

# Entry Form for HMIS: HOPWA HOUSEHOLDS (Collect information about all household members)

<b>Data Collection Instructions:</b> <ul style="list-style-type: none"> <li><u>Underlined terms</u> have definitions available at <a href="http://hmismn.org">hmismn.org</a>. Print a copy to have available.</li> </ul>	<b>HMIS Tips:</b> <ul style="list-style-type: none"> <li>Use the General HMIS Instructions, your program's (funder) Supplemental User Guide, and the Households How-To Guide for complete data entry instruction.</li> <li>EDA to Entry provider. Set backdate when prompted after searching for a client. Date should match project start date.</li> <li>If information is missing, follow-up with the client or staff person responsible for gathering information to complete the missing information. DO NOT enter "Client doesn't know" or "Client refused" unless the client does not know or refused an answer.</li> </ul>
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## Demographics and Household Set-up (in HMIS: use ClientPoint search, Profile Tab, Household Tab)

Complete table below. Enter head of household (HoH) in first line.

	First Name	Middle Name	Last Name	Suffix	Name DQ	HMIS ID#
<b>1</b>	HoH:					
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						

	Relationship to HoH (daughter, husband, significant other etc.)	Social Security Number (SSN)	SSN DQ	Veteran Status (18+only)	Date of Birth*	DOB DQ	Gender (from list)	Race (select up to 5 categories from list)	Ethnicity: Hispanic (Y/N)**
<b>1</b>	HoH: Self								
<b>2</b>									
<b>3</b>									
<b>4</b>									
<b>5</b>									
<b>6</b>									

\*DOB required for ALL clients. If client doesn't know or refuses to provide DOB, use 01/01/(estimated year of birth) as the DOB. Record quality as "full" or "approx."

\*\*Hispanic and Latino must also choose a race (often white)

### Household Type:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Couple with no children | <input type="checkbox"/> Female single parent | <input type="checkbox"/> Foster parent(s)           | <input type="checkbox"/> Grandparent(s) and child |
| <input type="checkbox"/> Two parent family       | <input type="checkbox"/> Male single parent   | <input type="checkbox"/> Non-custodial caregiver(s) | <input type="checkbox"/> Other                    |

Joined Household Date (project start date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/Day/Year)

**Data Quality (DQ) Options:**  
 Full- Full  
 Approx- Partial/Approximate  
 DK- Client doesn't know  
 R- Client refused  
 DNC- Data not collected

**Gender Options:**  
 F- Female  
 M- Male  
 TF- Trans Female (MTF or Male to Female)  
 TM- Trans Male (FTM or Female to Male)  
 GDNC - Gender Non-Conforming (i.e. not exclusively male or female)  
 DK- Client doesn't know  
 R- Client refused  
 DNC- Data not collected

**Race Options:**  
 1. American Indian or Alaskan Native  
 2. Asian  
 3. Black or African-American  
 4. Native Hawaiian or Other Pacific Islander  
 5. White  
 DK- Client doesn't know  
 R- Client refused  
 DNC- Data not collected

**Veteran Status:**  
 (Has the client served in the U.S. Armed Forces?) Answer Choices:  
**Yes, No, DK, R, DNC**

(Required for All Clients. If information is not the same for all household members, note in margins or use Entry form for Singles.)

**If Native American, of which tribe are you an enrolled member?**

- Lower Sioux Indian Community in the State of Minnesota
- Mdewakanton Sioux Indians
- Minnesota Chippewa Tribe - Bois Forte
- Minnesota Chippewa Tribe - Fond du Lac
- Minnesota Chippewa Tribe - Grand Portage
- Minnesota Chippewa Tribe - Leech Lake
- Minnesota Chippewa Tribe - Mille Lacs Band
- Minnesota Chippewa Tribe - White Earth
- Prairie Island Indian Community in the State of Minnesota
- Red Lake Band of Chippewa Indians
- Shakopee Mdewakanton Sioux Community of Minnesota
- Upper Sioux Community
- Other
- Not enrolled member of any tribe
- Client doesn't know  Client refused  Data not collected

**Date of ROI Consent:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (only enter if client consents to statewide data sharing - *never override a previously entered date*)

**Program Entry (in HMIS: use Entry/Exit Tab)**

**1. Provider:** \_\_\_\_\_ **2. Type:** HUD **3. Project Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/Day/Year)

**Household Data Sharing Assessment Questions** Required for all Adults and Heads of Household. If information is not the same for all household members, note in margins or use Entry form for Singles.

