Collection Point:	Entry
Projects/grants:	ESG and CoC
Clients who are:	Children (under 18, not HoH)

Step 1: Client Demographics - all fields with an "*" are required.

First Name:*_________________________________ **Last Name**:* ___________________________________

Middle Name: ___________________________ **Suffix**: ______ **HoH:*** _______________________________________

Name Data Quality:*
- ☐ Full Name Reported
- ☐ Partial, or Street Name
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Social Security Number:* ___________________
- ☐ Full SSN Reported
- ☐ Approximate or Partial SSN
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Birthdate:* ________________
- ☐ Full DOB Reported
- ☐ Approximate or Partial DOB
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Ethnicity:*
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Race:* (Select all that apply)
- ☐ 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

Gender:*
- ☐ Male
- ☐ Female
- ☐ Transgender Female to Male
- ☐ Transgender Male to Female
- ☐ Client Doesn't Identify Male, Female, or Transgender
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If Female, Pregnancy Status:*
- ☐ Yes Due Date: _________
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Relationship to Head of Household:*
- ☐ Son
- ☐ Daughter
- ☐ Dependent Child
- ☐ Spouse
- ☐ Foster Child
- ☐ Grandchild
- ☐ Other Family Member
- ☐ Other Non-Family Member

Client Contact Information:

Address: _______________________________________ City/State/Zip:____

Email:____ Home Phone: ____

Step 2: Project Enrollment

Project Start Date:*__________________ Case Manager:___________________________

Step 3: Entry Assessments

Disabling Condition:*
- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Step 4: Health Insurance:*

Health Insurance	
☐ No Health Insurance	☐ Client Doesn't Know
☐ Client Refused	☐ Data Not Collected
If client has Health Insurance, check all that apply below:	
☐ Private	☐ State Children's Health Insurance Program S-CHIP
☐ Private - Employer	☐ Military Insurance
☐ Private - Individual	☐ State Funded
☐ Medicare	☐ Combined Children's Health Insurance/Medicaid Program
☐ Medicaid	☐ Indian Health Service (IHS)

Step 5: Barriers/Special Needs:* Identify whether a client has each individual barrier or not

Alcohol Abuse*

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

If "Yes", answer this: **Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:**

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

Chronic Health Condition*

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

If "Yes", answer this: **Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:**

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

Developmental Disability*

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

Drug Abuse*

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

If "Yes", answer this: **Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:**

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

HIV/AIDS*

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

Mental Health*

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

If "Yes", answer this: **Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:**

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

Physical Disability*

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

If "Yes", answer this: **Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:**

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