


# Intake & Health Screening Survey

ISC Intake & Health Screening Form.pdf

(<https://s3.amazonaws.com/helpscout.net/docs/assets/602b200ebc7ad029f09773ca/attachments/626c19b9b065ad1af4f823d2/ISC-Intake-&-Health-Screening-Form-4.pdf>)

**Integrated System of Care**  
Non-Digital Intake and Health Screening



**Participant Intake**

1. What language should we use when speaking with you?\*

<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Khmer / Cambodian <input type="checkbox"/> Tagalog <input type="checkbox"/> Cantonese	<input type="checkbox"/> American Sign Language <input type="checkbox"/> Armenian <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese
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Another language (specify another language preference):  
\_\_\_\_\_

<p>2. First (Legal) Name *</p> <p>_____</p>	<p>3. Preferred Name</p> <p>_____</p>
<p>4. Middle Name</p> <p>_____</p>	<p>5. Last Name *</p> <p>_____</p>

6. Suffix

\_\_\_\_\_

7. Date of Birth \*

\_\_\_\_\_

(mm/dd/yyyy)

8. What are your preferred pronouns?\*

she/her/hers  
 he/him/his  
 they/them/theirs  
 prefer not to say

9. What is the best phone number to reach you at?\*

(phone number) \_\_\_\_\_

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- I don't have one
- Text this number
- Ok to leave confidential voicemail at this number

10. Is there another phone number we should try to reach you at?

\_\_\_\_\_ (Secondary phone number)  
 Text this number  
 Ok to leave confidential voicemail at this number

11. Do you have an email address you check regularly?

\_\_\_\_\_  
(email address)

12. What City do you live in?\*

\_\_\_\_\_  
(city)

13. Do you have a permanent or temporary address here?

\_\_\_\_\_  
(Address line 1)

\_\_\_\_\_  
(Address line 2)

\_\_\_\_\_ (state)      \_\_\_\_\_ (zip code)

- This is a temporary address

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*Some of our programs are tailored for specific demographics. The next few questions help us connect you to services designed with your needs in mind.*

**14. Gender Identity\***

- Female
- Male
- Transgender Male
- Transgender Female
- Rather not say
- Other: \_\_\_\_\_

**15. How would you describe your race? Check all that apply.**

- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- Native American or Alaska Native
- White
- I do not know
- Decline to answer
- Another race(free text field): \_\_\_\_\_

**16. Ethnicity you identify as\***

- Latino, Latina, or Latinx
- Not Latino, Latina, or Latinx
- I don't know
- Decline to answer

*The next few questions help us determine what services you're eligible for.*

**17. If you know it, what is your household income? \***

\_\_\_\_\_ (Household Income)

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18. How often are you receiving that income amount?

- Weekly
- Bi-Weekly
- Monthly
- Annually
  
- I don't know my income
- Decline to provide income

19. Including yourself, how many individuals are in your household?  
\_\_\_\_\_ (Number of people in household)

I acknowledge that by entering my information into the Integrated System of Care (this system) my information is shared across the Long Beach Department of Health and Human Services for the purposes of coordinating services.\*

- I acknowledge

Do you give your permission to have your information shared with other City of Long Beach data systems and participating organizations when it is necessary to offer and coordinate services? Your information is only shared when it is necessary to offer and coordinate services.\*

- I agree
- I disagree

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**Health Screening Survey**

The following questions will help us assess what programs and support you may be interested in and may qualify for.

