

Collection Point: Entry
Projects/grants: ESG and CoC
Clients who are: Head of Households & Adults

**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

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,

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

**Veteran Status:\*** (18 & over)

Yes

No

Client Doesn't Know

Client Refused

Data Not Collected

**Relationship to Head of Household:\***

Self  Foster Child

Son  Grandchild

Daughter  Other Family Member

Dependent Child  Other Non-Family Member

Spouse

**Client Contact Information:**

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Step 2: Project Enrollment**

Project Start Date:\* \_\_\_\_\_ Case Manager: \_\_\_\_\_

Housing Move-in Date: \_\_\_\_\_ (Only for Permanent Housing projects, including RRH)

Date of Engagement: \_\_\_\_\_ (Only for Street Outreach projects)

**Step 3: Entry Assessments**

**Disabling Condition:\***

Yes

No

Client Doesn't Know

Client Refused

Data Not Collected

**Client Location (The CoC the client is being served in):\***

Athens/Clarke County (GA-503)  Fulton County (GA-502)

Atlanta (GA-500)  Ballance of State (GA-501)

August (GA-504)  Marietta/Cobb (GA-506)

Columbus/Russell County (GA-505)  Savannah/Chatham County (GA-507)

DeKalb County (GA-508)

**Step 4: Living Situation\***

Living Situation - Identify the residence just prior to (i.e., the night before) enrollment (ONLY SELECT ONE):

COMPLETE THESE STEPS FOR ALL PROJECT TYPES

**HOMELESS SITUATION**

- Place not meant for habitation
- Emergency shelter, including hotel or motel
- Safe Haven
- Interim Housing

Length of stay in this living situation?:\*

**INSTITUTIONAL SITUATION**

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric
- Jail, Prison or Juvenile Detention Center
- Long-term care facility or nursing home
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment Facility or Detox

Length of stay in this living situation?:\*

**TRANSITIONAL AND PERMANENT HOUSING SITUATION**

- Hotel or motel paid for without emergency shelter
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent Housing (other than RRH) for Formerly
- Rental by client, with no ongoing housing subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with GPD TIP subsidy
- Rental by client, with other ongoing housing subsidy
- Residential project or halfway house with no home-
- Staying or living in a family member's room, apart-
- Staying or living in a friend's room, apartment or
- Transitional Housing for Homeless Persons
- Client Doesn't Know
- Client Refused
- Data Not Collected

Length of stay in this living situation?:\*

COMPLETE THESE ADDITIONAL STEPS FOR ALL PROJECT TYPES EXCEPT EMERGENCY SHELTERS, & STREET OUTREACH

Proceed to Step 5 at bottom of page

**Is this less than 90 days?:\***

No \_\_\_\_\_

Yes \_\_\_\_\_

Proceed to next page

**On the night before did you stay on the**

No \_\_\_\_\_

Yes \_\_\_\_\_

Proceed to Step 5 at bottom of page

**Is this less than 7 days?:\***

No \_\_\_\_\_

Yes \_\_\_\_\_

Proceed to next page

**Step 5: History of Homelessness**

Approximate date homelessness started (The beginning of *this* continuous period of homelessness): \* \_\_\_\_\_







Total # of *times* the client has been on the streets, in ES, or SH in the past three years including today: \* \_\_\_\_\_

Total # of *months* homeless on the street, in ES, or SH in the past three years: \* \_\_\_\_\_

**Step 6: Health Insurance:\***

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

**Step 7: Barriers/Special Needs:\*** Identify whether a client has each individual barrier or not

<b>Alcohol Abuse*</b>	 <b>If "Yes", answer this:</b>	<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b>
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Chronic Health Condition*</b>	 <b>If "Yes", answer this:</b>	<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b>
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Developmental Disability*</b>	 <b>If "Yes", answer this:</b>	<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b>
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Drug Abuse*</b>	 <b>If "Yes", answer this:</b>	<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b>
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>HIV/AIDS*</b>	 <b>If "Yes", answer this:</b>	<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b>
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Mental Health*</b>	 <b>If "Yes", answer this:</b>	<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b>
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<b>Physical Disability*</b>	 <b>If "Yes", answer this:</b>	<b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b>
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected

## Step 8: Domestic Violence:\*

### Has the client been a victim of Domestic Violence?:\*

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

If "Yes", please answer the following questions:

### When did the experience occur?

- Within the past three months  Client Doesn't Know  
 Three to six months ago (excluding 6 months exactly)  Client Refused  
 Six months to one year ago (excluding 1 year exactly)  Data Not Collected  
 One year ago or more

### Is the client currently fleeing?:

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

## Step 9: Income and Non-Cash Benefits:\*

### Income Sources:

- No Income  Client Doesn't Know  
 Client Refused  Data Not Collected

If client has income, check all that apply below, and record MONTHLY amount:

- |   |           |   |           |
|---|-----------|---|-----------|
| <input type="checkbox"/> Earned Income (i.e., employment income)        | \$* _____ | <input type="checkbox"/> General Assistance                     | \$* _____ |
| <input type="checkbox"/> Unemployment Insurance                         | \$* _____ | <input type="checkbox"/> Retirement income from Social Security | \$* _____ |
| <input type="checkbox"/> Supplemental Security Income (SSI)             | \$* _____ | <input type="checkbox"/> Veteran's Pension                      | \$* _____ |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI)    | \$* _____ | <input type="checkbox"/> Other Pension                          | \$* _____ |
| <input type="checkbox"/> Veteran's Disability Payment                   | \$* _____ | <input type="checkbox"/> Child Support                          | \$* _____ |
| <input type="checkbox"/> Private Disability Insurance                   | \$* _____ | <input type="checkbox"/> Alimony or other spousal support       | \$* _____ |
| <input type="checkbox"/> Worker's Compensation                          | \$* _____ | <input type="checkbox"/> Other: _____                           | \$* _____ |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | \$* _____ |   |           |

### Non-Cash Benefit Sources:

- No Non-Cash Benefits  Client Doesn't Know  
 Client Refused  Data Not Collected

If client receives non-cash benefits, check all that apply below:

- Supplemental Nutrition Assistance Program \$ \_\_\_\_\_ (SNAP) (Food Stamps)  TANF Transportation Services  
 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)  Other TANF-funded Services  
 TANF Child Care Services  Other Source (Specify: \_\_\_\_\_)

**Step 10: Contact Service: (Required for Street Outreach projects ONLY)**

**HOMELESS SITUATION**

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

**INSTITUTIONAL SITUATION**

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, Prison or Juvenile Detention Center
- Long-term care facility or nursing home
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment Facility or Detox Center

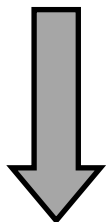
**Location details**

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**If Institutional, temporary, or Permanent Housing, continue on next page**

**TEMPORARY AND PERMANENT HOUSING SITUATION**

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional Housing for Homeless Persons
- Owned by client, no ongoing housing subsidy
- 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
- Rental by client, with VASH housing 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, with no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy (Including RRH)
- Other
- Worker unable to determine
- Client Doesn't Know
- Client Refused
- Data Not Collected



**Step 16: Currently Living Situation - continued for non-homeless situations:**

Is client going to have to leave their current living situation within 14 days?

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

If Yes, Has a subsequent residence been identified?

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

If Yes, Does individual or family have resources or support networks to obtain other permanent housing?

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

If yes, has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

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