<b>Data Collection Instructions</b> <ul style="list-style-type: none"><li>• All questions refer to the day before project start date.</li></ul>	<b>HMIS Tips</b> <ul style="list-style-type: none"><li>• Click "Add Household Data" first to complete Household Data Sharing Assessment.</li><li>• In Household Data Sharing Assessment, check boxes next to other household members' names to copy answers over to their records.</li></ul>
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**Extent of homelessness by Minnesota's definition on the day before project start date:**

- 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

**Leave any of these? (0-3 months ago)** Did the client leave any of the places listed below in the last 3 months before project start date? (If client has left more than one place in the last 3 months, please select the place the client left most recently.)

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

**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

**Location of the client's last permanent address**

State of Prior Residence: \_\_\_\_\_  DK  R  DNC

County of Prior Residence (MN only): \_\_\_\_\_  DK  R  DNC City of Prior Residence (MN only): \_\_\_\_\_  DK  R  DNC

**CoC of Service (Head of Household)**

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

**Individual Assessment Questions for Household Members**

**HMIS Tips:** Complete the remaining required questions for EACH household member. (green check-mark) indicates a household member's record has been updated.

**Section 1. Client Information**

**Relationship to Head of Household (All Clients)**

Household Member Name	Self	HoH's Child	HoH's Spouse/Partner	HoH's Other relation member	Other: non-relation member	Data not collected
1. HoH:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Required for all Adults and Heads of Household. If information is not the same for all household members, note in margins or use Entry form for Singles.)

**Health Insurance** (All clients)

**HMIS Tips:** Enter health insurance using the HUD Verification tool. Start date is the program entry date. A response is required for each health insurance type.

Household Member Name	Covered by health insurance	Medicaid (MA)	Medicare	State Children's Health Ins.	VA Medical Services	Employer-Provided Health Ins.	Health Ins. through COBRA	State Health Ins. for Adults	Private Pay Health Ins.	Indian Health Services Program	Other
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC

**a. Does the client have a disability of long duration?** (All Clients)

Household Member Name	Disability of Long Duration?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC

**b. Disabilities** (All Clients)

**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 project start date.

Household Member Name (repeat client name if multiple disabilities are present)	Disability (record # from list below)	Disability determination	Start Date	If Yes, Expected to be of long-continued and indefinite duration and impairs ability to live independently?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	Project Start Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC

- |                                    |                                    |                                |
|------------------------------------|------------------------------------|--------------------------------|
| 1. <u>Mental Health Problem</u>    | 4. <u>Chronic Health Condition</u> | 7. Both Alcohol and Drug Abuse |
| 2. <u>Physical Disability</u>      | 5. Alcohol abuse                   | 8. HIV/AIDS                    |
| 3. <u>Developmental Disability</u> | 6. Drug abuse                      |                                |

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

Yes No DK R DNC (Same as question on Client Profile tab; this question will not be on Entry Assessment, it will only be on profile tab.)

**b. Did you serve on Active Duty, or in the National Guard or Reserves?** (18+ only)  No  Yes, National Guard  Both Guard and Reserves  Yes, Active Duty (regardless of Guard and Reserve answers)  Yes, Reserves  DK  R  DNC

**If yes to questions a or b, answer questions c-h. If no, skip to next question series.**

**c. 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 DNC

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

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

**f. What kind of discharge did you have?**  Honorable or under honorable conditions  Dishonorable  Other than honorable, but not dishonorable  DK  R  DNC

**g. Are you receiving VA disability pay?** Yes No DK R DNC

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

\*The Homeless Veteran Registry can be found here: <https://mn.gov/mdva/resources/homelessnessandprevention/homelessveteranregistry.jsp> Anyone who served in the U.S. Armed Forces, Reserves, or National Guard can join the Registry, regardless of the type of discharge. If you are a Veteran and choose to join, a team of housing and service professionals will work together to help you access housing and services that meet your needs. Participation is voluntary. You do not have to join and choosing not to participate will not affect your eligibility for services.

**HOPWA Specific Elements**

**HIV/AIDS**

a. Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

b. End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

c. If Yes for HIV/AIDS, does the client have a T-Cell (CD4) count available?

Yes No DK R NC

d. If Yes for HIV/AIDS and a T-Cell (CD4) count is available, what is the T-Cell (CD4) count? (integer 0-1500) \_\_\_\_\_

e. If Yes for HIV/AIDS and a T-Cell count recorded above, how was the information obtained?

Medical Report  Client Report  Other

g. If Yes for HIV/AIDS, does the client have Viral Load Information available?

Not Available  Available  Undetected  DK  R  NC

h. If Yes for HIV/AIDS and a Viral Load Information is available, what is the Viral Load? (integer 0-999999) \_\_\_\_\_

i. If Yes for HIV/AIDS and a Viral Load recorded above, how was the information obtained?

