

HMIS Intake and Enrollment Form Coordinated Entry

Client ID: _____

Project Name: _____

For persons entering HMIS project type: **Coordinated Entry**

Staff Completing HMIS Form: _____

Identification - All fields required unless otherwise noted

First Name _____ Middle Name _____

Last Name _____ Suffix _____

Name Data Quality: Did the client provide their full name?	Social Security Number (SSN) ____ - ____ - ____	Birth Date (DOB) ____ / ____ / ____
<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, street name, or cod name reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	<input type="checkbox"/> Approximate or partial DOB reported <input type="checkbox"/> Full DOB reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Basic Demographics – All fields required unless otherwise noted

Ethnicity

Hispanic/Latino(a)(o)(x) is a person of Central American, Latin American, or South American origin, separate from race.

Non-Hispanic/ Non-Latino(a)(o)(x) is a person NOT of Central American, Latin American, or South American origin, separate from race.

Client Doesn't Know

Client Refused

Race (Check all that apply)

American Indian, Alaska Native, or Indigenous is a person having origins to any of the indigenous peoples of North and South America, including Central America.

Asian or Asian American is a person having origins of Asian descent, including but not limited to Chinese, Indian, Japanese, Korean, Pakistani, Vietnamese, or another representative nation/region.

Black, African American, or African is a person having origins to any of the Black racial groups of Africa, including Afro-Caribbean.

Native Hawaiian or Pacific Islander is a person having origins in any of the indigenous peoples of Hawaii, Guam, Samoa, or another Pacific Island.

White is a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Client Doesn't Know

Client Refused

Gender (Check all that apply)	Client authorizes update in HMIS if gender is different? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Female is a person who lives or identifies as female. <input type="checkbox"/> Male is a person who lives or identifies as male. <input type="checkbox"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) is a person who lives or identifies as a gender other than female, a gender other than male, a gender outside the binary, no gender, more than one gender, a culturally specific gender, or a gender that changes over time. <input type="checkbox"/> Transgender is a person who lives or identifies with a transgender history, experience, or identity. <input type="checkbox"/> Questioning is a person who may be unsure, may be exploring, or may not relate to or identify with a gender identity at this time. <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

Veteran (Have you ever served in the U.S. Military?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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Name of Head of Household _____

Relationship to Head of Household	<input type="checkbox"/> Self <input type="checkbox"/> Son <input type="checkbox"/> Daughter	<input type="checkbox"/> Dependent Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other: Family Member	<input type="checkbox"/> Other: Non-Family Member
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Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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Project Start Date _____ / _____ / _____

Universal Data Assessment

Living Situation: Identify the type of residence and length of stay at that residence just prior to (i.e., program admission)

Literally Homeless Situations

1. What was the living Situation you were living in immediately prior to project entry?

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter
- Safe Haven

2. Length of stay in prior living 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

3. What approximate date did you start living on the streets, emergency shelter, or safe haven? (Approximate date homelessness started)

____/____/____

4. Regardless of where they stayed last night -- Number of times the client has been on the streets, in ES, or SH in the past three years including today?

- One Time
- Two Times
- Three Times
- Four or more times
- Client Doesn't Know
- Client Refused

5. Total number of months homeless on the streets, in ES, or SH in the past three years?

- One Month (this time is the first month)
- 2-12 (months)
- More than 12
- Client Doesn't Know
- Client Refused

Institutional Situations

1. What was the living Situation you were living in immediately prior to project entry?

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

2. Did you stay less than 90 Days

- Yes (Continue to questions 3-4)
- No (Continue to question 3 and then Enter Wellness Assessment)

3. Length of stay in prior living 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

4. On the night before did you stay on the street, Emergency Shelter, or Safe Haven

- Yes(Continue to questions 5-7)
- Client Doesn't Know
- No (Continue with Wellness Assessment)
- Client Refused

5. What approximate date did you start living on the streets, emergency shelter, or safe haven? (Approximate date homelessness started)

____/____/____

6. Regardless of where they stayed last night Number of times the client has been on the streets, in ES, or SH in the past three years including today?

- One Time
- Two Times
- Three Times
- Four or more times
- Client Doesn't Know
- Client Refused

7. Total number of months homeless on the streets, in ES, or SH in the past three years?

- One Month (this time is the first month)
- 2-12 (months)
- More than 12
- Client Doesn't Know
- Client Refused

Transitional & Permanent Housing Situations

1. What was the living Situation you were living in immediately prior to project entry?

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Rental by client, with VASH housing subsidy
- Transitional housing for homeless persons (including homeless youth)
- Host Home (non-crisis)
- Staying or living in a friend's room, apartment or house
- Staying or living in a family member's room, apartment or house
- Rental by client, with GPD TIP subsidy
- Permanent housing (Other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client, in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Client Doesn't Know
- Client Refused

2. Did you stay less than 7 Nights

- Yes (Continue to questions 3-4)
- No (Answer 3 then continue to Wellness Assessment)

3. Length of stay in prior living 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

4. On the night before did you stay on the street, Emergency Shelter, or Safe Haven

- Yes(Continue to questions 5-7)
- Client Doesn't Know

- No (Continue with Wellness Assessment)
- Client Refused

5. What approximate date did you start living on the streets, emergency shelter, or safe haven? (Approximate date homelessness started)

_____/_____/_____

6. How many times has the client been homeless on the streets, in shelters in the past 3 years?

- One Time
- Two Times
- Three Times

- Four or more times
- Client Doesn't Know
- Client Refused

7. Total number of months homeless on the streets, in ES, or SH in the past three years

- One Month (this time is the first month)
- 2-12 (months)

- More than 12
- Client Doesn't Know
- Client Refused

Health Insurance

Yes (Enter the Source)

No

Client Doesn't Know

Client Refused

Health Insurance Sources

- Private Pay Health Insurance
- Medicare
- MEDICAID
- State Children's Health Insurance (SCHIP)
- VA Medical Services

- Employer Provided Health Insurance
- Health Insurance obtained through COBRA
- State Health Insurance Adults (Medi-cal)
- Indian Health Services Program
- Other _____

Self Sufficiency Matrix (Enter completed matrix into HMIS)

Triage Assessment	
Assessment Location? <input type="checkbox"/> Stanislaus Community System of Care	Assessment Type? <input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> In Person
Information Date: ____/____/____	Triage Assessment Collection Point: <input type="checkbox"/> Entry <input type="checkbox"/> Update <input type="checkbox"/> Exit
Current Living Situation	
Homeless Situation <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter <input type="checkbox"/> Safe Haven	Permanent Housing Situations <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy
Institutional Situations <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	Other <input type="checkbox"/> Other: _____ <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know
Temporary Housing Situations <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friends, room apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house	
Contact Service Information	
Contact Service: <input type="checkbox"/> Case Management	Geolocation: <input type="checkbox"/> (Reminder to check box in HMIS)
Additional Questions	
1a. Is there violence or conflict in the place you were staying last night?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
1b. Is your health or safety at risk in the place you were staying last night?	<input type="checkbox"/> Yes, continue to 1c <input type="checkbox"/> No, continue to 1d <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
1c. Do you have another place to go?	<input type="checkbox"/> Yes, continue to 1d <input type="checkbox"/> No, Special intervention likely needed. If DV may not be able to use HMIS (comment) _____ <input type="checkbox"/> NA <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
1d. How long could you potentially stay?	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than a month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 Days or more, but less than a year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Prioritization Status:	<input type="checkbox"/> Placed on prioritization list <input type="checkbox"/> Not placed on prioritization list
Housing Needs Assessment- VISPDAT (Enter completed VISPDAT into HMIS)	