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