

HMIS Data Collection Form Project ENTRY – RHY Street Outreach

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN “X”

The form is broken into two sections for *All Clients*, and *Head of Household and Other Adults in the Household* in order to eliminate duplication of data gathering when characteristics apply to certain members of households.

DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

SOCIAL SECURITY NUMBER

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SOCIAL SECURITY NUMBER DATA QUALITY

- Full SSN reported
- Approximate or partial SSN reported
- Client doesn't know
- Client refused
- Data not collected

NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name																				
Middle name																				
Last name																				
Suffix																				

NAME DATA QUALITY

- Full name reported
- Partial, street name, or code name reported
- Client doesn't know
- Client refused
- Data not collected

DATE OF BIRTH

		/			/							
Month			Day			Year						

DATE OF BIRTH TYPE

- Full DOB reported
- Approximate or partial DOB reported
- Client doesn't know
- Client refused
- Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD

- 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

GENDER

- Female
- Male
- Trans
- A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)
- Questioning
- Client doesn't know
- Client refused
- Data not collected

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 then select the appropriate race category here.

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

ETHNICITY

- Non-Hispanic / Non-Latino
- Hispanic / Latino
- Client doesn't know
- Client refused
- Data not collected

VETERAN STATUS (Adults Only)

Veteran Status is only collected on heads of household who are 18 years of age and older, as well as all other adults in the household. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. For the Army, Navy, Air Force, Marine Corps, and Coast Guard, active duty

begins when a military member reports to a duty station after completion of training. For the Reserves and National Guard, active duty is any time spent activated or deployed, either in the United States or abroad.

Is the client a veteran?

No

Yes

Client doesn't know

Client refused

Data not collected

PROGRAM DATE

Record the month, day, and year of project entry. The project entry date indicates a client is now being assisted by the project.

- **Street Outreach** – Date of first contact with the client.

		/			/				
Month			Day			Year			

Connection with SOAR

No

Yes

Client doesn't know

Client refused

Data not collected

PRIOR LIVING SITUATION

Respond to the following questions for any adult in the household. If the household is composed of an unaccompanied child, that child is the head of household. If the household is composed of two or more minors, data must be collected about the minor that has been designated as the head of household. A separate form should be included for each adult member of the household.

LIVING SITUATION

1) WHAT WAS THE SITUATION THE CLIENT WAS LIVING IN IMMEDIATELY PRIOR TO PROJECT ENTRY?

Homeless Situation	
<input type="checkbox"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
<input checked="" type="checkbox"/>	Emergency shelter, including hotel or motel paid for <u>with</u> emergency shelter voucher
<input type="checkbox"/>	Safe Haven

Institutional Situation			
<input checked="" type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Long-term care facility or nursing home
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility
<input checked="" type="checkbox"/>	Jail, prison, or juvenile detention facility	<input checked="" type="checkbox"/>	Substance abuse treatment facility or detox center

Transitional and Permanent Housing Situation

- | | |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria | <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) |
| <input type="checkbox"/> Hotel or motel paid for <u>without</u> emergency shelter voucher | <input type="checkbox"/> Rental by client in a public housing unit |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Rental by client, no ongoing housing subsidy |
| <input type="checkbox"/> Host Home (non-crisis) | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> Staying or living in a friend's room, apartment, or house | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy |
| <input type="checkbox"/> Staying or living in a family member's room, apartment, or house | <input type="checkbox"/> Owned by client, with ongoing housing subsidy |
| <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy | <input type="checkbox"/> Owned by client, no ongoing housing subsidy |
| <input type="checkbox"/> Rental by client, with VASH housing subsidy | <input type="checkbox"/> Interim housing (RETIRED) |
| <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

LENGTH OF STAY IN PRIOR LIVING SITUATION

If Homeless Situation above – Complete Question 3

If Institutional Situation above – Complete Question 4

If Transitional or Permanent Housing Situation above – Complete Question 5

2) COMPLETE THIS SECTION IF CLIENT'S LIVING SITUATION PRIOR TO PROJECT ENTRY WAS A HOMELESS SITUATION

DATE THE CLIENT STARTED BEING HOMELESS ON THE STREETS, IN SHELTER, OR IN SAFE HAVEN THIS TIME**

Determine the date of the last time the client had a place to sleep that was not on the streets, in an emergency shelter, or in a safe haven. As the client looks back, there may be breaks in their stay on the streets, shelters, or safe havens. The breaks are allowed to be included in the look back period to calculate the start date only if:

