|  |
| --- |
| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*