HMIS Data Collection for Transitional Housing, Permanent Supportive Housing, Rapid Rehousing, Homelessness Prevention, and Services Only Projects – ENTRY

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"
The form is broken into two sections for *All Clients*, and *Head of Household and Other Adults in the Household* in order to eliminate duplication of data gathering when characteristics apply to certain members of households.

DATA FOR ALL CLIENTS

Respond to these questions for all household members—each adult and child. A separate form should be included for each household member.

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Respond to these questions for the head of household and each additional adult in the household. If the household is composed of an unaccompanied child, that child is the head of household. If the household is composed of two or more minors, data must be collected about the minor that has been designated as the head of household. A separate form should be included for each adult member of the household.

3.10 PROJECT ENTRY DATE (e.g., 09/06/2016)

(ALL CLIENTS)
The Project Entry Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

Record the month, day, and year of project entry. The project entry date indicates a client is now being assisted by the project.

- For residential projects, with the exception of Permanent Housing-Rapid Re-Housing (PH-RRH) projects, this should be the first date of occupancy in the project.
- For PH-RRH projects and non-residential projects this should be the date on which the client began receiving services from the project or would otherwise be considered by the project funder to be a project participant for reporting purposes.
- For Street Outreach projects this should be the date of first contact with the client.

		/			/				
Month			Day			Year			

3.1 NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

(ALL CLIENTS)
To avoid duplicate record creation, the full first name should be used (e.g., James vs. Jim) and the last name should be recorded as the individual has it recorded on their official legal documents (driver's license, social security card, etc.)

First name																	
Middle name																	
Last name																	
Suffix																	

NAME DATA QUALITY
(ALL CLIENTS)

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

3.2 SOCIAL SECURITY NUMBER
(ALL CLIENTS)

			-			-				

SOCIAL SECURITY NUMBER DATA QUALITY
(ALL CLIENTS)

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

3.3 DATE OF BIRTH (e.g., 10/23/1978)
(ALL CLIENTS)

		/			/				

Month Day Year

DATE OF BIRTH DATA QUALITY
(ALL CLIENTS)

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

3.4 RACE
(ALL CLIENTS)

Select one or more categories for Race based on how the client self-identifies. Staff observations should not be used to collect information on race.

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

3.5 ETHNICITY
(ALL CLIENTS)

Select Ethnicity based on whether or not the client identifies as Hispanic or Latino. The definition of Hispanic or Latino ethnicity is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race.

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

3.6 GENDER
(ALL CLIENTS)

Gender should be assigned based on the client's self-perceived gender identity. Transgender is defined as identification with, or presentation as, a gender that is different from the gender at birth.

☐	Male	☐	Doesn't identify as male, female or transgender
☐	Female	☐	Client doesn't know
☐	Transgender female to male	☐	Client refused
☐	Transgender male to female		

3.7 VETERAN STATUS
(ALL ADULTS)

Veteran Status is only collected on heads of household who are 18 years of age and older, as well as all other adults in the household.

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

3.8 DISABLING CONDITION

(ALL CLIENTS)

Record whether the client has a disabling condition based on one or more of the following:

- A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
  - (1) Is expected to be long-continuing or of indefinite duration;
  - (2) Substantially impedes the individual's ability to live independently; and
  - (3) Could be improved by the provision of more suitable housing conditions.
- A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000(42 U.S.C. 15002); or
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

If the client is a veteran who is disabled by an injury or illness that was incurred or aggravated during active military service and whose disability meets the disability definition defined in Section 223 of the social security act, they should be identified as having a disabling condition.

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

3.15 RELATIONSHIP TO HEAD OF HOUSEHOLD

(ALL CLIENTS)

☐	Self (head of household)	☐	Head of household's spouse
☐	Head of household's son	☐	Other family member
☐	Head of household's daughter	☐	Other Non-family member
☐	Head of household's dependent child		

PRIOR ZIP CODE

(ALL CLIENTS)

Prior Zip Code	
City	
State	

3.917B LIVING SITUATION – FOR CLIENTS ENTERING ALL OTHER HMIS PROJECT TYPES

(HEAD OF HOUSEHOLD AND OTHER ADULTS ONLY)

Identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission.

