|  |
| --- |
| **MCI ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **HMIS ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Staff Initials/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**HMIS ADULT/CHILD ENTRY FORM**

***\*\*Any data that cannot be collected, please write in Data Not Collected\*\****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name*** |  | ***Relationship to Head of Household*** |  | ***Program Enrollment / Start Date*** |
|  |  |  |  |  |
| ***Date of Birth*** |  | ***Social Security Number*** |  | ***Phone Number*** |
|  |  |  |  |  |
| ***Race (select all that apply)*** |  | ***­­Ethnicity*** |  | ***Gender (select all that apply)*** |
| White/Caucasian |  | Non-Hispanic/Non-Latino |  | Male |
| Black/African American or African |  | Hispanic/Latino |  | Female |
| Asian or Asian American |  |  |  | A gender other than singularly female or male e.g. non-binary, genderfluid, agender, culturally specific gender) |
| Native Hawaiian/Other Pacific Islander |  |  |  | Transgender |
| American Indian, Alaskan Native, or Indigenous |  |  |  | Questioning |
| ***Additional Household Members (please fill out a form for each additional household member mentioned below)*** | | | | | |
| **Name** | | | **Relationship to HOH**  **(child, spouse, other relation member, other non-relation member, HoH)** | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |

*ESG Rapid Re-Housing and ESG Prevention Funding Source*

|  |  |  |
| --- | --- | --- |
| **Payment Start Date** | **Payment End Date** | **Funding Source** |
|  |  | City of Pittsburgh ESG  City of Pittsburgh ESG CV 1  City of Pittsburgh ESG CV 2  Allegheny County ESG  Allegheny County ESG CV 1  Allegheny County ESG CV 2  Sate of PA ESG  State of PA ESG CV 1  State of PA ESG CV 2 |
| **Payment Type** | **Amount** |
| Arrears  Forward Rent  Security Deposit | $ |

*Prior Living Situation*

🡨 Institution 🡪

🡨 Homeless Situation 🡪

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for Homelessness | | | |
| Couldn’t locate affordable housing | Financial – change in household composition | Fire | Property condemned |
| Doubled up situation could not be maintained | Financial – foreclosure | Fleeing domestic violence | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Eviction – violated lease | Financial – unemployment | Natural disaster |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Chronicity Status | | | Chronic  Not Chronic | Category | 1 (Literally Homeless)  2 (Imminent Risk of Homelessness) | | 3 (Unaccompanied Youth)  4 (Fleeing Domestic Violence) |
| Homeless Situations (Entering from) | | | | | | | |
| Place not meant for habitation | | | | | Safe Haven | | |
| Emergency shelter, including hotel or motel paid for **with** emergency shelter voucher, or RHY-funded Host Home shelter | | | | | | | |
| Institutional Situations (Entering from) | | | | | | |
| 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 | |
| Temporary and Permanent Housing Situations (Entering from) | | | | | |
| Residential project or halfway house with no homeless criteria | | | | Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) | |
| Hotel or motel paid for **without** emergency shelter voucher | | | | Rental by client, with RRH or equivalent subsidy | |
| Transitional housing for homeless persons (including homeless youth) | | | | Rental by client, with HCV voucher (tenant or project based) | |
| Host Home (non-crisis) | | | | Rental by client in a public housing unit | |
| Staying or living in a friend’s room, apartment or house | | | | Rental by client, no ongoing housing subsidy | |
| Staying or living in a family member’s room, apartment or house | | | | Rental by client, with other ongoing housing subsidy | |
| Rental by client, with GPD TIP subsidy | | | | Owned by client, with housing subsidy | |
| Rental by client, with VASH housing subsidy | | | | Owned by client, no housing subsidy | |

*Length of Stay in Institution*  *Length of stay in Temp/Perm Housing Situation?*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 night or less | 1 week or more, but less than 1 month | 90 days or more, but less than 1 year |  | 1 night or less | 1 week or more, but less than 1 month | 90 days or more, but less than 1 year |
| 2 to 6 nights | 1 month or more, but less than 90 days | 1 year or longer |  | 2 to 6 nights | 1 month or more, but less than 90 days | 1 year or longer |

*Did the Client Stay Less Than 90 days?*  *Did the Client Stay Less than 7 days?*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No (Skip to Employment Questions) | Yes |  | No (Skip to Employment Questions) | Yes |

*Length of Stay in Literally Homeless Situation*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 night or less | 1 week or more, but less than 1 month | 90 days or more, but less than 1 year |  | **On the previous night, did the client stay on the streets, in an Emergency Shelter, or in a Safe Haven?**  No (Skip to employment questions.)  Yes |
| 2 to 6 nights | 1 month or more, but less than 90 days | 1 year or longer |  |

*Time on the Streets or in Emergency Shelter*

|  |  |
| --- | --- |
| Including this and any previous sheltered stays or unsheltered episodes, what is the approximate date that the client became homeless? (month / day / year) |  |
| Including today, what is the number of times the client has been on the street, in ES or SH in the past 3 years? (Institutional stays of less than 90 days are not a break. Stays less than 7 days in other places are not a break.) | 1  2  3  4 or more |
| What is the total number of months the client has been homeless on the street, in ES or SH in past 3 years? | 1  2  3  4  5  6   7  8  9  10  11  12+ |

