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

**HMIS ADULT/CHILD ENTRY FORM**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name*** |  | ***Anniversary Date*** |  | ***Assessment/Information Date*** |
|  |  |  |  |  |

\*Check all demographic information on the household screen in HMIS to ensure it is all filled in and there is no client refused, client doesn’t know, data not collected\*

*Additional Household Members (please fill out a form or each additional household member mentioned below)*

|  |  |
| --- | --- |
| **Name** | **Relationship to HOH****(child, spouse, other relation member, other non-relation member, HoH)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*Housing Disposition*

|  |  |
| --- | --- |
| **Residential Move-in Date** | **Address** |
|  |  |
| **Moving On Assistance Date** | **Moving On Assistance Provided (select all that apply)** |
|  |  Subsidized housing application assistance  Financial assistance for Moving On (e.g. security deposit, moving expenses)  Non-financial assistance for Moving On (e.g. housing navigation, transition support)  Housing referral/placement  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*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 | $ |

*Domestic Violence*

|  |  |
| --- | --- |
| Victim/Survivor | When did this happen? |
| [ ]  Yes [ ]  No | [ ]  Within the past 3 months | [ ]  Within the past 3-6 months | [ ]  Within the past 6-12 months | [ ]  More than 1 year ago |

*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 | If yes, Amount - *monthly* | Source | If yes, Amount - *monthly* |
| [ ]  Earned Income (Employment) | $ | [ ]  VA Service-Connected Disability Compensation | $ |
| [ ]  Unemployment Insurance | $ | [ ]  VA Non-svc Connected Disability Pension | $ |
| [ ]  GA | $ | [ ]  Private Disability Insurance | $ |
| [ ]  Retirement Income from Social Security | $ | [ ]  Cash Assistance/TANF | $ |
| [ ]  Worker’s Compensation | $ | [ ]  Alimony or Other Spousal Support | $ |
| [ ]  SSI | $ | [ ]  Child Support | $ |
| [ ]  SSDI | $ | [ ]  UTA | $ |
|  |  | [ ]  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 |

***Physical and Mental Health***

|  |  |  |  |
| --- | --- | --- | --- |
| Disabling Conditions |  Yes No |  |  |
| Type | **Expected to be long-term?** | Type | Expected to be long-term? |
| [ ]  Physical |  Yes No | [ ]  HIV/AIDS |
| [ ]  Developmental  |  |  |
| [ ]  Chronic health condition |  Yes No |  |  |
| [ ]  Mental health disorder |  Yes No | [ ]  Alcohol use disorder |  Yes No |
| [ ]  Drug use disorder |  Yes No | [ ]  Alcohol and drug use disorder |  Yes No |

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

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