|  |
| --- |
| **MCI ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**HMIS ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Staff Initials/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Program Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |

**HMIS ADULT/CHILD ENTRY FORM**

***\*\*Any data that cannot be collected, please write in Data Not Collected\*\****

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name*** |  | ***Anniversary Date*** |  | ***Assessment/Information Date*** |
|  |  |  |  |  |

\*Check all demographic information on the household screen in HMIS to ensure it is all filled in and there is no client refused, client doesn’t know, data not collected\*

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

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

*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*** | [ ]  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 18+ 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 |  |

|  |
| --- |
| Children 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 |

|  |
| --- |
| Young Adults 18-24 & Children 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 |  |

*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 |

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