HMIS Data Collection Template for Project ENTRY – CoC Program

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"
Fill out separate form for each household member and clip together.

PROJECT ENTRY DATE (e.g., 08/24/2014) *[All clients]*

		/			/				

Month Day Year

NAME (first, middle, last name, suffix (e.g., Jr, Sr, III)) *[All clients]*

First name																
Middle name																
Last name																
Suffix																

NAME DATA QUALITY *(All clients)*

- ☐ Full name reported
- ☐ Partial, street name, or code name reported
- ☐ Client doesn't know
- ☐ Client refused

SOCIAL SECURITY NUMBER *[All clients]*

			-			-				

DATE OF BIRTH (e.g., 10/23/1978) *[All clients]*

		/			/				

Month Day Year

SOCIAL SECURITY NUMBER DATA QUALITY *All clients]*

- ☐ Full SSN reported
- ☐ Approximate or partial SSN reported
- ☐ Client doesn't know
- ☐ Client refused

DATE OF BIRTH TYPE *[All clients]*

- ☐ Full date of birth reported
- ☐ Approximate or partial date of birth reported
- ☐ Client doesn't know
- ☐ Client refused

RELATIONSHIP TO HEAD OF HOUSEHOLD *[All clients]*

- ☐ Self (head of household)
- ☐ Head of household's child
- ☐ Head of household's spouse or partner
- ☐ Head of household's other relation member (other relation to head of household)
- ☐ Other: non-relation member

RACE More than one race is permitted. *Client doesn't know* and *Client refused* should only be selected if no other response is selected. *[All clients]*

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client doesn't know
- ☐ Client refused

ETHNICITY *[All clients]*

- ☐ Non-Hispanic / Non-Latino
- ☐ Hispanic / Latino
- ☐ Client doesn't know
- ☐ Client refused

GENDER *[All clients]*

- ☐ Female
- ☐ Male
- ☐ Transgender male to female
- ☐ Transgender female to male
- ☐ Other________________________________
- ☐ Client doesn't know
- ☐ Client refused

HOUSING STATUS *[All clients]*

- ☐ Category 1 - Homeless
- ☐ Category 2 – At imminent risk of losing housing
- ☐ Category 3 – Homeless under other federal statutes
- ☐ Category 4 – Fleeing domestic violence
- ☐ At-risk of homelessness
- ☐ Stably housed
- ☐ Client doesn't know
- ☐ Client refused

CLIENT LOCATION *[Head of Household)*

- ☐ HUD-assigned CoC Code _______________

LENGTH OF TIME ON STREET, IN AN EMERGENCY SHELTER, OR SAFE HAVEN. *[Head of Household and adults]*

Continuously Homeless for at Least One Year

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

Total Number of Months Homeless in the Past Three Years

- ☐ If 0-12 months, specify #:________________
- ☐ More than 12 months
- ☐ Client doesn't know
- ☐ Client refused

Number of Times the Client has been Homeless in the Past Three Years *(do not include the current episode)*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 or more
- ☐ Client doesn't know
- ☐ Client refused

(If more than 12 months) ***Number of Years Continuously Homeless***

- ☐ [integer] ___________________
- ☐

Status Documented

- ☐ No
- ☐ Yes

VETERAN STATUS *[All adults]*

- ☐ No
- ☐ Yes
- ☐ Client doesn’t know
- ☐ Client refused

DISABLING CONDITION *[All adults]*

- ☐ No
- ☐ Yes
- ☐ Client doesn’t know
- ☐ Client refused

RESIDENCE PRIOR TO PROJECT ENTRY *[Head of household and adults]*

- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Jail, prison, or juvenile detention facility
- ☐ Long-term care facility or nursing home
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Permanent housing for formerly homeless persons (such as CoC project; HUD legacy programs; or HOPWA PH)
- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with VASH subsidy
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Safe Haven
- ☐ Staying or living in a family member’s room, apartment, or house
- ☐ Staying or living in a friend’s room, apartment, or house
- ☐ Substance abuse treatment facility or detox center
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Other: (Describe) ______________________
- ☐ Client doesn’t know
- ☐ Client refused

LENGTH OF STAY IN PREVIOUS PLACE ***[Head of household and adults]***

- ☐ One day or less
- ☐ Two days to one week
- ☐ More than one week, but less than one month
- ☐ One to three months
- ☐ More than three months, but less than one year
- ☐ One year or longer
- ☐ Client doesn’t know
- ☐ Client refused

INCOME AND SOURCES *[Head of household and adults]*

Income from any source?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES] Answer Yes or No for each income source. If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate.

Source of income	**Receiving income from source?**		**If yes, monthly amount from source (round to nearest dollar)**
Earned income (i.e., employment income)	No	☐	
	Yes	☐	$ ___ ___ ___ . 0 0
Unemployment Insurance	No	☐	
	Yes	☐	$ ___ ___ ___ . 0 0
Supplemental Security Income (SSI)	No	☐	
	Yes	☐	$ ___ ___ ___ . 0 0
Social Security Disability Income (SSDI)	No	☐	
	Yes	☐	$ ___ ___ ___ . 0 0
VA Service-Connected Disability Compensation	No	☐	
	Yes	☐	$ ___ ___ ___ . 0 0
VA Non-Service-Connected Disability Pension	No	☐	
	Yes	☐	$ ___ ___ ___ . 0 0
Private disability insurance	No	☐	
	Yes	☐	$ ___ ___ ___ . 0 0
Worker's Compensation	No	☐	
	Yes	☐	$ ___ ___ ___ . 0 0
Temporary Assistance for Needy Families (TANF)	No	☐	
	Yes	☐	$ ___ ___ ___ . 0 0
General Assistance (GA)	No	☐	
	Yes	☐	$ ___ ___ ___ . 0 0
Retirement Income from Social Security	No	☐	
	Yes	☐	$ ___ ___ ___ . 0 0
Pension or retirement income from a former job	No	☐	
	Yes	☐	$ ___ ___ ___ . 0 0
Child support	No	☐	
	Yes	☐	$ ___ ___ ___ . 0 0
Alimony or other spousal support	No	☐	
	Yes	☐	$ ___ ___ ___ . 0 0
Other source	No	☐	
If yes, specify source:___________________	Yes	☐	$ ___ ___ ___ . 0 0
Total monthly income	**Monthly income from all sources**		$ ___ ___ ___ . 0 0

