

| |
|--|
| Collection Point: Entry |
| Projects/grants: HOPWA |
| 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 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

Veteran Status:* (18 & over)

Yes

No

Client Doesn't Know

Client Refused

Data Not Collected

Relationship to Head of Household:*

Self

Son

Daughter

Dependent Child

Spouse

Foster Child

Grandchild

Other Family Member

Other Non-Family Member

Client Contact Information: (CITY, STATE, ZIP REQUIRED FOR HEAD OF HOUSEHOLD)

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)

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):*

| | |
|---|---|
| <input type="checkbox"/> Athens/Clarke County (GA-503) | <input type="checkbox"/> Fulton County (GA-502) |
| <input type="checkbox"/> Atlanta (GA-500) | <input type="checkbox"/> Ballance of State (GA-501) |
| <input type="checkbox"/> August (GA-504) | <input type="checkbox"/> Marietta/Cobb (GA-506) |
| <input type="checkbox"/> Columbus/Russell County (GA-505) | <input type="checkbox"/> Savannah/Chatham County (GA-507) |
| <input type="checkbox"/> 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 paid for with emergency shelter voucher
- 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 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

Length of stay in this living situation?:*

TRANSITIONAL AND PERMANENT HOUSING SITUATION

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent Housing (other than RRH) for Formerly Homeless Persons
- 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 (Including RRH)
- Residential project or halfway house with no homeless criteria
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- 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 HOTEL/MOTEL, OR SHORT - TERM HOUSING

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 streets, ES, or SH?*

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:*



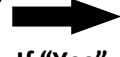


| If client has insurance, please select all sources below: | | If client has no insurance, record a reason why, for each source below: | |
|---|--|---|------------------------------------|
| <input type="checkbox"/> | Private | <input type="checkbox"/> | Applied; Decision Pending |
| | | <input type="checkbox"/> | Applied; Client Not Eligible |
| | | <input type="checkbox"/> | Client Did Not Apply |
| | | <input type="checkbox"/> | Insurance Type N/A for this Client |
| | | <input type="checkbox"/> | Client Doesn't Know |
| | | <input type="checkbox"/> | Client Refused |
| | | <input type="checkbox"/> | Data Not Collected |
| <input type="checkbox"/> | Private - Employer | <input type="checkbox"/> | Applied; Decision Pending |
| | | <input type="checkbox"/> | Applied; Client Not Eligible |
| | | <input type="checkbox"/> | Client Did Not Apply |
| | | <input type="checkbox"/> | Insurance Type N/A for this Client |
| | | <input type="checkbox"/> | Client Doesn't Know |
| | | <input type="checkbox"/> | Client Refused |
| | | <input type="checkbox"/> | Data Not Collected |
| <input type="checkbox"/> | Private - Individual | <input type="checkbox"/> | Applied; Decision Pending |
| | | <input type="checkbox"/> | Applied; Client Not Eligible |
| | | <input type="checkbox"/> | Client Did Not Apply |
| | | <input type="checkbox"/> | Insurance Type N/A for this Client |
| | | <input type="checkbox"/> | Client Doesn't Know |
| | | <input type="checkbox"/> | Client Refused |
| | | <input type="checkbox"/> | Data Not Collected |
| <input type="checkbox"/> | Medicare | <input type="checkbox"/> | Applied; Decision Pending |
| | | <input type="checkbox"/> | Applied; Client Not Eligible |
| | | <input type="checkbox"/> | Client Did Not Apply |
| | | <input type="checkbox"/> | Insurance Type N/A for this Client |
| | | <input type="checkbox"/> | Client Doesn't Know |
| | | <input type="checkbox"/> | Client Refused |
| | | <input type="checkbox"/> | Data Not Collected |
| <input type="checkbox"/> | Medicaid | <input type="checkbox"/> | Applied; Decision Pending |
| | | <input type="checkbox"/> | Applied; Client Not Eligible |
| | | <input type="checkbox"/> | Client Did Not Apply |
| | | <input type="checkbox"/> | Insurance Type N/A for this Client |
| | | <input type="checkbox"/> | Client Doesn't Know |
| | | <input type="checkbox"/> | Client Refused |
| | | <input type="checkbox"/> | Data Not Collected |
| <input type="checkbox"/> | State Children's Health Insurance Program S-CHIP | <input type="checkbox"/> | Applied; Decision Pending |
| | | <input type="checkbox"/> | Applied; Client Not Eligible |
| | | <input type="checkbox"/> | Client Did Not Apply |
| | | <input type="checkbox"/> | Insurance Type N/A for this Client |
| | | <input type="checkbox"/> | Client Doesn't Know |
| | | <input type="checkbox"/> | Client Refused |
| | | <input type="checkbox"/> | Data Not Collected |

