS Data Entry Date: _____ | Entered By: _____ |

Participant Demographics Data

| | |
|--|---------------------------|
| First Name*: _____ | Middle Name: _____ |
| Last Name*: _____ | Suffix: _____ |
| Name Data Quality (HUD)*: [] Full Name Reported [] Partial, Street Name, or Code Name Reported [] <i>Client Doesn't Know</i> [] <i>Client Refused</i> [] <i>Data Not Collected</i> | |
| Social Security Number (SSN)* xxx-xx-xxxx format: _____ | |
| SSN Data Quality (HUD)*: [] Full SSN Reported [] Approximate or partial SSN reported [] <i>Client Doesn't Know</i> [] <i>Client Refused</i> [] <i>Data Not Collected</i> | |
| Date of Birth (DOB)* mm/dd/yyyy format: _____ | |
| DOB Data Quality (HUD) *: [] Full DOB Reported [] Approximate or partial DOB reported [] <i>Client Doesn't Know</i> [] <i>Client Refused</i> [] <i>Data Not Collected</i> | |
| Gender (HUD)*: [] Woman (Girl, if child) [] Man (Boy, if child) [] Culturally Specific Identity (e.g., Two-Spirit) [] Transgender [] Non-Binary [] <i>Client Doesn't Know</i> [] Questioning [] Different Identity [] <i>Client prefers not to answer</i> | |
| If "Different Identity" Gender, Please Specify (HUD) here: _____ | |
| Other Gender (HUD): _____ | |
| Race and Ethnicity (HUD)* (Select as many as apply. Do not select <u>both</u> a Race value and Client Doesn't Know, Client prefers not to answer or Data Not Collected): [] American Indian, Alaska Native, or Indigenous [] Asian or Asian American [] Black, African American, or African [] Hispanic/Latina/e/o [] Middle Eastern or North African [] Native Hawaiian or Pacific Islander [] White [] <i>Client Doesn't Know</i> [] <i>Client prefers not to answer</i> [] <i>Data Not Collected</i> | |
| Additional Race and Ethnicity Detail (HUD): _____ | |

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Veteran Status (HUD) *: Yes No *Client Doesn't Know* *Client Refused*
 Data Not Collected

Local Income Level (CDBG, ESG and CSF Grantees)* (Use Federal Programs Income Limits-
<https://sonomacounty.ca.gov/incomelimits>):

0-30% (Extremely Low) 31-50% (Very Low) 51-80% (Low Income)
 80-100% (Median Income) 100%+ (Over Median Income)
 Refused to Answer (Defaults to 81%+ or higher)

Participant Contact Information (Optional)

Participant Phone Number(s): Type (Home/Cell): _____ Number: _____
Type (Home/Cell): _____ Number: _____
Participant Email: _____

Contact Name (Optional – use for other participant contacts)

Contact First Name: _____ Contact Last Name: _____
Contact Relationship: _____
Contact Phone Number: _____ Contact Email: _____

Sonoma County Local Questions (Optional)

Sono - Registered 290 Sex Offender? Yes/True No/False
Sono - Probation? Yes/True No/False
Sono - Parolee? Yes/True No/False
Sono - TB Screening Date: _____ Sono - VA Medical Record ROI Date: _____
Sono - Emancipation Status: Yes No N/A
Sono - County/State of Birth: _____
EHV Only - Are you currently enrolled in: Rapid Rehousing Permanent Supportive Housing
Date last client Release of Information was signed: _____