

OEO HYA Emergency Shelter Entry and Exit Form for HMIS: SINGLE Clients

Also use for additional household members who join later

Data Collection Instructions:

- **Underlined terms** have definitions provided at hmismn.org. Please print a copy to have available.

HMIS Tips:

- Use the General HMIS Instructions & your program's (funder) Supplemental User Guide for complete data entry instruction.
- EDA to Entry provider. Set backdate when prompted after searching for a client. Date should match program entry date.
- If information is missing, follow-up with the client or staff person responsible for gathering information to complete the missing information. DO NOT enter "don't know" or "refused" unless the Client doesn't know or refused an answer.

Section 1: Demographics (in HMIS: use ClientPoint Search and Profile Tab)

1. Client Information

Name: First: _____ Middle: _____ Last: _____ Suffix: _____

Name Data Quality (Use DQ answer choices): _____

If client is joining a household later, please note head of household here: _____

HMIS Client # (For HMIS Data Entry Staff use) _____

Social Security Number (SSN) _____ SSN Data Quality (Use DQ answer choices): _____

*Date of Birth (D.O.B.): ____/____/____ D.O.B. Type (Use DQ answer choices): _____

*Required for ALL clients. If client doesn't know or refuses to provide DOB, use 01/01/(estimated year) as D.O.B.

Data Quality (DQ) Answer Choices:

Full

Approx.- Approximate or Partial

DK- Client doesn't know

R- Client refused

NC- Data not collected

(DK, R, and NC should rarely be used)

Gender:

- Female
- Male
- Transgender (female to male)
- Transgender (male to female)
- Doesn't identify as male, female, or transgender
- Client doesn't know
- Client refused
- Data not collected

Race: (Select up to 5 races)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Client doesn't know
- Client refused
- Data not collected

If client does not identify with any race options above, select "Client refused."

Ethnicity:

- Non-Hispanic/Non-Latino
 - Hispanic Latino
 - Client doesn't know
 - Client refused
 - Data not collected
- Hispanic/Latino clients must also choose a race (often white).

U.S. Military Veteran:

- Has the client ever served in the United States Armed Forces? (Army, Navy, Air Force, Marine Corps, Coast Guard) (18+ only)
- Yes
 - No
 - Client doesn't know
 - Client refused
 - Data not collected

Section 2: MN: OEO HYA Shelter Assessment (IN HMIS: Assessments Tab)

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- **Confirm that set Backdate matches program entry date.** Data may report as missing if you do not backdate!

1. Relationship to Head of Household (If household members were added after "single" entry)

- Self (head of household) Head of household's child Head of household's spouse or partner
 Head of household's other relation member (other relation to head of household) Other: non-relation member

2. Does the client have a disability of long duration? Yes No Client doesn't know Client refused Data not collected

3a. Did you serve in the United States Armed Forces? (which includes the Army, Navy, Air Force, Marine Corps, and Coast Guard)? (18+ only)

(Same as question on profile page)

- Yes No Client Doesn't Know Client Refused Data Not Collected

3b. Did you serve on Active Duty, or in the National Guard or Reserves? No Yes, Active Duty (regardless of Guard and Reserve answers)

- Yes, National Guard Yes, Reserves Both Guard and Reserves Client doesn't know Client refused Data not collected

If yes to questions 3a or 3b, answer questions 3c-3h. If no, skip to question 4.

3c. If Guard or Reserve: Were you ever called to Active Duty as a member of the National Guard or as a Reservist? Yes No DK R NC

3d. Did you enter Active Duty before 9/7/1980? Yes No DK R NC

3e. For approximately how many months did you serve? _____ (# of months) *Approximate answers OK*

3f. What kind of discharge did you have?

- Honorable or under honorable conditions Other than honorable, but not dishonorable Dishonorable DK R NC

3g. Are you receiving VA disability pay? Yes No DK R NC

3h. Has the client been referred to the Homeless Veteran Registry? Yes No DK R NC

4. Referral Source

- Emergency Shelter Drop-In Center Street Outreach Friend Family Member Social Service Provider
 School Staff Health Provider Self Other

5. Foster Care: Are you or have you ever been in foster care? Yes No Client doesn't know Client refused Data not collected

6A. Leave any of these? (0-3 months ago)

Did the client leave any of the places listed below in the last 3 months before program entry?

- Yes (If yes, select the answers below)
- No (if no, move to part B of this question)
 - Adoptive Home (from foster care system)
 - Foster Home Juvenile Detention Center
 - County Jail or Workhouse State or Federal Prison
 - Mental Health Treatment Facility or Hospital
 - Drug or Alcohol Treatment Facility
 - Combined MI/CD Treatment Facility
 - Group Home Half-way House
 - Residence for People with Physical Disabilities
 - Client doesn't know Client refused Data Not Collected

6B. Leave any of these? (over 3 months ago, up to 6 months ago)

Did the client leave any of these places over 3 months ago, up to 6 months ago?

