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

[ ] *Client Doesn't Know* [ ] *Client Refused* [ ] *Data Not Collected*

Social Security Number (SSN)* xxx-xx-xxxx format: _____

SSN Data Quality (HUD)*: [ ] Full SSN Reported [ ] Approximate or partial SSN reported

[ ] *Client Doesn't Know* [ ] *Client Refused* [ ] *Data Not Collected*

Date of Birth (DOB)* mm/dd/yyyy format: _____

DOB Data Quality (HUD) *: [ ] Full DOB Reported [ ] Approximate or partial DOB reported

[ ] *Client Doesn't Know* [ ] *Client Refused* [ ] *Data Not Collected*

Sex (HUD)*: [ ] Female [ ] Male [ ] *Client Doesn't Know* [ ] *Client prefers not to answer*

[ ] *Data Not Collected*

Gender – Local *: [ ] Woman (Girl, if child) [ ] Man (Boy, if child)

[ ] Culturally Specific Identity (e.g., Two-Spirit) [ ] Transgender [ ] Non-Binary [ ] Questioning
[ ] Different Identity [ ] *Client Doesn't Know* [ ] *Client prefers not to answer*

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

[ ] *Client Doesn't Know* [ ] *Client prefers not to answer* [ ] *Data Not Collected*

Additional Race and Ethnicity Detail (HUD): _____

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Veteran Status (HUD) *: [ ] Yes [ ] No [ ] *Client Doesn't Know* [ ] *Client prefers not to answer* [ ] *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%+)*

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: _____

Subregion: [ ] North County [ ] South County [ ] West County [ ] Sonoma Valley [ ] Rohnert Park [ ] Santa Rosa

Behavioral Health Bridge Housing Questions (Optional)

CARE Program Referral - BHBH Only: [ ] Yes/True [ ] No/False

Sexual Orientation - BHBH Only: [ ] Heterosexual [ ] Gay [ ] Lesbian [ ] Bisexual [ ] Questioning/Unsure [ ] Other [ ] Client Doesn't Know [ ] Client Prefers Not to Answer [ ] Data Not Collected

BHBH Participant - BHBH Only: [ ] Yes/True [ ] No/False