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

**HMIS ADULT/CHILD ENTRY FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name*** |  | ***Relationship to Head of Household*** |  | ***Program Entry Date*** |
|  |  | Choose an item. |  |  |
| ***Date of Birth*** |  | ***Social Security Number*** |  | ***Phone Number*** |
|  |  |  |  |  |
| ***Race (select all that apply)*** |  | ***­­Ethnicity*** |  | ***Gender (select all that apply)*** |
| White  Black/African American or African  Asian or Asian American  Native Hawaiian or Other Pacific Islander  American Indian, Alaskan Native or Indigenous |  | Choose an Item |  | Man  Woman  Non-Binary  Transgender  Questioning  Culturally Specific Identity  Other (List reasoning here:  ) |

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

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

*Housing Disposition*

|  |  |
| --- | --- |
| **Residential Move-in Date** | **Address** |
| Click or tap to enter a date. |  |
| **Moving On Assistance Date** | **Moving On Assistance provided (select all that apply)** |
| Click or tap to enter a date. | 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Veteran Status (VA funded programs Only)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Year Entered:** | Click or tap to enter a date. | **Year Separated:** | | Click or tap to enter a date. | **Branch:** | | Choose an item. |
| **Discharge Status** | | | **Theater** | | | | |
| Choose an item. | | | WWI  Vietnam War  Afghanistan (Operation Enduring Freedom)  Iraq (Operation New Dawn) | | | Korean War  Persian Gulf War (Operation Desert Storm)  Iraq (Operation Iraqi Freedom)  Other Peace-Keeping Operations or Military Interventions | | |

*ESG Rapid Re-Housing and ESG Prevention Funding Source (ESG funded projects only)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Payment Start Date** | **Payment End Date** | | **Funding Source** |
| Click or tap to enter a date. | Click or tap to enter a date. | | Choose an item. |
| **Payment Type (select all that apply)** | | **Amount ($ for each payment type)** | |
| Arrears  Forward Rent  Security Deposit | |  | |

*Prior Living Situation*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category of Homelessness** | | | | | | | | | |
| Choose an item. | | | | | | | | | |
| Chronic Status | | | Choose an item. | Reason for Homelessness | Choose an item. | | |  | |
| Homeless Situations (Entering from) | | | | | | | | |
| Choose an item. | | | | | | | | |
| Institutional Situations (Entering from) | | | | | |
| Choose an item. | | | | | |
| Temporary and Permanent Housing Situations (Entering from) | | | |
| Choose an item. | | | |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **Length of Stay in Institution**  Choose an item. | | **Length of Stay in Temporary/Permanent Housing Situations?**  Choose an item. |

|  |  |
| --- | --- |
| **Did the Client Stay Less Than 90 days?**  Choose an item. |  |

|  |
| --- |
| Did the Client Stay Less than 7 days?  Choose an item. |

|  |  |  |
| --- | --- | --- |
| **Length of Stay in Literally Homeless Situation**  Choose an item. |  | **On the previous night, did the client stay on the streets, in an Emergency Shelter, or in a Safe Haven?**  Choose an item. |

*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) | Click or tap to enter a date. |
| 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.) | Choose an item. |
| What is the total number of months the client has been homeless on the street, in ES or SH in past 3 years? | Choose an item. |

*Domestic Violence*

|  |  |  |
| --- | --- | --- |
| Victim/Survivor | When did this happen? | Currently Fleeing |
| Choose an item. | Choose an item. | Choose an item. |

*Employment (for anyone 18+)*

|  |  |
| --- | --- |
| Yes | No |
| Choose an item. | Choose an item. |

***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*** | Choose an item. | ***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 Condition | Choose an item. |  |  |
| Type | **Expected to be long-term?** | Type | Expected to be long-term? |
| Physical | Choose an item. | HIV/AIDS | |
| Developmental | |  |  |
| Chronic health condition | Choose an item. |  |  |
| Mental health disorder | Choose an item. | Alcohol use disorder | Choose an item. |
| Drug use disorder | Choose an item. | Alcohol and drug use disorder | Choose an item. |

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

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