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| | | | |
|--------------------------|--|--------------------------|------------------------------------|
| <input type="checkbox"/> | Military Insurance | <input type="checkbox"/> | Applied; Decision Pending |
| | | <input type="checkbox"/> | Applied; Client Not Eligible |
| | | <input type="checkbox"/> | Client Did Not Apply |
| | | <input type="checkbox"/> | Insurance Type N/A for this Client |
| | | <input type="checkbox"/> | Client Doesn't Know |
| | | <input type="checkbox"/> | Client Refused |
| | | <input type="checkbox"/> | Data Not Collected |
| <input type="checkbox"/> | State Funded | <input type="checkbox"/> | Applied; Decision Pending |
| | | <input type="checkbox"/> | Applied; Client Not Eligible |
| | | <input type="checkbox"/> | Client Did Not Apply |
| | | <input type="checkbox"/> | Insurance Type N/A for this Client |
| | | <input type="checkbox"/> | Client Doesn't Know |
| | | <input type="checkbox"/> | Client Refused |
| | | <input type="checkbox"/> | Data Not Collected |
| <input type="checkbox"/> | Combined Children's Health Insurance or Medicaid Program | <input type="checkbox"/> | Applied; Decision Pending |
| | | <input type="checkbox"/> | Applied; Client Not Eligible |
| | | <input type="checkbox"/> | Client Did Not Apply |
| | | <input type="checkbox"/> | Insurance Type N/A for this Client |
| | | <input type="checkbox"/> | Client Doesn't Know |
| | | <input type="checkbox"/> | Client Refused |
| | | <input type="checkbox"/> | Data Not Collected |
| <input type="checkbox"/> | Indian Health Service (IHS) | <input type="checkbox"/> | Applied; Decision Pending |
| | | <input type="checkbox"/> | Applied; Client Not Eligible |
| | | <input type="checkbox"/> | Client Did Not Apply |
| | | <input type="checkbox"/> | Insurance Type N/A for this Client |
| | | <input type="checkbox"/> | Client Doesn't Know |
| | | <input type="checkbox"/> | Client Refused |
| | | <input type="checkbox"/> | Data Not Collected |
| <input type="checkbox"/> | Health Insurance Obtained Through COBRA | <input type="checkbox"/> | Applied; Decision Pending |
| | | <input type="checkbox"/> | Applied; Client Not Eligible |
| | | <input type="checkbox"/> | Client Did Not Apply |
| | | <input type="checkbox"/> | Insurance Type N/A for this Client |
| | | <input type="checkbox"/> | Client Doesn't Know |
| | | <input type="checkbox"/> | Client Refused |
| | | <input type="checkbox"/> | Data Not Collected |
| <input type="checkbox"/> | Other Public: _____ | <input type="checkbox"/> | Applied; Decision Pending |
| | | <input type="checkbox"/> | Applied; Client Not Eligible |
| | | <input type="checkbox"/> | Client Did Not Apply |
| | | <input type="checkbox"/> | Insurance Type N/A for this Client |
| | | <input type="checkbox"/> | Client Doesn't Know |
| | | <input type="checkbox"/> | Client Refused |
| | | <input type="checkbox"/> | Data Not Collected |
| <input type="checkbox"/> | Client Doesn't Know | | |
| <input type="checkbox"/> | Client Refused | | |
| <input type="checkbox"/> | Data Not Collected | | |

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

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

If "Yes", please answer the following questions:

When did the experience occur?

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

Is the client currently fleeing?:

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

Step 9: Medical Assistance:* (ONLY required for those with HIV/AIDS)

| | | | |
|---|--|---|---|
| Receiving Public HIV/AIDS Medical Assistance?: | <input type="checkbox"/> YES | IF "NO", SELECT REASON WHY: | <input type="checkbox"/> Applied; Decision Pending |
| | <input type="checkbox"/> NO | | <input type="checkbox"/> Applied; Client Not Eligible |
| | <input type="checkbox"/> Client Doesn't Know | | <input type="checkbox"/> Client Did Not Apply |
| | <input type="checkbox"/> Client Refused | | <input type="checkbox"/> Insurance Type N/A for this Client |
| | <input type="checkbox"/> Data Not Collected | | <input type="checkbox"/> Client Doesn't Know |
| | | | <input type="checkbox"/> Client Refused |
| Receiving AIDS Drug Assistance Program (ADAP)?: | <input type="checkbox"/> YES | IF "NO", SELECT REASON WHY: | <input type="checkbox"/> Data Not Collected |
| | <input type="checkbox"/> NO | | <input type="checkbox"/> Applied; Decision Pending |
| | <input type="checkbox"/> Client Doesn't Know | | <input type="checkbox"/> Applied; Client Not Eligible |
| | <input type="checkbox"/> Client Refused | | <input type="checkbox"/> Client Did Not Apply |
| | <input type="checkbox"/> Data Not Collected | | <input type="checkbox"/> Insurance Type N/A for this Client |
| | | | <input type="checkbox"/> Client Doesn't Know |
| | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data Not Collected | |

Step 10: T-cell/Viral Measurements:* (ONLY required for those with HIV/AIDS)

T-cell Count Available:*

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

T-cell Count:*

How was the data obtained?

- Client Report
- Medical Report
- Other

Viral Load Available:*

- Not Available
- Available
- Undetectable
- Client Doesn't Know
- Client Refused
- Data Not Collected

Viral Load:*

How was the data obtained?

- Client Report
- Medical Report
- Other

Step 11: Income and Non-Cash Benefits:*

Income Sources:

- | | |
|---|--|
| <input type="checkbox"/> No Income | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> 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:

- | | |
|---|--|
| <input type="checkbox"/> No Non-Cash Benefits | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data Not Collected |

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

- | | |
|--|--|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) \$ _____ | <input type="checkbox"/> TANF Transportation Services |
| <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | <input type="checkbox"/> Other TANF-funded Services |
| <input type="checkbox"/> TANF Child Care Services | <input type="checkbox"/> Other Source (Specify: _____) |