|  |
| --- |
| **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 Entry Date*** |
|  |  |  |  |  |
| ***Date of Birth*** |  | ***Social Security Number*** |  | ***Phone Number*** |
|  |  |  |  |  |
| ***Race (select all that apply)*** |  | ***­­Sexual Orientation*** |  | ***Gender (select all that apply)*** |
| White/Caucasian  Black/African American or African  Asian or Asian American  Native Hawaiian/Other Pacific Islander  American Indian, Alaskan Native or Indigenous |  | Heterosexual  Gay  Lesbian  Bisexual  Questioning / Unsure  Other  Client Doesn’t Know  Client Refused |  | Man  Woman  Non-Binary  Transgender  Questioning  Culturally Specific Identity  Other (List reasoning here:  ) |
| ***­­Ethnicity*** |  |  |  |
| Non-Hispanic/Non-Latino |  |  |  |
| Hispanic/Latino |  |  |  |
| ***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)** | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |

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

*Referral Source*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referral Source | | | | |
| Individual: Parent/ Guardian/ Relative/ Friend/ Foster Parent/ Other Individual | Self-Referral  Outreach Project  Temporary Shelter  Residential Project | Hotline  Child Welfare/ CPS  Juvenile Justice  Mental Hospital | Law Enforcement / Police  School  Other Organization | Client Doesn’t Know  Client Refused  Data Not Collected |
| If Outreach Project – how many times was the client approached before accepting the referral? | | |  | |

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

**YES** If Yes, complete table below.

**NO** If No, skip to the next table.

|  |  |  |
| --- | --- | --- |
| Number of Years | Number of Months | |
| Less than one year  *(if less than one year – see column to right)*  1-2 years  3 to 5 or more years | 1  2  3  4  5  6 | 7  8  9  10  11 |

*Formerly a Ward of Juvenile Justice System (Adults 18+)*

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

|  |  |  |
| --- | --- | --- |
| Number of Years | Number of Months | |
| Less than one year  *(if less than one year – see column to right)*  1-2 years  3 to 5 or more years | 1  2  3  4  5  6 | 7  8  9  10  11 |

***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  Family Unification program  PSH  Foster Youth to Indep. Initiative | |
| 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+ |

*Commercial Sexual Exploitation/Sex Trafficking (Adults 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) | | | | | | | | | |
| Yes | | No | Client Doesn’t Know | | | Client Refused | | Data Not Collected | |
| If yes – please answer all questions below: | | | | | | | | | |
| *If yes – in the last three months?* | | | | | *How many times?* | | | | |
| Yes  No | Client Doesn’t Know  Client Refused | | | Data Not Collected | 1-3  4-7  8-11  12 or more | | Client Doesn’t Know  Client Refused | | Data Not Collected |
| *Ever made/persuaded to have sex in exchange for something?* | | | | | *How many times?* | | | | |
| Yes  No | Client Doesn’t Know  Client Refused | | | Data Not Collected | 1-3  4-7  8-11  12 or more | | Client Doesn’t Know  Client Refused | | Data Not Collected |

*Commercial Labor Exploitation/Trafficking (Adults 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? | | | | |
| Yes  No |  | Client Doesn’t Know  Client Refused  Data Not Collected | | Yes  No | |  | Client Doesn’t Know  Client Refused  Data Not Collected | |
| 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?* | | | | |
| Yes  No | | | Client Doesn’t Know  Client Refused  Data Not Collected | | Yes  No | | | Client Doesn’t Know  Client Refused  Data Not Collected |

*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 |

***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 |  | | | | | | | | | | | |
| Youth Education Status | | | | | | | | | | | | |
| Current School Enrollment and Attendance | Not currently enrolled in any school or educational course | | | Currently enrolled and attending regularly (when school or course is in session) | | | | Currently enrolled and NOT attending regularly (when school or course is in session) | | | | |
| Most Recent Education Status | K12: Graduated from high school  K12: Obtained GED  K12: Dropped Out  K12: Suspended | | | | | Higher Education: Pursuing a credential but not currently attending  Higher Education: Dropped out  Higher Education: Obtained a credential /degree | | | | | | |
| Current Educational Status | Pursuing a high school diploma or GED  Pursuing Associates degree | | | | | Pursuing a Bachelor’s degree  Pursuing a Graduate degree  Pursuing other post-secondary degree | | | | | | |

*Physical and Mental Health*

|  |  |  |  |
| --- | --- | --- | --- |
| Disabling Conditions | Yes No |  |  |
| Dental Health Status | Excellent  Very Good  Good  Fair  Poor | Mental 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 | |  |  |
| 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 |

*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 |
| Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

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 (check all that apply) | Community service/service learning (CSL)  Criminal justice / legal services  Education  Employment and/or training services  Health/medical care  Home-based Services  Life skills training | Parenting education for youth with children  Post-natal newborn care (wellness exams; immunizations)  Post-natal care for mother  Pre-natal care  STD Testing  Street-based services  Substance Abuse Ed/ Prevention Services |

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

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