Complete this section if client's living situation prior to project entry was Literally Homeless

	Homeless Situation
☐	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher
☐	Safe Haven
☐	Interim Housing

LENGTH OF STAY IN PRIOR LIVING SITUATION
(HEAD OF HOUSEHOLD AND OTHER ADULTS ONLY)

- ☐ 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

APPROXIMATE DATE HOMELESSNESS STARTED

		/			/				

Month Day Year

REGARDLESS OF WHERE THEY STAYED LAST NIGHT – NUMBER OF TIMES THE CLIENT HAS BEEN ON THE STREETS, IN EMERGENCY SHELTER, OR SAFE HAVEN IN THE PAST THREE YEARS INCLUDING TODAY

- ☐ One time
- ☐ Two times
- ☐ Three times
- ☐ Four or more times
- ☐ Client doesn't know
- ☐ Client refused

TOTAL NUMBER OF MONTHS HOMELESS ON THE STREET, IN EMERGENCY SHELTER, OR SAFE HAVEN IN THE PAST THREE YEARS

- ☐ One 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 refused

Complete this section if client's living situation prior to project entry was an Institutional Situation

Institutional Situation

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

- **If Institutional Situation is selected above for Prior Living Situation, DID CLIENT STAY LESS THAN 90 DAYS?**

☐ No ☐ Yes

- **[IF NO] Answer this question, then skip to 4.4 Health Insurance.**

LENGTH OF STAY IN PRIOR LIVING SITUATION

☐	More than three months, but less than one year	☐	Client doesn't know
☐	One year or longer	☐	Client refused

- **[IF YES] Answer this question and continue to next question**

LENGTH OF STAY IN PRIOR LIVING SITUATION

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

ON THE NIGHT BEFORE DID CLIENT STAY ON THE STREETS, ES, OR SH?

☐ No ☐ Yes

- **[If NO] No further information is needed for this element - skip to 4.4 Health Insurance.**
- **[If YES] APPROXIMATE DATE HOMELESSNESS STARTED**

		/			/				
Month			Day			Year			

REGARDLESS OF WHERE THEY STAYED LAST NIGHT – NUMBER OF TIMES THE CLIENT HAS BEEN ON THE STREETS, IN EMERGENCY SHELTER, OR SAFE HAVEN IN THE PAST THREE YEARS INCLUDING TODAY

☐	One time	☐	Four or more times
☐	Two times	☐	Client doesn't know
☐	Three times	☐	Client refused

TOTAL NUMBER OF MONTHS HOMELESS ON THE STREET, IN EMERGENCY SHELTER, OR SAFE HAVEN IN THE PAST THREE YEARS

☐	One month (this time is the first month)	☐	9 months
☐	2 months	☐	10 months
☐	3 months	☐	11 months
☐	4 months	☐	12 months
☐	5 months	☐	More than 12 months
☐	6 months	☐	Client doesn't know
☐	7 months	☐	Client refused
☐	8 months		

Complete this section if client's living situation prior to project entry was a Transitional or Permanent Housing Situation

Transitional and Permanent Housing Situation	
☐ Hotel or motel paid for without emergency shelter voucher	☐ Rental by client, with other ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy	☐ Residential project or halfway house with no homeless criteria
☐ Owned by client, with ongoing housing subsidy	☐ Staying or living in a family member's room, apartment, or house
☐ Permanent housing for formerly homeless persons (such as CoC project)	☐ Staying or living in a friend's room, apartment, or house
☐ Rental by client, no ongoing housing subsidy	☐ Transitional housing for homeless persons (including homeless youth)
☐ Rental by client, with VASH subsidy	☐ Client doesn't know
☐ Rental by client, with GPD TIP subsidy	☐ Client refused

- **If Transitional or Permanent Housing Situation is selected above for Prior Living Situation, DID CLIENT STAY LESS THAN 7 NIGHTS?**

☐ No ☐ Yes

- **[IF NO] Answer this question, then skip to 4.4 Health Insurance**

LENGTH OF STAY IN PRIOR LIVING SITUATION

☐ More than one week, but less than one month	☐ One year or longer
☐ One to three months	☐ Client doesn't know
☐ More than three months, but less than one year	☐ Client refused

- **[IF YES] Answer this question and continue to next question**

LENGTH OF STAY IN PRIOR LIVING SITUATION

☐ One day or less	☐ Client doesn't know
☐ Two days to one week	☐ Client refused

ON THE NIGHT BEFORE DID CLIENT STAY ON THE STREETS, ES, OR SH?

☐ No ☐ Yes

- **[If NO] Skip to 4.4 Health Insurance**
- **[If YES] APPROXIMATE DATE HOMELESSNESS STARTED**

		/			/				

Month Day Year

REGARDLESS OF WHERE THEY STAYED LAST NIGHT – NUMBER OF TIMES THE CLIENT HAS BEEN ON THE STREETS, IN EMERGENCY SHELTER, OR SAFE HAVEN IN THE PAST THREE YEARS INCLUDING TODAY

☐ One time	☐ Four or more times
☐ Two times	☐ Client doesn't know
☐ Three times	☐ Client refused

