|  |
| --- |
| **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*** |
| White |  | Heterosexual  Gay  Lesbian  Bisexual  Questioning / Unsure  Other  Client Doesn’t Know  Client Refused |  | Man |
| Black/African American or African |  |  | Woman |
| Asian or Asian American |  |  | Non-binary |
| Native Hawaiian or Other Pacific Islander |  |  | Transgender |
| American Indian, Alaskan Native or Indigenous |  |  | 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)** | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |

***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 |

**Date of Engagement & Current Living Situation *(ONLY FILL OUT IF CLIENT IS CATEGORY 2)***

|  |  |  |
| --- | --- | --- |
| Date of Engagement and 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 | | 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 |

*Prior Living Situation (Fill out for every client)*

🡨 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 – Can include the broader Category 4 definition of fleeing 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  Part-time  Seasonal | Looking for Work  Not Looking for Work  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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*