1. What program are you at today? \*

- MSC - Homeless Services
- Immunizations
- HIV Care and Coordination
- Family Planning
- Healthcare Enrollments
- Lead
- Asthma
- Tuberculosis
- Sexual Health
- Nurse Family Partnership
- Family Preservation
- Fundamentals of Fatherhood
- Resource Connections
- WIC
- Public Health Field Nursing
- Health Fair or Education Class
- Public Health Emergency Response Operations
- Community Preparedness and Engagement

2. What is your living situation today? \*

- Stable Housing
- Risk of Homelessness (Have a place to live today but will lose it within 14 days with no future residence identified, and limited resources or support network)
- Experiencing Homelessness (Has a primary nighttime residence that is a public or private place not meant for human habitation, in transitional housing, in a hotel paid by a charitable organization, or in a shelter)
- Decline to answer

If you answered *Risk of Homelessness* or *Experiencing Homelessness* for the previous question

3. There is a program that provides housing information and access to housing assistance. Are you interested in learning more? \*

- Yes
- Decline to answer
- No

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4. Would you be interested in learning more about a housing program for people living with HIV and AIDS for yourself or a family member? \*

- Yes
- No
- Decline to answer

5. Houses built before 1978 are likely to contain some lead-based paint. Do you live in an older house with peeling paint and are there children living with you under age 6? \*

- Yes
- No
- Decline to answer

6. Do you have health coverage? \*

- Yes
- No
- Decline to answer

*If No is selected for "Do you have health coverage"*

7. Are you interested in learning more about your health coverage options such as Covered California or Medi-Cal?

- Yes
- No
- Decline to answer

8. Are you interested in receiving vaccines or immunizations for travel, school, or prevention of communicable disease for you or your children?\*

- Yes
- No
- Decline to answer

9. Have you been diagnosed with Asthma? \*

- Yes
- No
- Decline to answer

10. Are you interested in learning about birth control methods? \*

- Yes
- No

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Decline to answer

11. Are you interested in Family Planning Counseling? \*

- Yes  Decline to answer  
 No

12. Are you a pregnant, first time mom that lives in Long Beach?\*

- Yes  
 No  
 Decline to answer

13. Are you interested in being tested or treated for HIV or other STDs?\*

- STD testing or treatment  
 STD counseling  
 receiving PrEP or PEP services  
 Some or all of the above  
 Already receiving care  
 Not interested  
 Decline to answer

14. Are you or a family member interested in receiving medical care or support services for HIV/AIDS?(For HIV positive individuals)\*

- Yes  Decline to answer  
 No

15. We have a clinic that supports education, diagnosis and treatment of Tuberculosis. Have you:\*

- Traveled to or resided in a country with an elevated TB rate for at least 1 month?  
 Had a positive TB skin test or chest x -ay (or do you have a close family member that has)?  
 During your lifetime, had close contact with someone with tuberculosis?  
 None of the above  
 Decline to answer

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16. Are you a father, expectant father, or father figure?\*

- Yes
- No
- Decline to answer

17. Would you like support getting connected to local community resources and services or are you seeking assistance as a result of COVID-19?\*

- Yes
- No
- Decline to answer

18. Are you currently pregnant or have an infant or child under the age of 5 years old under your care (birth parent, foster child, legal guardian, etc.)?\*

- Yes
- No

19. If so, do you receive WIC benefits? (If "yes" for "Are you currently pregnant..")

- Yes
- No
- Decline to answer

20. Are you a first time mother that is pregnant, with a high risk pregnancy, experiencing homelessness, and is living in the City of Long Beach? \*

- Yes
- No
- Decline to answer

21. Are you interested in learning more about any of the following?\*

- Safe cannabis use
- Healthy cooking and nutritional information
- Pedestrian and bicycle safety
- Some or all of the above
- Not interested
- Decline to answer

22. Have you or anyone in your home tested positive for COVID-19 in the last 3 days?\*

- Yes
- Decline to answer
- No

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If you answered yes to *Have you or anyone in your home tested positive*

**23. Is that person testing positive for COVID-19 able to safely isolate away from others in the home? \***

- Yes
- No
- Decline to answer

**24. Has COVID-19 affected your income or your ability to buy food? \***

- Yes
- No
- Decline to answer

Did this answer your question? 😊 ☹️

*Last updated on April 29, 2022*

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