|  |
| --- |
| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*