- The client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; OR
- The break in their time on the streets, shelters, or safe havens was less than 7 nights. A break is considered 6 or less consecutive nights not residing in a place not meant for human habitation, in shelter or in a safe haven. The look back time would not be broken by a stay less than 7 consecutive nights; OR
- The break in their time on the streets, ES, or SH was less than 90 days in any of the places listed under the header "institutional situations" on the previous page. The look back time would include all of those days (up to 89 days) when looking back for the start date.

If this is the client's first day on the streets, shelters, or safe havens, enter today's date.

When did the client start staying on the streets, in emergency shelters, or in safe havens this time?

		/			/				
Month			Day			Year			

*** "The streets" is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground).*

NUMBER OF TIMES THE CLIENT HAS BEEN HOMELESS ON THE STREETS, IN SHELTER, OR IN SAFE HAVEN IN THE PAST THREE YEARS INCLUDING TODAY

A break in homelessness separating the occasions means at least 7 consecutive nights of not living on the street, in an emergency shelter, or Safe Haven or at least 90 days in any of the places listed under the header "institutional situations" on the previous page.

How many times has the client been homeless on the streets, in shelter, or in safe havens in the past three years, including this time?

<input type="checkbox"/> One time (this time)	<input type="checkbox"/> Four or more times
<input type="checkbox"/> Two times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Three times	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMLESS ON THE STREETS, IN SHELTER, OR IN SAFE HAVEN IN THE PAST THREE YEARS

Record the total number of months for all the different times the client has spent homeless on the streets, in shelter, or in safe havens in the past three years.

For example: If the client has been on the streets, ES, or SH since January 15 and it is now March 1, the cumulative total would be 1.5 months (January = 15 days and February = 1 month). If they were also homeless for a month back in October, the cumulative total would then be 2.5 months. Responses may be rounded to the next-nearest month, so you would choose "3 months."

How many months, in total, has the client has been homeless on the street, in an emergency shelter, or Safe Haven over the past three years?

<input type="checkbox"/> One month (this time is the first month)	<input type="checkbox"/> 9 months
<input type="checkbox"/> 2 months	<input type="checkbox"/> 10 months
<input type="checkbox"/> 3 months	<input type="checkbox"/> 11 months
<input type="checkbox"/> 4 months	<input type="checkbox"/> 12 months
<input type="checkbox"/> 5 months	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> 6 months	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> 7 months	<input type="checkbox"/> Client refused
<input type="checkbox"/> 8 months	<input type="checkbox"/> Data not collected

3) COMPLETE THIS SECTION IF CLIENT'S LIVING SITUATION PRIOR TO PROJECT ENTRY WAS AN INSTITUTIONAL SITUATION

DID CLIENT STAY LESS THAN 90 DAYS?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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[IF YES] ON THE NIGHT BEFORE DID CLIENT STAY ON THE STREETS, ES, OR SH?

No

Yes



- [If YES] complete Question 3

4) COMPLETE THIS SECTION IF CLIENT'S LIVING SITUATION PRIOR TO PROJECT ENTRY WAS A TRANSITIONAL OR PERMANENT HOUSING SITUATION

DID CLIENT STAY LESS THAN 7 NIGHTS?

No

Yes



[IF YES] ON THE NIGHT BEFORE DID CLIENT STAY ON THE STREETS, ES, OR SH?

No

Yes



- [If YES] Complete Question 3

ZIP CODE OF LAST ADDRESS _____

COMPLETE PATH ENGAGEMENT DATE WHEN THE CLIENT HAS BEEN ENGAGED

Date of Engagement

__/__/__

COMPLETE DATE OF STATUS DETERMINATION ONLY ONCE, WHEN THE ENROLLMENT STATUS FOR THE CLIENT HAS BEEN DETERMINED. THERE SHOULD ONLY BE ONE DATE OF STATUS DETERMINATION PER PROJECT STAY.

