Homeless Resource Council of the Sierras HMIS Entry Form – ES, SO, and PATH SO

Project Entry Date:_____/_____/_____ **Intake Staff Name:** _____

Project Name: _____ **HMIS Client ID** (ServicePoint Generated)**:** _____

First Name		**Client Location**	☐CA-515 (CoC Code for Placer County) ☐CA-531 (CoC Code for Nevada County)
Middle Name		**Name Quality**	☐Full Name ☐Partial, Street Name, or Code Name ☐Client Doesn't Know ☐Client Refused
Last Name			
SS#	_____- _____- _____	**SS Quality**	☐Full SSN ☐Client Doesn't Know ☐Partial SSN ☐Client Refused
Date of Birth	_____/_____/_____	**DOB Type**	☐Full DOB ☐Client Doesn't Know ☐Approximate or Partial DOB ☐Client Refused
Phone Number	( )	**Prior Living Situation**	**Literally Homeless** ☐Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station, airport, or anywhere outside) (1) ☐Emergency shelter, including hotel/motel paid for with ES voucher, or RHY-funded Host Home Shelter (2) ☐Safe Haven (3) **Institutional Situations** ☐Foster care home or foster care group home (4) ☐Hospital or other, non-psychiatric, medical facility (5) ☐Jail, prison, or juvenile detention facility (6) ☐Long term care facility or nursing home (7) ☐Psychiatric hospital or other psychiatric facility (8) ☐Substance abuse treatment facility/detox (9) **Temporary and Permanent Housing Situation** ☐Residential project or halfway house with no homeless criteria (ie. sober living with no lease/tenancy rights) (10) ☐Hotel or motel paid for without an ES voucher (11) ☐Transitional housing for homeless persons (inc. youth) (12) ☐Host home (non-crisis) (13) ☐Staying in family member's room, apartment or house (14) ☐Staying in friend's room, apartment or house (15) ☐Rental by client, with VASH housing subsidy (16) ☐Permanent housing (other than RRH) for formerly homeless persons (17) ☐Rental by client, with RRH or equivalent subsidy (18) ☐Rental by client, with Housing Choice Voucher (HCV) (tenant or project based) (19) ☐Rental by client in a public housing unit (20) ☐Rental by client, no ongoing housing subsidy (21) ☐Rental by client, with other ongoing housing subsidy (22) ☐Owned by client, no ongoing housing subsidy (23) ☐Owned by client, with ongoing housing subsidy (24) ☐Client Doesn't Know (25) ☐Client Refused (26)
Email Address			
Current Address or Location Description			
Zip Code			
Relationship to Head of Household (HoH)	☐Self (Head of Household) ☐HoH's Child ☐HoH's Spouse or Partner ☐HoH's other relation member ☐Other: non-relation member *If not Self, write Head of Household's Name:* _____		
Served "Active Duty" in Armed Forces?	☐Yes ☐Client Doesn't Know ☐No ☐Client Refused	**Type of Residence**	
Gender	☐Female ☐Male ☐A gender other than singularly female or male (e.g.,non-binary, genderfluid, agender, culturally specific gender) ☐Transgender ☐Questioning ☐Client Doesn't Know ☐ Client Refused		
Ethnicity	☐Hispanic/Latin(a)(o)(x) ☐Non-Hispanic/Latin(a)(o)(x) ☐Client Doesn't Know ☐Client Refused		
Race Check ALL that apply (and circle P to select ONE Primary)	☐American Indian, Alaska Native, or Indigenous ☐Asian or Asian American ☐Black, African American, or African ☐Native Hawaiian or Pacific Islander ☐White ☐Client Doesn't Know ☐Client Refused	**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

Approximate Date Most Recent Episode of Homelessness Started	_____/_____/_____	
(Regardless of where they stayed last night) Total number of times homeless on the street, 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
Total number of months homeless on the street, in Emergency Shelter, or Safe Haven in the past three years	☐One month (this time is the first month) ☐ _____2-12 months (write number) ☐More than 12 months	☐Client Doesn't Know ☐Client Refused
DV/ SA/ HT/ Stalking Victim/Survivor	☐Yes ☐No	☐Client Doesn't Know ☐Client Refused
If yes to DV, when experience occurred	☐Within past three months ☐Three to six months ago ☐Six to twelve months ago	☐More than a year ago ☐Client Doesn't Know ☐Client Refused
If yes to DV, are you currently fleeing?	☐Yes ☐No	☐Client Doesn't Know ☐Client Refused

