

Sonoma County Continuum of Care

Case Number:

Assessment Type: Participant Demographic Information (All Projects)

Assessment Date: _____

Assessment Time: _____

EtO: View/Add Demographics

Assessment Taken By: _____

Data Entry Date: _____

Entered By: _____

Participant Demographics Data			
First Name *		Middle Name	
Last Name *		Suffix:	
Name Data Quality (HUD) *	<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, Street Name, or Code Name Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	Street or Nickname	_____
SSN * (Last four of SSN is acceptable)	_____ xxx-xx-xxxx format	SSN Quality *	<input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
DOB *	_____ (MM/DD/YYYY format)	DOB 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 <input type="checkbox"/> Data Not Collected
Gender (HUD) *	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgendered Male to Female <input type="checkbox"/> Transgendered Female to Male <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female) <input type="checkbox"/> Other <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	If "Other Gender (HUD)" declared by Participant describe here _____	
Race (Select as many as apply up to 5) *	Primary and Secondary (click no more than 5) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <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"/> Data Not Collected	Do not select <u>both</u> a Race value and Client Doesn't Know, Client Refused or Data Not Collected	
Ethnicity *	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
Veteran Status (HUD) *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
Local Income Level (CDBG, ESG and CSF Grantees) *	<input type="checkbox"/> 0-30% (Extremely Low) <input type="checkbox"/> 31-50% (Very Low) <input type="checkbox"/> 51-80% (Low Income) <input type="checkbox"/> 80-100% (Median Income) <input type="checkbox"/> 100%+ (Over Median Income) <input type="checkbox"/> Refused to Answer (Defaults to 81%+ or higher)	This field is required of all participants entered into the HMIS. Refer to the HMIS Wiki for a chart: http://sonoma-county-hmis.wikispaces.com/Income+Level+Calculations	

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Sono - Participant Interview Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No					For use with the approved Sonoma County Participant Release of Information form
Sono - Date of First Homelessness *	_____					This field has been moved to Demographics and is required of all Participants. If Date of Homelessness is being edited for a prior Participant use 1/1/1980 - otherwise estimate the best date
Sono - Date of First Arrival Sonoma County *	_____					This field has been moved to Demographics and is required of all Participants. If Date of First Arrival is being edited for a prior Participant use 1/1/1980 - otherwise estimate the best date
Sono - Participant Image Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No					A .jpg image may be uploaded to this field
Participant Phone(s) (Optional)	Home _____ Work _____ Cell _____					If EtO Engage will be used for this project please completed at least Home, Cell or Email data
Participant Email (Optional)	_____					
Sono - Language	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Spanish					
Contact Name (Optional)	First _____ Last _____					
Contact Relationship (Optional)	_____					
Contact Phone Number (Optional)	_____					
Participant Alert (shows on every enrollment and assessment)	_____					
Participant Note (additional information that may be viewed but does not act as an alert)	_____					
Registered 290 Sex Offender (Optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No	On Probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	On Parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parole Office Name _____ Phone _____

Form Notes January 26, 2015

Asterisks * are REQUIRED data entry fields

Fields for Participant Doesn't Know, Refused or Data Not Collected are light grey because every effort must be made to collect all participant data being asked (whether required or not)