|  |
| --- |
| **CI 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\*

*Date of Engagement & Current Living Situation*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Engagement |  |  | | Date of Contact/Information date |
|  |  |  | |  |
| Current Living Situation | | | | |
| Homeless Situation:  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 | | | Location Details: | |
| Non-Homeless Situation:  Foster care home or foster care group home  Hospital or other residential non-psychiatric medical facility  Jail, prison, or juvenile detention facility  Long-term care facility or nursing home  Psychiatric hospital or other psychiatric facility  Substance abuse treatment facility or detox center  Residential project or halfway house with no homeless criteria  Hotel or motel paid for without emergency shelter voucher  Transitional housing for homeless persons (including homeless youth)  Host Homes (non-crisis)  Staying or living in a friend’s room, apartment or house  Staying or living in a family member’s room, apartment or house  Rental by client, with GPD TIP subsidy  Rental by client, with VASH housing subsidy  Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)  Rental by client, with RRH or equivalent subsidy  Rental by client, with HCV voucher (tenant or project based)  Rental by client in a public housing unit  Rental by client, no ongoing housing subsidy  Rental by client, with other ongoing housing subsidy  Family Unification program  PSH  Foster Youth to Indep. Initiative  Owned by client, with housing subsidy  Owned by client, no housing subsidy  Family Unification program (FUP)  PSH  Foster Youth to Indep. Initiative (FYI) | | | Is the client going to have to leave their current living situation within 14 days?  Yes (if yes, answer next question)  No | |
| Has a subsequent resident been identified?  Yes (if yes, answer next question)  No | |
| Does individual or family have resources or support networks to obtain other permanent housing?  Yes (if yes, answer next question)  No | |
| Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?  Yes (if yes, answer next question)  No | |
| Has the client moved 2 or more times in the last 60 days?  Yes  No | |

*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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

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

*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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*