Any Disabling Condition*	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused				For each condition identified, provide an answer (X) below whether that condition is expected to be of long-continued/indefinite duration and substantially impedes ability to live independently.			
Provide answer (X) for each condition below:	**Yes**	**No**	**Client Doesn't Know**	**Client Refused**	**Yes**	**No**	**Client Doesn't Know**	**Client Refused**
Physical Disability	☐	☐	☐	☐	☐	☐	☐	☐
Chronic Health Condition	☐	☐	☐	☐	☐	☐	☐	☐
Mental Health Disorder	☐	☐	☐	☐	☐	☐	☐	☐
Substance Use	☐Alcohol Use ☐Drug Use ☐Both Alcohol & Drug Use	☐	☐	☐	☐	☐	☐	☐
HIV/AIDS	☐	☐	☐	☐	**Answer YES to 'Any Disabling Condition' if answer above is YES to any condition, or if client has HIV/AIDS or a Developmental Disability or is a veteran with a qualifying injury/illness incurred during active service.*			
Developmental Disability	☐	☐	☐	☐				

Income Received from Any Source?	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused		***Answer Yes or No for ALL sources of income below, and if Yes, provide monthly dollar amount client is receiving.***		
Source of Income	**Receiving?**	**Amount**	**Source of Income**	**Receiving?**	**Amount**
Earned Income	☐Yes ☐No	$.	Temporary Assistance for Needy Families (TANF)	☐Yes ☐No	$.
Unemployment Insurance	☐Yes ☐No	$.	General Assistance (GA)	☐Yes ☐No	$.
Supplemental Security Income (SSI)	☐Yes ☐No	$.	Retirement Income from Social Security	☐Yes ☐No	$.
Social Security Disability Insurance (SSDI)	☐Yes ☐No	$.	Pension/Retirement from a former job	☐Yes ☐No	$.
VA Service – Connected Disability Compensation	☐Yes ☐No	$.	Child Support	☐Yes ☐No	$.
VA Non-Service Connected Disability Pension	☐Yes ☐No	$.	Alimony/Spousal Support	☐Yes ☐No	$.
Private Disability Insurance	☐Yes ☐No	$.	Other: _____		$.
Workers' Compensation	☐Yes ☐No	$.	**Total *Monthly* Income**		$.

Non-Cash Benefits Received?	☐Yes ☐Client Doesn't Know ☐No ☐Client Refused	**Covered by Health Insurance?**	☐Yes ☐Client Doesn't Know ☐No ☐Client Refused

Answer Yes or No to all sources below:			***Answer Yes or No to all sources below:***		
Source of Non-Cash Benefit	**Yes**	**No**	**Source of Health Insurance**	**Yes**	**No**
Supplemental Nutritional Assistance Program (SNAP) (CalFresh or "Food Stamps")	☐	☐	MEDICAID (Medi-Cal)	☐	☐
Special Supplementation Nutritional Program for (WIC)	☐	☐	MEDICARE	☐	☐
TANF Child Care Services	☐	☐	State Children Health Insurance Program	☐	☐
TANF Transportation Services	☐	☐	VA Medical Services	☐	☐
Other TANF-Funded Services	☐	☐	Employer Provided Health Insurance	☐	☐
Other:_____	☐	☐	Health Insurance obtained through COBRA	☐	☐
			Private Pay Health Insurance	☐	☐
			State Health Insurance for Adults	☐	☐
			Indian Health Services Program	☐	☐
			Other:_____	☐	☐

Street Outreach / Night by Night Shelter Stays / PATH Street Outreach Only	*Adults and Head of Household only*
CONTACT DATE *[First Contact Date should be same as Project Entry date]*	_____/_____/_____
CURRENT LIVING SITUATION: **Refer to 'Type of Residence' list on Page 1 and write the applicable number here.** *[PATH projects are limited to #1, #2, #3, "Other" or "Worker Unable to Determine"]*	Type of Residence (#): _____ or ☐Other *(use sparingly)* ☐Worker Unable to Determine
If 'Current Living Situation' response is NOT a Homeless (#1-3) Situation, answer question A: **A.** Is client going to have to leave their current living situation within 14 days?	☐Yes ☐Client Doesn't Know ☐No ☐Client Refused
If Yes to question A, answer questions B-E: **B.** Has a subsequent residence been identified?	☐Yes ☐Client Doesn't Know ☐No ☐Client Refused
C. Does individual or family have resources or support networks to obtain other permanent housing?	☐Yes ☐Client Doesn't Know ☐No ☐Client Refused
D. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	☐Yes ☐Client Doesn't Know ☐No ☐Client Refused
E. Has the client moved 2 or more times in the last 60 days?	☐Yes ☐Client Doesn't Know ☐No ☐Client Refused

LOCATION DETAILS		
Date of Engagement	_____/_____/_____	*Engagement is when an interactive client relationship results in client assessment or beginning of case plan. For street outreach, data quality is not measured until a date of engagement is recorded.*

PATH Projects Only			
Date of Status Determination		_____/_____/_____	
Client became enrolled in PATH	☐Yes ☐No	**If NO, reason not enrolled**	☐Client was found ineligible for PATH ☐Client was not enrolled for other reason(s)
Connected with SOAR		☐Yes ☐No	