|  |
| --- |
| **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*** |  | ***Entry Date*** |
|  | |  |  |  |  |
| ***Date of Birth*** | |  | ***Social Security Number*** |  | ***Phone Number*** |
|  | Full DOB  Approximate |  |  |  |  |
| ***Race (select all that apply)*** | |  | ***­­Ethnicity*** |  | ***Gender (select all that apply)*** |
| White/Caucasian | |  | Non-Hispanic/Non-Latino |  | Man  Woman  Non-Binary  Transgender  Questioning  Culturally Specific Identity  Other (List reasoning here:[ ] ) |
| Black/African American or African | |  | Hispanic/Latino |  |  |
| Asian or Asian American | |  |  |  |  |
| Native Hawaiian/Other Pacific Islander | |  |  |  |  |
| American Indian, Alaskan Native, or Indigenous | |  |  |  |  |
| ***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)** | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |

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 | | | 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*

🡨 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+ |

*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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Currently Fleeing** | **PFA** | **Relationship to Aggressor** | | |
| Yes  No | Yes  No | Acquaintance or friend | Current spouse/partner | Former spouse/partner |
|  | | Sibling | Stranger | Other relative |

*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*** | 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 |

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