HMIS Project Type = HUD: Entry – for Adults **HMIS ID #:** _____

Client's Name:
(write in name and check 1 data quality option): _____

_____ Full name _____Partial, street or code name _____Client doesn't know _____Client prefers not to answer

Social Security Number (SSN)
(write in SSN and check 1 data quality option): _____

_____Full SSN _____Approx. or partial SSN _____Client doesn't know _____Client prefers not to answer

U.S. Military Veteran
_____Yes _____No _____Client doesn't know _____Client prefers not to answer

Project Start Date: _____/_____/_____

Project Name: _____

Number of people in household: _____1 (single client) _____More than 1 (family or household)

<u>If more than 1</u>: Client's relationship in the household (e.g. "son"):

Total number of clients in the household: _____
Fill out a separate form for each adult and child.

HUD Relationship to Head of Household:
_____ Self (head of household)
_____ Head of Household's spouse or partner
_____ Head of Household's other relation member
_____Other: Non-relation member
_____ Head of Household's Child
_____Client doesn't know
_____ Client prefers not to answer

Date of Birth (DOB)
(write in DOB and check 1 data quality option): _____/_____/_____
____Full DOB _____Approx. or partial DOB _____Client doesn't know _____Client prefers not to answer

Race and Ethnicity: (check as many as applicable):
_____ American Indian, Alaska Native, or Indigenous
_____Asian or Asian American
_____ Black, African American, or African
_____Hispanic/Latina/o
_____ Middle Eastern or North African
_____Native Hawaiian or Pacific Islander
_____ White
Additional Detail (if desired): _____
_____ Client doesn't know
_____Client prefers not to answer

Sex:

_____ Male _____ Female _____ Client doesn't know _____ Client prefers not to answer

Does client have a disability of long duration (check 1 and complete grid below):
_____ Yes _____No _____Client doesn't know _____Client prefers not to answer

DISABILITY DETAIL Circle for each disability type**: Y=Yes N=No DK=Doesn't Know PNA=Prefers Not to Answer**

Disability Type	Has disability	**IF YES:**	Expected to be of long continued and indefinite duration AND substantially impairs ability to live independently
Alcohol use disorder	Y N DK PNA		Y N DK PNA

Drug use disorder	Y N DK PNA		Y N DK PNA
Both alcohol and drug use disorders	Y N DK PNA		Y N DK PNA
Chronic health condition	Y N DK PNA		Y N DK PNA
Developmental disability	Y N DK PNA		Y N DK PNA
HIV/AIDS	Y N DK PNA		Y N DK PNA
Mental health disorder	Y N DK PNA		Y N DK PNA
Physical disability	Y N DK PNA		Y N DK PNA

Covered by health insurance (check 1 and complete grid below):

_____Yes _____No _____Client doesn't know _____Client prefers not to answer

Insurance Type	Yes	No	Insurance Type	Yes	No
MEDICAID			Employer-provided insurance		
MEDICARE			Health insurance through COBRA		
State children's health insurance			Private pay health insurance		
Veteran's Health Administration (VHA)			State health insurance for adults		
Indian Health Services Program			Other (Specify):		

If "No" for each of the health insurance sources, "no" reason (HOPWA only):

Enrollment CoC: _____MD-514

County of current location: _____

Type of Living Situation on Night Before Entry (CHOOSE ONE OF THE FOLLOWING THREE CATEGORIES):

Category 1: Homeless Situation

_____Client doesn't know

_____Client prefers not to answer

_____Place not meant for habitation

_____Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter

_____Safe Haven

Length of Stay at Prior Night Living Situation:

_____One night or less

_____Two to six nights

_____One week or more, but less than one month

_____Client doesn't know

_____One month or more, but less than 90 days

_____90 days or more, but less than one year

_____One year or longer

_____Client prefers not to answer

Homeless Prevention projects may disregard:

Approximate Date this Episode of Homelessness started: _____/_____/_____

How to determine Approximate Date this Episode of Homelessness Started: Have the client look back to when the current time staying on the streets or emergency shelter started. If they were on the streets or shelter and then stayed in housing for less than 7 days, include the time in housing. If they were on the streets or shelter and then stayed in an institution for less than 90 days, include the time in the institution.