NON-CASH BENEFITS *[Head of household and adults]*

Non-cash benefits from any source?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

No	Yes	Source of non-cash benefit
☐	☐	Special Supplemental Nutrition Assistance Program (SNAP)
☐	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐	☐	TANF Child Care services *(or use local name)*
☐	☐	TANF transportation services *(or use local name)*
☐	☐	Other TANF-Funded Services *(or use local name)*
☐	☐	Section 8, Public Housing, or other rental assistance
☐	☐	Temporary rental assistance. If yes, specify source:______________________________
☐	☐	Other source: ______________________________

HEALTH INSURANCE *[All Clients]*

Covered by health insurance

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES] Answer 'Yes' or 'No' for each health insurance source. (Answer 'No' for sources that have been terminated, even if they were received in the past.)

No	Yes	Source of non-cash benefit
☐	☐	Medicaid
☐	☐	Medicare
☐	☐	State Children's Health Insurance Program
☐	☐	Veteran's Administration (VA) Medical Services
☐	☐	Employer-Provided Health Insurance
☐	☐	Health insurance obtained through COBRA
☐	☐	Private Pay Health Insurance
☐	☐	State Health Insurance for Adults (or use local name)

PHYSICAL DISABILITY *[All Clients]*

☐	No		☐	Client doesn't know
☐	Yes		☐	Client refused

[IF YES for physical disability] Is the physical disability expected to be of long, continued, indefinite duration and substantially impairs the client's ability to live independently?

☐	No		☐	Client doesn't know
☐	Yes		☐	Client refused

[IF YES for physical disability] Documentation of the disability and its severity on file?

☐	No
☐	Yes

[IF YES for physical disability] Is client currently receiving services/treatment for this disability?

☐	No		☐	Client doesn't know
☐	Yes		☐	Client refused

DEVELOPMENTAL DISABILITY *[All Clients]*

Does client currently have a developmental disability?

☐	No		☐	Client doesn't know
☐	Yes		☐	Client refused

[IF YES for developmental disability] Does the developmental disability substantially impair the client's ability to live independently?

☐	No		☐	Client doesn't know
☐	Yes		☐	Client refused

[IF YES for developmental disability] Documentation of the disability and its severity on file?

☐	No
☐	Yes

[IF YES for developmental disability] Is the client currently receiving services/treatment for this disability?

☐	No		☐	Client doesn't know
☐	Yes		☐	Client refused

CHRONIC HEALTH CONDITION *[All Clients]*

☐	No		☐	Client doesn't know
☐	Yes		☐	Client refused

[IF YES for chronic health condition] Is the chronic health condition expected to be of long, continued, indefinite duration and substantially impairs the client's ability to live independently?

☐	No		☐	Client doesn't know
☐	Yes		☐	Client refused

[IF YES for chronic health condition] Documentation of the disability and its severity on file?

- ☐ No
- ☐ Yes

[IF YES for chronic health condition] Is client currently receiving services/treatment for this condition?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

HIV/AIDS *[All Clients]*

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES for HIV/AIDS] Is HIV/AIDS expected to substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES for HIV/AIDS] Documentation of the disability and its severity on file?

- ☐ No
- ☐ Yes

[IF YES for HIV/AIDS] Is client currently receiving services/treatment for this condition?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

MENTAL HEALTH PROBLEM *[All Clients]*

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES for mental health problem] Is the mental health problem expected to be of long, continued, indefinite duration and substantially impairs the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES for mental health problem] Documentation of the disability and its severity on file?

- ☐ No
- ☐ Yes

[IF YES for mental health problem] Is client currently receiving services/treatment for this condition?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

SUBSTANCE ABUSE PROBLEM *[All Clients]*

Does client currently have a substance abuse problem?

☐	No	☐	Both alcohol and drug abuse
☐	Alcohol abuse	☐	Client doesn’t know
☐	Drug abuse	☐	Client refused

[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is the substance abuse problem expected to be of long, continued, indefinite duration and substantially impairs client’s ability to live independently?

☐	No	☐	Client doesn’t know
☐	Yes	☐	Client refused

[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Documentation of the disability and its severity on file?

☐	No
☐	Yes

[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is client currently receiving services/treatment for this condition?

☐	No	☐	Client doesn’t know
☐	Yes	☐	Client refused

DOMESTIC VIOLENCE *[Head of household and adults]*

Is client a domestic violence victim/survivor?

☐	No	☐	Client doesn’t know
☐	Yes	☐	Client refused

[IF YES] When did the experience occur?

☐	Within the past three months	☐	One year ago or more
☐	Three to six months ago (excluding six months exactly)	☐	Client doesn’t know
☐	Six months to one year ago (excluding one year exactly)	☐	Client refused