Medical Report  Client Report  Other

a. Receiving Public HIV/AIDS Medical Assistance

Yes  No  DK  R  NC

If not receiving Public HIV/AIDS Medical Assistance, Specify Reason

Applied; Decision Pending  Applied; Client not eligible  Client did not apply  Insurance type N/A for this client  DK  R  NC

b. Receiving AIDS Drug Assistance Program (ADAP)

Yes  No  DK  R  NC

If not receiving AIDS Drug Assistance Program (ADAP), Specify Reason

Applied; Decision Pending  Applied; Client not eligible  Client did not apply  Insurance type N/A for this client  DK  R  NC

Are you or have you ever been in foster care? (Clients 24 and under)

Youth Household Member Name	Has been in foster care?	Youth Household Member Name	Has been in foster care?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	4.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC

**a. Domestic violence victim/survivor? (ever)**

(All Adults and Heads of Household)

**HoH/Adult Household Member Name**

	Yes	No	DK	R	DNC
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b. If yes for Domestic violence victim/survivor, when experience occurred?**

Within the past 3 months	3-6 months ago	6-12 months ago	More than 1 year ago	DK	R	DNC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**c. If yes for domestic violence victim/survivor, currently fleeing?**

Yes	No	DK	R	DNC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 2. Resources**

**Monthly Income** (All Adults and Heads of Household)

**Data Collection Instructions:** Collect income information for all household members. Income received on behalf of minors should be recorded on the parent's/guardian's record.

**HMIS Tips:** Enter income using the HUD Verification tool. Start date is the program entry date. A response is required for each income type (select Yes/No/DNC).

HoH/Adult Household Member Name	Income from any source	Start Date	Source 1 (enter # from List Below)	Monthly Amount	Source 2 (enter # from List Below)	Start Date	Monthly Amount	Total Monthly Income from ALL Sources
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	Project start date		\$		Project start date	\$	\$
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC			\$			\$	\$
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC			\$			\$	\$

- 1. Earned Income
- 2. Unemployment insurance
- 3. SSI
- 4. SSDI
- 5. VA Service Connected Disability Compensation
- 6. Private disability insurance
- 7. Worker's compensation

- 8. TANF (MFIP)
- 9. General Assistance
- 10. Retirement income from Social Security
- 11. VA Non-Service Connected Disability Pension
- 12. Pension or retirement income from a former job
- 13. Child support
- 14. Alimony or other spousal support
- 15. Other (specify) \_\_\_\_\_

**Non-Cash Benefits** (All Adults and Heads of Household)




**Data Collection Instructions:** Record non-cash benefits for each adult and head of household. Non-cash benefits generally apply to all members of the household who benefit, even indirectly.

**HMIS Tips:** Enter non-cash benefits using the HUD Verification tool. Start date is the program entry date. A response is required for each non-cash benefit type (select Yes/No/DNC).

HoH/Adult Household Member Name	Non-cash benefit from any source	Source 1 (enter # from List Below)	Start Date	Source 2 (enter # from List Below)	Start Date
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		Project start date		Project start date
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC				
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC				
1. Supplemental Nutrition Assistance Program (Food Stamps) 2. Special supplemental nutrition program (WIC) 3. TANF Child Care Services		4. TANF transportation services 5. Other TANF-Funded Services 6. Other Source (specify)			

**Living Situation** (Required for all Adults and Heads of Household. If information is not the same for all household members, note in margins or use Entry form for Singles.)

**A. Type of Residence on Night Before Project Start Date (Pick ONLY ONE under Literally Homeless, Institutional, OR Transitional and Permanent Housing)**

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



**B. Length of Stay at Prior Living Situation** (*Literally homeless situation*)

- 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
- Data not collected

**Skip C. Move to D.**

**B. Length of Stay at Prior Living Situation** (*Institutional situation*)

- 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
- Data not collected

**B. Length of Stay at Prior Living Situation** (*Transitional and permanent situation*)

- 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
- Data not collected

**C.** If selected an unshaded response, you are done with this series of questions and should move to the next question "How long since client [...]?" on the next page.

**If selected one of the shaded response (indicating less than 90 days in institutional setting, or less than 7 days in transitional or permanent housing), on the night before did you stay on the streets, in emergency shelter, or Safe Haven?**

- Yes (Move to D)
- No (Done. Move to the next question "How long since client [...]?" on the next page.)

**D. Approximate date homelessness started** \_\_\_\_/\_\_\_\_/\_\_\_\_

**E. Number of times the client has been on the streets, in emergency shelter, or Safe Haven 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, in emergency shelter, or Safe Haven 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

**Include client in database research?** (*HIPAA-covered agencies*) (*Head of Household*)  Yes  No

**Housing Move-in Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

(Permanent Housing Projects only)(Heads of Household (Including Singles and Youth Heads of Household)) (For clients with a Project Start Date in a permanent housing project, enter the date a client or household moves into a permanent housing unit)