Date of Status Determination

__/__/__

DISABLING CONDITION

Record whether the client has a disabling condition based on one or more of the following:

- A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
 1. Is expected to be long-continuing or of indefinite duration;
 2. Substantially impedes the individual's ability to live independently; and
 3. Could be improved by the provision of more suitable housing conditions.
- A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

If the client is a veteran who is disabled by an injury or illness that was incurred or aggravated during active military service and whose disability meets the disability definition defined in Section 223 of the social security act, they should be identified as having a disabling condition.

Does the client currently have a disabling condition?

No

- Yes
- Client doesn't know
- Client refused
- Data not collected

[IF YES] Answer 'Yes' or 'No' for each condition.

PHYSICAL DISABILITY

Does the client currently have a physical disability?

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected



[IF YES for physical disability] Is the physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected



[IF YES for chronic health condition] Is the physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected

HIV - AIDS

Does the client currently have HIV - AIDS?

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected

MENTAL HEALTH DISORDER

Does the client currently have a mental health disorder?

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected



[IF YES for mental health disorder] Is the mental health disorder expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected

SUBSTANCE ABUSE DISORDER

Does the client currently have a substance abuse disorder?

- No
- Alcohol abuse
- Drug abuse

- Both alcohol and drug abuse
- Client doesn't know
- Client refused



[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected



[IF YES for Domestic Violence Victim/Survivor, complete next two questions]

1. When was the last occurrence?

- Within the past three months
- Three to six months ago (excluding six months exactly)
- Six months to one year ago (excluding one year ago exactly)
- One year ago or more

- Client doesn't know
- Client refused
- Data not collected

2. Are you currently fleeing?

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

INCOME AND SOURCES

Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).

Does the client have any income from any source?

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected



[IF YES] Answer Yes or No for each income source. If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate.

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)			
Earned income (i.e., employment income)	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$. 0 0
Unemployment Insurance	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$. 0 0
Supplemental Security Income (SSI)	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$. 0 0
Social Security Disability Insurance (SSDI)	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$. 0 0
VA Service-Connected Disability Compensation	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$. 0 0
	No	<input type="checkbox"/>			

VA Non-Service-Connected Disability Pension	Yes	<input type="checkbox"/>	\$. 0 0
	No	<input type="checkbox"/>						
Private disability insurance	Yes	<input type="checkbox"/>	\$. 0 0
	No	<input type="checkbox"/>						
Worker's Compensation	Yes	<input type="checkbox"/>	\$. 0 0
	No	<input type="checkbox"/>						
Temporary Assistance for Needy Families (TANF)	Yes	<input type="checkbox"/>	\$. 0 0
	No	<input type="checkbox"/>						
General Assistance (GA)	Yes	<input type="checkbox"/>	\$. 0 0
	No	<input type="checkbox"/>						
Retirement Income from Social Security	Yes	<input type="checkbox"/>	\$. 0 0
	No	<input type="checkbox"/>						
Pension or retirement income from a former job	Yes	<input type="checkbox"/>	\$. 0 0
	No	<input type="checkbox"/>						
Child support	Yes	<input type="checkbox"/>	\$. 0 0
	No	<input type="checkbox"/>						
Alimony or other spousal support	Yes	<input type="checkbox"/>	\$. 0 0
	No	<input type="checkbox"/>						
Other source If yes, specify source: _____	Yes	<input type="checkbox"/>	\$. 0 0
	No	<input type="checkbox"/>						
Total monthly income from all sources			\$. 0 0

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

NON-CASH BENEFITS

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

Does the client have any non-cash benefits from any source?

No

Yes

Client doesn't know

Client refused

Data not collected



[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

No	Yes	Source of non-cash benefit
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP, CalFresh)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Other Non-Cash Benefit (source: _____)

<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

HEALTH INSURANCE

Covered by Health Insurance

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected



[IF YES] Answer 'Yes' or 'No' for each health insurance source.
 Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Type of health insurance
<input type="checkbox"/>	<input type="checkbox"/>	MEDICAID
<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Other If Yes, specify source: _____