

Collection Point: Entry
Projects/grants: HUD - VASH
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, 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

**Step 2: Project Enrollment**

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

Housing Move-in Date: \_\_\_\_\_

**Step 3: Entry Assessments**

**Disabling Condition:\***

Yes

No

Client Doesn't Know

Client Refused

Data Not Collected

**VAMC Station Number:\*** (HoH ONLY)

\_\_\_\_\_

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

Athens/Clarke County (GA-503)

Atlanta (GA-500)

August (GA-504)

Columbus/Russell County (GA-505)

DeKalb County (GA-508)

Fulton County (GA-502)

Ballance of State (GA-501)

Marietta/Cobb (GA-506)

Savannah/Chatham County (GA-507)

**Step 4: Living Situation**

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

**HOMELESS SITUATION**

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

**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

**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 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?:\*

Proceed to Step 5 at bottom of page

Length of stay in this living situation?:\*

Is this less than 90 days?:\*

No

Yes

Proceed to next page

Length of stay in this living situation?:\*

Is this less than 7 days?:\*

No

Yes

On the night before did you stay on the

No

Yes

Proceed to Step 5 at bottom of page

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: Address Prior to Entry:\* (HoH ONLY)**

**Address Prior To Entry Quality:\***

Full Address Reported

Incomplete or Estimated Address Reported

Client Doesn't Know

Client Refused

Data Not Collected

**Address Prior To Entry:\***

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Step 7: 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 8: Veteran Information:\***

**Branch of the Military:\*(Select Only One)**

Army

Air force

Navy

Marines

Coast Guard

Client Doesn't Know

Client Refused

Data Not Collected

**Discharge Status:\***

Honorable

General under honorable conditions

Under other than honorable conditions

Bad Conduct

Dishonorable

Uncharacterized

Client Doesn't Know

Client Refused

Data Not Collected

Service Entry Date:\* \_\_\_\_\_ Service Exit Date:\* \_\_\_\_\_

Select value for each selection:

	Yes	No	Client Doesn't Know	Client Refused	Data Not Collected
Theatre of Operations: World War II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Vietnam War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Persian Gulf War (Operation Desert Storm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Afghanistan (Operation Enduring Freedom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Iraq (Operation Iraqi Freedom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Iraq (Operation New Dawn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Korean War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Step 9: Barriers/Special Needs:\*** Identify whether a client has each individual barrier or not. Please select a status for each barrier, and if "Yes" is selected, answer follow-up question on the right.

<p><b>Alcohol Abuse*</b></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><b>➔</b> If "Yes", answer this:</p>	<p><b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b></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><b>Chronic Health Condition*</b></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><b>➔</b> If "Yes", answer this:</p>	<p><b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b></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><b>Developmental Disability*</b></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><b>Drug Abuse*</b></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><b>➔</b> If "Yes", answer this:</p>	<p><b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b></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><b>HIV/AIDS*</b></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><b>Mental Health*</b></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><b>➔</b> If "Yes", answer this:</p>	<p><b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b></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><b>Physical Disability*</b></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><b>➔</b> If "Yes", answer this:</p>	<p><b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b></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 10: Domestic Violence:\***

<p><b>Has the client been a victim of Domestic Violence?:*</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know	<p><b>➔</b> If "Yes", please answer the following two questions:</p>
<p><b>When did the experience occur?</b></p> <input type="checkbox"/> Within the past three months <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Three to six months ago (excluding 6 months exactly) <input type="checkbox"/> Client Refused <input type="checkbox"/> Six months to one year ago (excluding 1 year exactly) <input type="checkbox"/> Data Not Collected <input type="checkbox"/> One year ago or more	<p><b>Is the client currently fleeing?:*</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

**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
<b>If client has income, check all that apply below, and record MONTHLY amount:</b>	
<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
<b>If client receives non-cash benefits, check all that apply below:</b>	
<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: _____)

**Step 12: Employment:\***

<p><b>Is Client Employed?:</b></p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected <input type="checkbox"/> No <input type="checkbox"/> Yes	<p><b>➔</b> If "Yes", answer this:</p>	<p><b>Type of Employment:</b></p> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal/Sporadic (including day labor)
<p><b>➔</b> If "No" answer this:</p>	<p><b>Why Not Employed?:</b></p> <input type="checkbox"/> Looking for Work <input type="checkbox"/> Unable to Work <input type="checkbox"/> Not Looking for Work	

**Step 13: Adult Education:\***

Highest Grade Completed:*( Select ONLY one)	Secondary Education:*( Select All That Apply)
<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> Associates Degree
<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> Bachelors Degree
<input type="checkbox"/> Grades 7-8	<input type="checkbox"/> Masters Degree
<input type="checkbox"/> 9th Grade	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> 10th Grade	<input type="checkbox"/> Other graduate/professional degree
<input type="checkbox"/> 11th Grade	<input type="checkbox"/> Vocation Certificate of advanced training or skilled artisan
<input type="checkbox"/> 12th Grade, No diploma	
<input type="checkbox"/> High school diploma	
<input type="checkbox"/> GED	
<input type="checkbox"/> Some College	
<input type="checkbox"/> Don't Know	
<input type="checkbox"/> Refused	
<input type="checkbox"/> Data not collected	

**Step 14: Health**

**General Health Status:\***

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Doesn't Know
- Client Refused
- Data Not Collected

**Dental Health Status:**

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Doesn't Know
- Client Refused
- Data Not Collected

**Mental Health Status:**

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Doesn't Know
- Client Refused
- Data Not Collected

**Step 15: Voucher Tracking (HoH ONLY)**

**Voucher Change:\* (Select Only One)**

- Referral package forwarded to PHA
- Voucher denied by PHA
- Voucher issued by PHA
- Voucher revoked or expired
- Voucher in use - veteran moved into housing
- Voucher was ported locally
- Voucher was administratively absorbed by new PHA
- Voucher was converted to Housing Choice Voucher
- Veteran exited - voucher was returned
- Veteran exited - family maintained the voucher
- Veteran exited - prior to ever receiving a voucher
- Other