Category 2: Institutional Situation

_____ Foster care home or foster care group home
_____ Hospital or other residential non-psychiatric medical facility
_____ Jail, prison or juvenile detention facility
_____ Long-term care facility or nursing home
_____ Psychiatric hospital or other psychiatric facility
_____ Substance abuse treatment facility or detox center

Length of Stay at Prior Night Living Situation:

_____ One night or less
_____ Two to six nights
_____ One week or more, but less than one month
_____ Client doesn't know
_____ One month or more, but less than 90 days
_____ 90 days or more, but less than one year
_____ One year or longer
_____ Client prefers not to answer

If you selected one of the shaded options above, were they on the streets or in ES prior to that? ___Y ___N

Homeless Prevention projects may disregard:

If Yes, Approximate Date this Episode of Homelessness started: ___/_____/_____
If No or Unshaded option selected, use the Entry date as the Approximate Date Homelessness Started (ES/SO Only)

Category 3: Temporary and Permanent Housing Situation

_____ Hotel or motel paid for without emergency shelter voucher
_____ Host Home (non-crisis)
_____ Residential project or halfway house with no homeless criteria
_____ Staying or living in a family member's room, apartment or house
_____ Staying or living in a friend's room, apartment or house
_____ Transitional housing for homeless persons (including homeless youth)
_____ Owned by client, no ongoing housing subsidy
_____ Owned by client, with ongoing housing subsidy
_____ Rental by client, with no ongoing housing subsidy
_____ Rental by client, with ongoing housing subsidy **(please select subsidy type below)**

Subsidy Types (Please Complete if "yes" to Rental by client, with ongoing housing subsidy)

_____ GPD TIP housing subsidy
_____ Housing Stability Voucher
_____ Public housing unit
_____ RRH or equivalent subsidy
_____ VASH housing subsidy
_____ Permanent Supportive Housing
_____ Family Unification Program Voucher (FUP)
_____ Foster Youth to Independence Initiative (FYI)
_____ Rental by client, with other ongoing housing subsidy
_____ HCV voucher (tenant or project based) (not dedicated)
_____ Other permanent housing dedicated for formerly homeless persons
_____ Other (specify): _____

Length of Stay at Prior Night Living Situation:

_____ One night or less
_____ Two to six nights
_____ One week or more, but less than one month
_____ Client doesn't know
_____ One month or more, but less than 90 days
_____ 90 days or more, but less than one year
_____ One year or longer
_____ Client prefers not to answer

If you selected one of the shaded options above, were they on the streets or in ES prior to that? ____Y ___N

Homeless Prevention projects may disregard:

If Yes, Approximate Date this Episode of Homelessness started: _____/_____/_____
If No or Unshaded option selected, use the Entry date as the Approximate Date Homelessness Started (ES/SO Only)

***Regardless of where they stayed last night*—Number of times the client has been on the streets or in Emergency Shelter in the past three years** (counting current stay):

_____ Never in 3 years _____One Time _____Two Times _____Three Times
_____ Four or more times _____Client doesn't know _____Client prefers not to answer

Total number of months homeless on the street or in Emergency Shelter in past 3 years:

_____ 1 month (this time is the first month) _____2 months _____3 months _____4 months

_____ 5 months ____6 months _____7 months _____8 months _____9 months

_____ 10 months _____11 months _____12 months _____More than 12 months

_____Client doesn't know ____Client prefers not to answer

Most Recent Event Leading to Homelessness: The "Most Recent Event" element identifies the most recent event that led to homelessness; the 'straw that broke the camel's back'. Pick the event that most closely matches what happened right before someone lost their housing.

_____ Received a formal eviction or foreclosure (ex: searchable in Iowa Courts Online)
_____ Left housing to avoid an eviction/foreclosure OR was illegally evicted
_____ Discharged from a medical institution without housing
_____ Discharged from a corrections institution without housing
_____ Fleeing a domestic violence situation
_____ Fleeing a human trafficking situation
_____ Natural disaster / Fire
_____ Relocation
_____ Sexual assault / other crimes (i.e. stalking, arson, etc.)
_____ Divorced / Separated / Family breakup / Death in the family (includes chosen family)

Primary Cause of the Most Recent Event: The 'Primary Cause' is the 'why' behind the most recent event. Since there can be many different causes of an event, select the one the client feels had the most impact on the most recent event, or most resonates with a client.

_____ Unemployment
_____ Reduced wages or a loss of income (while still maintaining employment or cash benefits)
_____ Unable to pay rent/mortgage due to bill increase or a large expense
_____ Physical / Mental disability
_____ Family / Personal illness (includes chosen family)
_____ Domestic Violence
_____ Human trafficking
_____ Natural disaster / Fire
_____ Sexual assault / other crimes (i.e. stalking, arson, etc.)
_____ Divorced / Separated / Family breakup / Death of a family member (includes chosen family)
_____ Loss of transportation

Domestic Violence Victim/Survivor

_____Yes _____No _____Client doesn't know _____Client prefers not to answer

If yes, when DV experience occurred:

_____ Within the past three months _____Three to six months ago _____From six to twelve months ago
_____ More than a year ago _____Client doesn't know _____Client prefers not to answer

If yes, are you currently fleeing:

_____ No _____Yes _____Client doesn't know _____Client prefers not to answer

Employed?

_____Yes _____No _____Client doesn't know _____Client prefers not to answer

Income from any source?

_____Yes _____No _____Client doesn't know _____Client prefers not to answer

Total Monthly CASH income
(write in total $ amount here and complete grid below): $_____

Receives Income Sources:	**Yes**	**Monthly $**	**No**	**Not Collected**
Alimony or other spousal support				
Child support				
Earned income				
General assistance				
Pension or retirement income from a job				
Private disability insurance				
Retirement income from social security				
Social Security Disability Insurance (SSDI)				
Supplemental Security Income (SSI)				
TANF (FIP)				
Unemployment Insurance				
VA Non-service connected disability pension				
VA service-connected disability compensation				
Worker's Compensation				
Other (specify):				

Non-cash benefits from any source (check one and complete grid below):
_____Yes _____No _____Client doesn't know _____Client prefers not to answer

Receives the following Non-cash Benefit Types:	**Yes**	**No**	**Not Collected**
Supplemental Nutrition Assistance Program (SNAP) (food stamps)			
Special Supplemental Nutrition for Women, infants, children (WIC)			
TANF Child Care services			
TANF transportation services			
Other TANF-funded services			
Other (specify):			

ONLY FOR Rapid Rehousing (RRH) and Permanent Housing (PSH/OPH) Projects:

Housing Move-in Date: _____/_____/_____

For Street Outreach, PATH, YHDP, Coordinated Entry or Night by Night Emergency Shelter:

Date of Contact: _____/_____/_____

Current Living Situation

Homeless Situations

____ Place not meant for habitation
____Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter
____ Safe Haven

Institutional Situations

____Foster care home or foster care group home
____Hospital or other residential nonpsychiatric medical facility
____Jail, prison, or juvenile detention facility
____Long-term care facility or nursing home
____Psychiatric hospital or other psychiatric facility
____Substance abuse treatment facility or detox center

Temporary Housing Situations

____Transitional housing for homeless persons (including homeless youth)
____Residential project or halfway house with no homeless criteria
____ Hotel or motel paid for without emergency shelter voucher
____ Host Home (non-crisis)
____Staying or living with family, temporary tenure (e.g., room, apartment, or house)
____ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)
____ Moved from one HOPWA funded project to HOPWA TH

Permanent Housing Situation

____Staying or living with family, permanent tenure
____Staying or living with friends, permanent tenure
____Moved from one HOPWA funded project to HOPWA PH
____Rental by client, no ongoing housing subsidy
____Rental by client, with ongoing housing subsidy **(Please select subsidy type below)**
____Owned by client, with ongoing housing subsidy
____Owned by client, no ongoing housing subsidy

Other

____No exit interview completed
____Other
____Deceased
____Worker unable to determine
____Client doesn't know
____Client prefers not to answer

Subsidy Types (Please Complete if "yes" to Rental by client, with ongoing housing subsidy)

____GPD TIP housing subsidy
____VASH housing subsidy
____RRH or equivalent subsidy
____HCV voucher (tenant or project based) (not dedicated)
____Public housing unit
____ Rental by client, with other ongoing housing subsidy
____Housing Stability Voucher
____Family Unification Program Voucher (FUP)

____Foster Youth to Independence Initiative (FYI)
____Permanent Supportive Housing
____Other permanent housing dedicated for formerly homeless persons

Date of Engagement: _____