*Domestic Violence*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Victim/Survivor | Extent of Domestic Violence | | | |
| Yes  No | Within the past 3 months | Within the past 3-6 months | Within the past 6-12 months | More than 1 year ago |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Currently Fleeing** | **PFA** | **Relationship to Aggressor** | | |
| Yes  No | Yes  No | Acquaintance or friend | Current spouse/partner | Former spouse/partner |
|  | | Sibling | Stranger | Other relative |

*Employment (for anyone 18+)*

|  |  |
| --- | --- |
| Yes | No |
| Full-Time | Looking for Work |
| Part-time | Not Looking for Work |
| Seasonal | Unable to Work |

***Income (for anyone 18+)*** **YES** If Yes, complete table below.  **NO** If No, skip to the next table.

|  |  |  |  |
| --- | --- | --- | --- |
| Source *(select all that apply)* | Amount *- monthly* | Source *(select all that apply)* | Amount *- monthly* |
| Earned Income (Employment) | $ | VA Disability Compensation | $ |
| Sporadic Employment | $ | VA Disability Pension | $ |
| Unemployment | $ | Cash Assistance/TANF | $ |
| Worker’s Compensation | $ | Child Support | $ |
| SSI | $ | UTA | $ |
| SSDI | $ | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Connection to SOAR*** | Yes  No | ***Total Monthly Income*** | $ |

*Non-cash Benefits (for anyone 18+)*

**YES** If Yes, complete table below.

**NO** If No, skip to the next table.

|  |
| --- |
| Source (select all that apply) |
| SNAP (Food Stamps)  WIC  TANF Childcare Services  TANF Transportation Services  Other TANF-funded Services  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Health Insurance (for all clients)*

**YES** If Yes, complete table below.   
 **NO** If No, skip to the next table.

|  |  |
| --- | --- |
| Source (select all that apply) | |
| Medicaid  Medicare  State Children’s Health Insurance Program (CHIP)  VA medical services  Employer Provided health insurance | Health insurance obtained through COBRA  Private Pay Health Insurance  State Health Insurance for Adults  Indian Health Services Program |

***Education***

|  |  |  |  |
| --- | --- | --- | --- |
| **Adults and Children 6+** | | | |
| **Last Grade Completed** | | **School Status** | |
| Less than 5 | 5-6 | Graduated from high school | Completed |
| 7-8 | 9-11 | Obtained GED | Not of school age |
| 12/High School Diploma | School program doesn’t have grade levels | Attending Regularly | Attending irregularly |
| GED | Some college | Suspended | Dropped out |
| Associates/Bachelors/Grad | Vocational certificate | Expelled |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age 0-5 | | | | |
| Has the child received a developmental screening? | Yes | | No | |
| **IF NO,** has the child been referred to an agency for a developmental screening? | Yes | | No | |
| **IF NO,** was/will a developmental screening be completed during program enrollment? | Yes | | No | |
| Is the family intending to send the child to an early learning program? | Early Head Start  Head Start | Other preschool program  No | | Other childcare program |
| Is the child enrolled? | Yes  On waiting list | | No | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age 6+ | | | | |
| Enrollment status | District of residence | Not Enrolled | | District of region |
| **If not enrolled, Why?** | Communication needed between former and intended school  Transportation issues | | Issued General Employment Certification  Other – *please specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name of district |  | | | |
| Name of school |  | | | |

*Physical and Mental Health*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Disabling Conditions |  Yes  No | | General Health Status | |  Excellent   Very Good   Good   Fair   Poor |
| Type | **Expected to be long-term?** | | Type | | Expected to be long-term? |
| Physical |  Yes  No | | HIV/AIDS | | |
| Developmental | | | Receiving HIV Medical Assistance? | |  Yes  No |
| Chronic health condition |  Yes  No | | Receiving AIDS Drugs Assistance Program (ADAP) | |  Yes  No |
| Mental health disorder |  Yes  No | | Alcohol use disorder | |  Yes  No |
| Drug use disorder |  Yes  No | | Alcohol and drug use disorder | |  Yes  No |
| Well-being | | | | | |
| Client perceives their live has value and worth |  Strongly Disagree  Somewhat Disagree  Neither agree, not disagree   Somewhat Agree  Strongly Agree | | | | |
| Client perceives they have support from others who will listen to problems |  Strongly Disagree  Somewhat Disagree  Neither agree, not disagree   Somewhat Agree  Strongly Agree | | | | |
| Client perceives they have a tendency to bounce back after hard times |  Strongly Disagree  Somewhat Disagree  Neither agree, not disagree   Somewhat Agree  Strongly Agree | | | | |
| Client’s frequency of feeling nervous, tense, worried, frustrated, or afraid |  Not at all  Once a month  Several times a month   Several times a week  At least every day | | | | |
| **Pregnancy Status (collect for all clients)** | | | | | |
| Yes (If Yes, complete table) | | Due Date | | Prenatal Care | |
| No (If No, skip to the next table) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  Yes  No | |

*Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*