HMIS Entry Form

This questionnaire is to be administered by case workers. Do not hand this form to clients. Ask the bold face questions as they appear and use the instructions in parentheses for clarification. Questions that appear in all CAPS are not to be read aloud. Depending on your project type some questions on this form may not appear in the HMIS entry. **All HMIS data elements must be updated at every entry even if the client has complete answers in HMIS from a previous entry.**

1. PROJECT ENTRY DATE: ____/____/_____

2. **What is your name?** (First, Middle, Last, Suffix)
[IN HMIS: ENTER NAME DATA QUALITY, i.e. "full name reported"]

_____

3. **What is your Social Security Number?**
[IN HMIS: ENTER SSN DATA QUALITY, i.e. "full SSN reported"]

_____-_____-_____

4. **What is your Date of Birth?** (Month, Day, Year)
[IN HMIS: ENTER DATE OF BIRTH TYPE, i.e. "full DOB reported"]

_____/_____/_____

5. **Are you a Veteran?**
   - ☐ No
   - ☐ Yes
   - ☐ Client doesn't know
   - ☐ Client refused

6. **What is your Race?**
(Record client's response, not observation. Mark "1" for primary race and "2" for secondary race. More than one race is permitted. "Client doesn't know" and "Client refused" should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in the next question (Ethnicity) and select the appropriate race category here.)

   ___ American Indian or Alaskan Native
   ___ Asian
   ___ Black or African American
   ___ Native Hawaiian or Other Pacific Islander
   ___ White
   ___ Client doesn't know
   ___ Client refused

7. **What is your Ethnicity?**
(Record client's response, not observation.)
   - ☐ Non-Hispanic/ Non-Latino
   - ☐ Hispanic/ Latino
   - ☐ Client doesn't know
   - ☐ Client refused

8. **What is your Gender?**
(Record client's response, not observation)
   - ☐ Female
   - ☐ Male
   - ☐ Transgender male to female
   - ☐ Transgender female to male
   - ☐ Client does not identify as male, female or transgender
   - ☐ Client doesn't know
   - ☐ Client refused

9. **Are you the Head of Household?** Or **What is your relationship to the Head of Household?** Or **Are you seeking assistance as an individual?**
   - ☐ Self- Head of Household
   - ☐ Head of Household's Child
   - ☐ Head of Household's Spouse or Partner
   - ☐ Other Relation to Head of Household
   - ☐ Other: Non-relation member

10. **Where did you sleep prior to coming here?**
(In HMIS: Residence prior to project entry)
<u>Literally Homeless Situations</u>
   - ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
   - ☐ Emergency shelter or hotel/motel paid for by voucher
   - ☐ Safe Haven
   - ☐ Interim Housing (client was chronically homeless and accepted to PH or has a PH voucher but is prevented from immediately accessing unit so is staying in TH until unit is ready)

<u>Institutional Situations</u>
   - ☐ Foster care home or group home
   - ☐ Hospital or other non-psychiatric medical facility

(More on next page) ⟶

- ☐ Jail, prison, or juvenile detention facility
- ☐ Long term facility or nursing home
- ☐ Psychiatric hospital/facility
- ☐ Substance abuse treatment facility/ detox

Transitional & Permanent Housing Situations

- ☐ Hotel or motel paid without voucher
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Permanent housing for formerly homeless persons (such as CoC project; HUD legacy programs; or HOPWA PH)
- ☐ Rental by client, no ongoing subsidy
- ☐ Rental by client, VASH subsidy
- ☐ Rental by client, GPD TIP subsidy
- ☐ Rental by client, other ongoing subsidy
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Staying/Living in a family member's room, apartment or house
- ☐ Staying/Living in a friend's room, apartment or house
- ☐ Transitional housing for homeless persons including homeless youth

Other

- ☐ Client doesn't know
- ☐ Client refused

11. **How long did you stay in that previous place?**
    - ☐ One night or less
    - ☐ Two to six nights
    - ☐ One week or more, but less than one month
    - ☐ One month or more, but less than 90 days
    - ☐ 90 days or more, but less than one year
    - ☐ One year or longer
    - ☐ Client doesn't know
    - ☐ Client refused

12. *[If previous place is an institutional situation or a transitional/permanent situation]*
    On the night before did you stay on the streets, ES, or SH?
    - ☐ Yes
    - ☐ No

NOTE: (For questions 13-14, refer to the definition of **break** in homelessness. A break that separates the occasions of homelessness is at least 7 consecutive nights of not living on the street, ES, or SH or at least 90 nights in any institutional situation.)

