|  |
| --- |
| **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 (check all that apply)*** |  | ***­­Ethnicity*** |  | ***Gender*** |
| 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:  ) |
| ***Sexual Orientation*** |  |  |  |  |
| Choose an item. |  |  |  |  |

*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. |
|  | 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Referral Source***

|  |  |
| --- | --- |
| Referral Source | *If Outreach Project is referral source – how many times was the client approached before accepting the referral?* |
| Choose an item. | Click or tap here to enter text. |

*Formerly a Ward of Child Welfare or Foster Care Agency? (for anyone 18+)*

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

|  |  |
| --- | --- |
| Number of Years | If less than 1 year, please select the number of months. |
| Choose an item. | Choose an item. |

*Formerly a Ward of Juvenile Justice System? (for anyone 18+)*

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

|  |  |
| --- | --- |
| Number of Years | If less than 1 year, please select the number of months. |
| Choose an item. | Choose an item. |

*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. |

*Commercial Sexual Exploitation/Sex Trafficking (for anyone 18+) Optional*

*Please see additional guidance on how to best ask these questions*

|  |  |  |  |
| --- | --- | --- | --- |
| Ever received anything in exchange for sex (e.g. money, food, drugs, shelter) | | | |
| Choose an item. | | | |
| **If yes – please answer all questions below:** | | | |
| **If yes – in the last three months?** | **How many times?** | **Ever made/persuaded to have sex in exchange for something?** | **How many times?** |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |

*Commercial Labor Exploitation/Trafficking (for anyone 18+) Optional*

*Please see additional guidance on how to best ask these questions*

|  |  |
| --- | --- |
| Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends? | Ever promised work where work or payment was different than you expected? |
| Choose an item. | Choose an item. |
| **If yes to either or both – please answer all questions below:** | |
| *Felt forced, pressured, or tricked into continuing the job?* | *In the last three months?* |
| Choose an item. | 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 |

***Education***

|  |  |
| --- | --- |
| **Adults 18+ and Children 6+** | |
| **Last Grade Completed** | **School Status** |
| Choose an item. | Choose an item. |

|  |  |
| --- | --- |
| Children Age 0-5 | |
| Has the child received a developmental screening? | Choose an item. |
| **IF NO,** has the child been referred to an agency for a developmental screening? | Choose an item. |
| **IF NO,** was/will a developmental screening be completed during program enrollment? | Choose an item. |
| Is the family intending to send the child to an early learning program? | Choose an item. |
| Is the child enrolled? | Choose an item. |

|  |  |
| --- | --- |
| Young Adults 18-24 & Children Age 6+ | |
| Enrollment status | Choose an item. |
| **If not enrolled, why?** | Choose an item. If other, please specify: Click or tap here to enter text. |
| Name of district |  |
| Name of school |  |
| Referral to School District McKinney-Vento Homeless Liaison? | Choose an item. |

|  |  |
| --- | --- |
| Youth Education Status | |
| Current School Enrollment and Attendance | Choose an item. |
| MostRecent Educational Status | Choose an item. |
| Current Educational Status | Choose an item. |

***Physical and Mental Health***

|  |  |  |  |
| --- | --- | --- | --- |
| Disabling Condition | Choose an item. |  |  |
| Dental Health Status | Choose an item. | Mental Health Status | 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. |

*Family Critical Issues (Adults 18+) Optional*

This should be about the original family situation of the client, not their current living situation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unemployment – Family member | Mental Health Issues – Family member | Physical Disability – Family member | Alcohol or Substance Abuse – Family member | Insufficient Income to support youth – Family member | Incarcerated Parent of Youth |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

Services Provided *Optional*

|  |  |
| --- | --- |
| Date of Service Start Date | Click or tap to enter a date. |
| Date of Service End Date (leave blank if there is no end date yet) | Click or tap to enter a date. |
| Service Type | Choose an item. |

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

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