- Yes (If yes, select most recent place left, below)
- No (If no, move to next question)
 - Adoptive Home (from foster care system)
 - Foster Home Juvenile Detention Center
 - County Jail or Workhouse State or Federal Prison
 - Mental Health Treatment Facility or Hospital
 - Drug or Alcohol Treatment Facility
 - Combined MI/CD Treatment Facility
 - Group Home Half-way House
 - Residence for People with Physical Disabilities
 - Client doesn't know Client refused Data Not Collected

7A. Type of Living Situation on Night Before Entry (Pick ONLY ONE under literally homeless, institutional, OR transitional and permanent housing)

- | <i>Literally Homeless Situation</i> | <i>Institutional Situation</i> | <i>Transitional and Permanent Housing Situation</i> | |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Place not meant for habitation (a vehicle, abandoned building, bus/train/subway station/airport, or anywhere outside) | <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher | <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Owned by client, no ongoing housing subsidy | <input type="checkbox"/> Staying or living in a family member's room, apartment or house |
| <input type="checkbox"/> Safe Haven | <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Owned by client, with ongoing housing subsidy | <input type="checkbox"/> Staying or living in a friend's room, apartment or house |
| <input type="checkbox"/> Interim Housing | <input type="checkbox"/> Long-term care facility or nursing home | <input type="checkbox"/> Permanent housing for formerly homeless persons | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) |
| | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <input type="checkbox"/> Other (specify): _____ |
| | <input type="checkbox"/> Substance abuse treatment facility or detox center | <input type="checkbox"/> Rental by client, with VASH subsidy | <input type="checkbox"/> Client doesn't know |
| | | <input type="checkbox"/> Rental by client, with GPD TIP subsidy | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy | <input type="checkbox"/> Data not collected |

B. Length of Stay in 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

D. Approximate date homelessness started ____/____/____

E. Number of times the client has been on the streets or in emergency shelter in the past three years (including today)

- 1 time
- 2 times
- 3 times
- 4 or more times
- Client doesn't know
- Client refused

F. Total number of months homeless on the street or in emergency shelter in the past 3 years

- 1 month (this time is the first)
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months
- More than 12 months
- Client doesn't know
- Client refused

8. Extent of homelessness by Minnesota's definition on the day before program entry:

- Not currently homeless
- First time homeless AND less than one year without home
- Multiple times homeless, but not meeting long-term homeless definition
- Long term: homeless at least 1 year OR at least 4 times in the past 3 years

9a. How long since client had permanent place to live (permanent address)? *Place last lived 90 or more days; not shelter or time-limited housing*

- 0 (Prevention/Current Residence)
- Less than 1 month
- 1 – 3 months
- 3 – 6 months
- 6 – 12 months
- 1 – 2 years
- 3 – 5 years
- 6 – 8 years
- 9 years or more

9b. Location of the client's last permanent address

State: _____ DK R NC

County (MN only): _____ DK R NC

City (MN only): _____ DK R NC

10. CoC of Service (Head of Household)

- MN-500 Hennepin MN-501 Ramsey MN-502 Southeast MN-503 SMAC MN-504 Northeast
- MN-505 Central MN-506 Northwest MN-508 West Central MN-509 St. Louis MN-511 Southwest

11. (If HIPAA) Include client in database research? Yes No

The following questions are optional

1. Covered by Health Insurance Yes No Client doesn't know Client refused Data not collected

HMIS Tips: Enter health insurance using the HUD Verification tool. A response is required for each health insurance source. Check Yes/No/Data Not Collected for each health insurance type. Start date is the program entry date.

2. Health Insurance *Check yes/no/data not collected for each insurance type

MEDICAID	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Employer-Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
MEDICARE	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
State Children's Health Insurance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	State Health Insurance for Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
Indian Health Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC

3. Disabilities

HMIS Tips: Enter disabilities using HUD Verification. Disability Determination is “Yes” if the client has the disability during the time period. Start date is the program entry date. (HUD)=HUD-approved source. Non-HUD-approved disabilities must be entered using the “Add” button.

Disability Type	Disability Determination	Start Date	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	If Yes, Documentation of the disability and severity on file?	Condition is long term w/ substantial impact?	(If Yes) Currently receiving services or treatment?
<u>Mental Health Problem</u> (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	Program Entry Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
<u>Physical</u> (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
<u>Developmental</u> (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
<u>Chronic Health Condition</u> (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Alcohol Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Drug Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Both Alcohol and Drug Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
HIV/AIDS (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC

Disability Type (continued)	Disability Determination	Start Date	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	If Yes, Documentation of the disability and severity on file?	Condition is long term w/ substantial impact?	(If Yes) Currently receiving services or treatment?
Traumatic Brain Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Hearing Impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Vision Impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Other (Specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC

Exit Information

Exit Date: ____/____/____

Destination (at exit)

- | | | |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Permanent housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH) | <input type="checkbox"/> Staying or living with family, permanent tenure |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher | <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) |
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Staying or living with friends, permanent tenure |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house) |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Rental by client, with VASH housing subsidy | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) |
| <input type="checkbox"/> Long-term care facility or nursing home | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH | <input type="checkbox"/> Residential project or halfway house with no homeless criteria | <input type="checkbox"/> No exit interview completed |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH | <input type="checkbox"/> Safe Haven | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy | | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy | | <input type="checkbox"/> Data not collected |

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