13. **What is the approximate date you started living on the streets or emergency shelter this time?**
    (Find the start date of the current episode of homelessness on the street, ES, or SH that was:
    A. Continuous between street, ES, or SH
    B. Interrupted by fewer than 7 nights housed
    C. Interrupted by fewer than 90 nights in an institutional situation

    See definition of breaks in homelessness and set start date after the most recent break in homelessness.)
    Date:_____/_____/_____

14. **Regardless of where you stayed last night, how many times have you been on the streets or ES in the past three years, including this time?**
    (First, count the breaks in homelessness in order to determine the number of times homeless.)
    - ☐ One time (this time)
    - ☐ Two times
    - ☐ Three times
    - ☐ Four or more times
    - ☐ Client doesn't know
    - ☐ Client refused

15. **What is the total number of months you have been homeless on the streets or emergency shelter in the past three years**?
    (Any amount of days in a month= 1 month. If the client has been on the streets, ES, or SH since January and it is now March, the cumulative total would be 3 months (January = 1, February = 2, and March = 3). If the client was also homeless for a month back in October, the cumulative total would then be 4 months.)
    - ☐ One month or less (or first time)
    - ☐ Between 2 and 12 months, specify #:___
    - ☐ More than 12 months
    - ☐ Client doesn't know
    - ☐ Client refused

16. **Are you receiving income from any source?**
    - ☐ No
    - ☐ Yes
    - ☐ Client doesn't know
    - ☐ Client refused

17. CHECK SOURCES OF INCOME AND ENTER EXACT OR APPROXIMATE MONTHLY AMOUNTS:
    - ☐ Alimony/Spousal support $_____
    - ☐ Child Support $_____
    - ☐ Earned income $_____
    - ☐ General Assistance $_____
    - ☐ Other $_____
    - ☐ Pension/Retirement Income from another job $_____
    - ☐ Private Disability Insurance $_____
    - ☐ Retirement Income from Social Security $_____
    - ☐ SSDI $_____
    - ☐ SSI $_____
    - ☐ TANF (RI Works) $_____
    - ☐ Unemployment income $_____
    - ☐ VA Service-Connected Disability Compensation $_____
    - ☐ VA Non-Service Connected Disability Compensation $_____
    - ☐ Worker's Compensation $_____

18. **Total monthly income from all sources:** $_____

19. **Are you receiving non-cash benefits such as SNAP (Food Stamps), WIC, TANF Child Care, TANF transportation, Other TANF services, Section 8, or other rental assistance?**
    - ☐ No
    - ☐ Yes
    - ☐ Client doesn't know
    - ☐ Client refused

20. CHECK THE NON-CASH BENEFITS RECEIVED AND ENTER EXACT OR APPROXIMATE MONTHLY AMOUNTS
    - ☐ SNAP $_____
    - ☐ WIC
    - ☐ TANF Child Care Services
    - ☐ TANF Transportation Services
    - ☐ Other TANF-funded Services
    - ☐ Section 8, Public Housing, Other rental assistance
    - ☐ Other source $_____
    - ☐ Temporary rental assistance $_____

21. **Are you covered by Health Insurance?**
    - ☐ No
    - ☐ Yes
    - ☐ Client doesn't know
    - ☐ Client refused

22. CHECK SOURCE OF HEALTH INSURANCE**:**
    - ☐ Medicaid
    - ☐ Medicare
    - ☐ State Children's Health Insurance Program
    - ☐ VA Medical Services
    - ☐ Employer-Provided Health Insurance
    - ☐ Health Insurance through COBRA
    - ☐ Private Pay Health Insurance
    - ☐ State Health Insurance for Adults
    - ☐ Indian Health Services Program
    - ☐ Other

23. **Are you a domestic violence victim/survivor?**
    - ☐ No
    - ☐ Yes
    - ☐ Client doesn't know
    - ☐ Client refused

24. *[If yes for domestic violence victim/survivor]* **When did the experience occur?**
    - ☐ Within the past three months
    - ☐ Three to six months ago
    - ☐ Six months to twelve months ago
    - ☐ One year or more ago
    - ☐ Client doesn't know
    - ☐ Client refused

25. *[If yes for domestic violence victim/survivor]* **Are you currently fleeing?**
    - ☐ No
    - ☐ Yes
    - ☐ Client doesn't know
    - ☐ Client refused

26. **Do you have a Disabling Condition?**
    - ☐ No
    - ☐ Yes
    - ☐ Client doesn't know
    - ☐ Client refused

ASK ABOUT EACH DISABILITY:	**Do any of the following apply to you?**	*[If yes]* **Is the disability expected to be long-continuing or of indefinite duration and substantially impair your ability to live independently?**	*[If yes]* **Is there documentation of the disability and its severity on file?**	*[If yes]* **Is the condition going to be long term?**	*[If yes]* **Are you currently receiving services/treatment for this condition?**
Alcohol Abuse	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Both Drug and Alcohol Abuse	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Chronic Health Condition	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Developmental	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Drug Abuse	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
HIV/AIDS	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Mental Health Problem	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Physical	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

NOTE ON DISABILITY: