|  |
| --- |
| **CI ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**HMIS ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Staff Initials/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**HMIS ADULT/CHILD ENTRY FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name*** |  | ***Relationship to Head of Household*** |  | ***Entry Date*** |
|  |  | Choose an item. |  |  |
| ***Date of Birth*** |  | ***Social Security Number*** |  | ***Phone Number*** |
|  |  |  |  |  |
| ***Race (select all that apply)*** |  | ***­­Ethnicity*** |  | ***Gender (select all that apply)*** |
| [ ]  White[ ]  Black/African American or African[ ]  Asian or Asian American[ ]  Native Hawaiian or Other Pacific Islander[ ]  American Indian, Alaskan Native or Indigenous |  | Choose an Item |  | [ ]  Man[ ]  Woman[ ]  Non-Binary[ ]  Transgender [ ]  Questioning[ ]  Culturally Specific Identity[ ]  Other (List reasoning here:) |

*Additional Household Members (please fill out a form for each household member mentioned below)*

|  |  |
| --- | --- |
| **Name** | **Relationship to HOH****(child, spouse, other relation member, other non-relation member, HoH)** |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |

Date of Engagement & Current Living Situation

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Engagement |  |  | Date of Contact/Information date |
| Click or tap to enter a date. |  |  | Click or tap to enter a date. |
| Current Living Situation |
| Homeless Situation:Choose an item. | Non-Homeless Situation:Choose an item. |
| Location DetailsClick or tap here to enter text. | Is the client going to have to leave their current living situation within 14 days?Choose an item. |
| *If yes* – Has a subsequent resident been identified?Choose an item. |
| *If yes* – Does individual or family have resources or support networks to obtain other permanent housing?Choose an item. |
| *If yes* – Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?Choose an item. |
| *If yes* – Has the client moved 2 or more times in the last 60 days?Choose an item. |

*Prior Living Situation*

|  |
| --- |
| **Category of Homelessness** |
| Choose an item. |
| Chronic Status | Choose an item. | Reason for Homelessness | Choose an item. |  |
| Homeless Situations (Entering from) |
| Choose an item.  |
| Institutional Situations (Entering from) |
| Choose an item. |
| Temporary and Permanent Housing Situations (Entering from) |
| Choose an item. |

|  |  |  |
| --- | --- | --- |
|

|  |
| --- |
| **Length of Stay in Institution**Choose an item. |

 | **Length of Stay in Temporary/Permanent Housing Situations?**Choose an item. |

|  |  |
| --- | --- |
| **Did the Client Stay Less Than 90 days?**Choose an item. |  |

|  |
| --- |
| Did the Client Stay Less than 7 days?Choose an item. |

|  |  |  |
| --- | --- | --- |
| **Length of Stay in Literally Homeless Situation** Choose an item. |  | **On the previous night, did the client stay on the streets, in an Emergency Shelter, or in a Safe Haven?**Choose an item. |

*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) | Click or tap to enter a date. |
| 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.) | Choose an item. |
| What is the total number of months the client has been homeless on the street, in ES or SH in past 3 years? | Choose an item. |

*Domestic Violence*

|  |  |  |
| --- | --- | --- |
| Victim/Survivor | When Did This Happen? | Currently Fleeing |
| Choose an item. | Choose an item. | Choose an item. |

*Employment (for anyone 18+)*

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |
| Choose an item. | Choose an item. |

***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 Condition | Choose an item. |  |  |
| Type | **Expected to be long-term?** | Type | Expected to be long-term? |
| [ ]  Physical | Choose an item. | [ ]  HIV/AIDS |
| [ ]  Developmental  |  |  |
| [ ]  Chronic health condition | Choose an item. |  |  |
| [ ]  Mental health disorder | Choose an item. | [ ]  Alcohol use disorder  | Choose an item. |
| [ ]  Drug use disorder | Choose an item. | [ ]  Alcohol and drug use disorder | Choose an item. |

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

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