TOTAL NUMBER OF MONTHS HOMELESS ON THE STREET, IN EMERGENCY SHELTER, OR SAFE HAVEN IN THE PAST THREE YEARS

- ☐ One 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 refused

4.4 HEALTH INSURANCE
(ALL CLIENTS)

Is the client currently 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	Type of health insurance
☐	☐	Private
☐	☐	Private - Employer
☐	☐	Private - Individual
☐	☐	Medicare
☐	☐	Medicaid (Medi-Cal)
☐	☐	State Children's Health Insurance Program S-CHIP
☐	☐	Military Insurance
☐	☐	Other Public
☐	☐	State Funded
☐	☐	Combined Children's Health Insurance / Medicaid Program
☐	☐	Indian Health Service (IHS)
☐	☐	Other
☐	☐	No insurance

4.10 ALCOHOL ABUSE PROBLEM
(ALL CLIENTS)

Does the client currently have an alcohol abuse problem?

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

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

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

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

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

[IF YES for alcohol abuse problem] Is documentation of the disability and severity on file?

☐	No
☐	Yes

4.7 CHRONIC HEALTH CONDITION
(ALL CLIENTS)

Does the client currently have a chronic health condition?

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

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

☐ 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 and indefinite duration and substantially impair the client's ability to live independently?

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

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

☐ No
☐ Yes

4.6 DEVELOPMENTAL DISABILITY
(ALL CLIENTS)

Does the client currently have a developmental disability?

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

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

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

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

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

[IF YES for developmental disability] Is documentation of the disability and severity on file?

☐ No
☐ Yes

4.10 DRUG ABUSE PROBLEM
(ALL CLIENTS)

Does the client currently have a drug abuse problem?

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused

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

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused

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

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused

[IF YES for drug abuse problem] Is documentation of the disability and severity on file?

☐ No
☐ Yes

4.8 HIV/AIDS
(ALL CLIENTS)

Does the client currently have HIV/AIDS?

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused

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

☐ 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] Is documentation of the disability and severity on file?

☐ No
☐ Yes

4.9 MENTAL HEALTH ILLNESS
(ALL CLIENTS)

Does the client currently have a mental health illness?

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

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

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

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

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

[IF YES for mental health illness] Is documentation of the disability and severity on file?

- ☐ No
- ☐ Yes

4.5 PHYSICAL DISABILITY
(ALL CLIENTS)

Does the client currently have a physical disability?

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

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

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

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

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

[IF YES for physical disability] Is documentation of the disability and severity on file?

- ☐ No
- ☐ Yes

4.11 DOMESTIC VIOLENCE
(HEAD OF HOUSEHOLD AND OTHER ADULTS ONLY)

Is client a domestic violence victim/survivor?

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

[IF YES for domestic violence] 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

[IF YES for domestic violence] Is client currently fleeing?

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

4.2 INCOME AND SOURCES
(HEAD OF HOUSEHOLD AND OTHER ADULTS ONLY)

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
Veteran's Disability Payment	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 (Social Security)	No	☐	
	Yes	☐	$. 0 0
Veteran's Pension	No	☐	
	Yes	☐	$. 0 0
Other Pension	No	☐	
	Yes	☐	$. 0 0
Child Support	No	☐	
	Yes	☐	$. 0 0
Alimony	No	☐	
	Yes	☐	$. 0 0
Other Income If yes, specify	No	☐	
	Yes	☐	$. 0 0
Total monthly income	**Monthly income from all sources**		$. 0 0

4.3 NON-CASH BENEFITS
(HEAD OF HOUSEHOLD AND OTHER ADULTS ONLY)

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.) If unsure of the exact monthly amount, enter client's best estimate.

Source of non-cash benefit	Receiving benefit from source?		If yes, monthly amount from source (round to nearest dollar)
Food Stamps / Supplemental Nutrition Assistance Program (SNAP)	No	☐	
	Yes	☐	$. 0 0
MEDICAID (Medi-Cal)	No	☐	
	Yes	☐	
MEDICARE	No	☐	
	Yes	☐	
State Children's Health Insurance Program	No	☐	
	Yes	☐	
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	☐	
	Yes	☐	
Veteran's Administration Medical Services	No	☐	
	Yes	☐	
TANF Child Care Services	No	☐	
	Yes	☐	
TANF Transportation Services	No	☐	
	Yes	☐	
Other TANF-Funded Services	No	☐	
	Yes	☐	
Section 8, Public Housing, or Other Rental Assistance	No	☐	
	Yes	☐	
Other source: ______________________	No	☐	
	Yes	☐	

****PLEASE NOTE: RAPID REHOUSING, HOMELESSNESS PREVENTION, AND SERVICES ONLY PROJECTS MUST ALSO COMPLETE A SEPARATE SUPPLEMENTAL FORM TO ENSURE THAT ALL REQUIRED DATA IS COLLECTED.****