

HOMELESS HEALTH CARE LOS ANGELES CLIENT REGISTRATION FORM

TODAY'S DATE _____
STAFF _____

CLIENT NO. _____ NEW AMENDED READMIT SITE _____

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE
INITIAL _____

DOB _____ AGE _____ SOCIAL SECURITY NO. _____ / _____ / _____ SEX: MALE
FEMALE

ETHNICITY/LANGUAGE

HOUSING STATUS

- ASIAN/PACIFIC ISLANDER
- AFRICAN AMERICAN (NOT HISPANIC OR LATINO)
- AMERICAN INDIAN/ALASKA NATIVE
- WHITE (NOT HISPANIC OR LATINO)
- HISPANIC OR LATINO
- UNKNOWN
- NEEDING INTERPRETATION/BILINGUAL/AMERICAN
SIGN LANGUAGE SERVICES

- ___ LAST NIGHT?
- ___ 30 DAYS AGO?
- ___ 6 MONTHS AGO
- ___ 1 YEAR AGO?
- ___ TONIGHT?
- 1 SHELTER
- 2 TRANSITIONAL FACILITY
- 3 CAR
- 4 STREET

- 5 HOSPITAL
- 6 HOTEL
- 7 SRO
- 8 PRISON/JAIL
- 9 FAMILY/FRIENDS
- 10 OWN APARTMENT
- 12 RESIDENTIAL TX CNT
- 13 BOARD AND CARE
- 14 OTHER

IS CLIENT HOMELESS? YES NO

INSURANCE/PUBLIC BENEFITS STATUS

- MEDI-CAL MEDICARE OTHER PUBLIC INSURANCE PRIVATE INSURANCE
- NONE/UNINSURED CALWORKS FOOD STAMPS GENERAL RELIEF SSI
- UNEMPLOYMENT WAGES/PENSION WIC VA

GROSS MONTHLY INCOME _____ FAMILY SIZE _____ % OF POVERTY: A B C D E
F

DIAGNOSTIC CONDITIONS

(Circle all that apply)

- | | | |
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| <ul style="list-style-type: none"> ACUTE INFECTION ALCOHOL DEPENDENCE ANEMIA CHRONIC MENTAL ILLNESS CHRONIC RESPIRATORY CONDITION DENTAL DEVELOPMENTAL DELAY DIABETES DOMESTIC VIOLENCE | <ul style="list-style-type: none"> DRUG DEPENDENCE EXPOSURE GI DISORDERS HEPATITIS HIV (INFECTION, AIDS) HYPERTENSION INCOMPLETE IMMUNIZATION INFLUENZA MENTAL RETARDATION | <ul style="list-style-type: none"> NUTRITIONAL DISORDER OTHER REPORTABLE DISEASES PNEUMONIA PREGNANCY ROUTINE HEALTH
ASSESSMENT SKIN DISEASE STD TB (PRIOR, NEW, ACTIVE) TRAUMA |
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