



## Marin County Continuum of Care

## Standard HMIS Adult Client Profile

Program Name: \_\_\_\_\_ Case Worker/Intake Person: \_\_\_\_\_ Program Start Date: \_\_\_\_\_

**CLIENT PROFILE**

Separate client profiles should be completed for each client who is **over** the age of 17 or the Head of Household. **Separate client profiles must be completed for children as well, but please be sure to use the Standard HMIS Child Client Profile form.**

**1) Social Security Number (SSN)**

*Please verify this SSN is the same as the one in HMIS.*

*HUD CoC, HUD ESG, and PATH programs require the last 4 digits of the SSN.*

|  |  |  |  |   |  |  |  |  |  |  |  |
|--|--|--|--|---|--|--|--|--|--|--|--|
|  |  |  |  | - |  |  |  |  |  |  |  |
|--|--|--|--|---|--|--|--|--|--|--|--|

**Quality of Social Security Number**

- ☐ Full SSN Reported  
☐ Approximate or Partial SSN

- ☐ Client doesn't know  
☐ Client prefers not to answer  
☐ Data Not Collected

**2) Client Name**

*Client may provide preferred name. "Legal name" not required unless required by funder. However, it is always best practice to collect as much accurate and complete data from the client as possible.*

**First**
**Last**
**Middle**
**Suffix**
**Alias (if multiple, separate by commas)**
**Quality of Name**

- ☐ Full Name Reported  
☐ Partial Name or Nickname

- ☐ Client doesn't know  
☐ Client prefers not to answer  
☐ Data Not Collected

**3) Date of Birth (DOB)**

|       |  |   |     |  |   |      |  |  |  |  |
|-------|--|---|-----|--|---|------|--|--|--|--|
|       |  | / |     |  | / |      |  |  |  |  |
| Month |  |   | Day |  |   | Year |  |  |  |  |

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

|                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Quality of Date of Birth</b>                                                                                                                      | <input type="checkbox"/> Full DOB Reported<br><input type="checkbox"/> Approximate or Partial DOB                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected                                                                                               |
| <b>4) Pronouns</b><br><i>If "Manual Entry" is chosen, a text line will appear where you can manually enter the participant's preferred pronouns.</i> | <input type="checkbox"/> She/Her/Hers<br><input type="checkbox"/> He/Him/His<br><input type="checkbox"/> They/Them/Theirs<br><input type="checkbox"/> Manual Entry: _____                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected                                                                                               |
| <b>5) Gender</b><br><i>Which of these genders best describes how the client identifies?</i>                                                          | <input type="checkbox"/> Woman (Girl if child)<br><input type="checkbox"/> Man (Boy if child)<br><input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit)<br><input type="checkbox"/> Transgender<br><input type="checkbox"/> Non-Binary                                                                                                                                                                                                                               | <input type="checkbox"/> Questioning<br><input type="checkbox"/> Different Identity: _____<br><input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected |
| <b>6) Race and Ethnicity</b><br><i>What race(s) or ethnicity(ies) best describe how the client identifies? Check all that apply</i>                  | <input type="checkbox"/> American Indian, Alaska Native, Indigenous<br><input type="checkbox"/> Asian or Asian American<br><input type="checkbox"/> Black, African American, or African<br><input type="checkbox"/> Hispanic/Latina/o<br><input type="checkbox"/> Middle Eastern or North African<br><input type="checkbox"/> Native Hawaiian or Pacific Islander                                                                                                                      | <input type="checkbox"/> White<br><input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected                                                             |
| <b>Open Race and Ethnicity Text</b><br><i>Enter any additional race or ethnicity information the client wishes to share.</i>                         | <i>For example, a person may identify as "Hispanic/Latina/e/o" based on the response options, but more specifically identifies as Puerto Rican.</i>                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                    |
| <b>7) Veteran Status [Adults only]</b><br><i>Is the client a veteran of the US armed forces? Were they ever on active duty in the military?</i>      | <input type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected                                                                                               |
| <b>If the answer is "No" to Veteran Status GO TO QUESTION 13-15. If "Yes" to Veteran Status, COMPLETE questions 8-15.</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                    |
| <b>8) Year Entered Military Service</b>                                                                                                              | <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div><br>Year |                                                                                                                                                                                                                                                    |
| <b>9) Year Separated from Military Service</b>                                                                                                       | <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div><br>Year |                                                                                                                                                                                                                                                    |

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

|                                                                                                                                |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>10) Theater of Operations Served:</b>                                                                                       | <i>In what theater or theaters of operation was client active?</i>                                                                                                                                                |                                                                                                                                                                                                                                           |
| <b>World War II</b>                                                                                                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                       | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected                                                                                      |
| <b>Korean War</b>                                                                                                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                       | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected                                                                                      |
| <b>Vietnam War</b>                                                                                                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                       | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected                                                                                      |
| <b>Persian Gulf War<br/>(Operation Desert Storm)</b>                                                                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                       | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected                                                                                      |
| <b>Afghanistan<br/>(Operation Enduring Freedom)</b>                                                                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                       | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected                                                                                      |
| <b>Iraq<br/>(Operation Iraqi Freedom)</b>                                                                                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                       | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected                                                                                      |
| <b>Iraq<br/>(Operation New Dawn)</b>                                                                                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                       | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected                                                                                      |
| <b>Other Peace-keeping Operations<br/>or Military Interventions<br/>(such as Lebanon, Panama,<br/>Somalia, Bosnia, Kosovo)</b> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                       | <input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected                                                                                      |
| <b>10) Branch of Military</b>                                                                                                  | <input type="checkbox"/> Army<br><input type="checkbox"/> Air Force<br><input type="checkbox"/> Navy<br><input type="checkbox"/> Marines                                                                          | <input type="checkbox"/> Coast Guard<br><input type="checkbox"/> Space Force<br><input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected      |
| <b>11) Discharge Status</b>                                                                                                    | <input type="checkbox"/> Honorable<br><input type="checkbox"/> General Under Honorable Conditions<br><input type="checkbox"/> Under Other Than Honorable Conditions (OTH)<br><input type="checkbox"/> Bad Conduct | <input type="checkbox"/> Dishonorable<br><input type="checkbox"/> Uncharacterized<br><input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client prefers not to answer<br><input type="checkbox"/> Data Not Collected |

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                             |                                                             |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <b>12) Current Address</b>     | <b>Street Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             | <b>Apartment #</b>                                          |                                                             |
|                                | <b>City</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             | <b>State</b>                                                |                                                             |
|                                | <b>Zip Code</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             | <b>Country</b>                                              |                                                             |
|                                | <b>Housing Placement Notes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                             |                                                             |
|                                | <b>Anchor Out</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                             |
| <b>13) Contact Information</b> | <b>Okay to Contact by Phone</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>Okay to Contact by Text</b>                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                | <b>Cell Phone Number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             | <b>Home Phone Number</b>                                    |                                                             |
|                                | <b>Work Phone Number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             | <b>Other Phone Number</b>                                   |                                                             |
|                                | <b>Okay to Contact by Email</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>Email</b>                                                |                                                             |
| <b>14) Partnership CIN</b>     | <div style="border: 1px solid black; display: flex; align-items: center; gap: 2px;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div> |                                                             |                                                             |                                                             |

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_