

Collection Point: Entry
Projects/grants: RHY (Except Street Outreach)
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:

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

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

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):

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 EMERGENCY SHELTERS

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:*

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
If client has Health Insurance, check all that apply below:	
<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: BCP Status:* (Only BCP Projects) This element is required to be completed before project exit.

Date Status Determined: * _____

Youth Eligible for RHY Services?:*		 If "Yes", answer this:	Runaway Youth?:*	
<input type="checkbox"/> No	<input type="checkbox"/> Yes		<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

If "No" answer this: 	Reason why services are not funded by BCP grant?:*
	<input type="checkbox"/> Out of age range <input type="checkbox"/> Ward of the State - Immediate Reunification <input type="checkbox"/> Ward of the Criminal Justice System - Immediate Reunification <input type="checkbox"/> Other

Step 8: Barriers/Special Needs:* Identify whether a client has each individual barrier or not

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

Step 9: Income and Non-Cash Benefits:*

Income Sources: (SKIP THIS FOR ALL BCP PROJECTS, AND JUST RECORD NON-CASH BENEFITS)

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:

<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 10: Employment:*

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

Step 11: Child Education:* (If client is 18 years old or older, proceed to step 12 on next page)

<p>Highest Grade Completed:*</p> <input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> High school diploma <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> GED <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Some College <input type="checkbox"/> 9th Grade <input type="checkbox"/> Don't Know <input type="checkbox"/> 10th Grade <input type="checkbox"/> Refused <input type="checkbox"/> 11th Grade <input type="checkbox"/> Data not collected <input type="checkbox"/> 12th Grade, No diploma	<p>School Status:*</p> <input type="checkbox"/> Attending school regularly <input type="checkbox"/> Suspended <input type="checkbox"/> Attending school irregularly <input type="checkbox"/> Expelled <input type="checkbox"/> Graduated from high school <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Obtained GED <input type="checkbox"/> Client refused <input type="checkbox"/> Dropped out <input type="checkbox"/> Data not collected
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Step 12: Adult Education:* (For clients aged 18 and over)

Highest Grade Completed:* (Select only one)

<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> High school diploma
<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> GED
<input type="checkbox"/> Grades 7-8	<input type="checkbox"/> Some College
<input type="checkbox"/> 9th Grade	<input type="checkbox"/> Don't Know
<input type="checkbox"/> 10th Grade	<input type="checkbox"/> Refused
<input type="checkbox"/> 11th Grade	<input type="checkbox"/> Data not collected
<input type="checkbox"/> 12th Grade, No diploma	

School Status:* (Select only one)

<input type="checkbox"/> Attending school regularly	<input type="checkbox"/> Suspended
<input type="checkbox"/> Attending school irregularly	<input type="checkbox"/> Expelled
<input type="checkbox"/> Graduated from high school	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Obtained GED	<input type="checkbox"/> Client refused
<input type="checkbox"/> Dropped out	<input type="checkbox"/> Data not collected

Secondary Education:* (Select all that apply)

<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> Bachelors Degree	<input type="checkbox"/> Other Graduate/Professional Degree
<input type="checkbox"/> Masters Degree	<input type="checkbox"/> Vocation Certification/Certificate of Advanced Training or Skilled Artisan

Step 13: 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 14: RHY Entry Assessment

Sexual Orientation:*

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Questioning / Unsure	<input type="checkbox"/> Client refused
<input type="checkbox"/> Gay	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected

Referral Source:*

<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Hotline	<input type="checkbox"/> School
<input type="checkbox"/> Individual: Parent/Guardian/Relative/Friend/Other	<input type="checkbox"/> Child Welfare/CPS	<input type="checkbox"/> Other Organization
<input type="checkbox"/> Outreach Project - # of Times Approached:* _____	<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Temporary Shelter	<input type="checkbox"/> Law Enforcement/ Police	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Residential Project	<input type="checkbox"/> Mental Hospital	<input type="checkbox"/> Data Not Collected

Critical Issues:* (Select status for each one)

Unemployment - Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental Health Issues - Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical Disability - Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcohol or other drug abuse - Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insufficient Income to support youth - Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incarcerated Parent of Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Step 15: Formerly Ward Of:* (Select status for each one)

<p>Child Welfare/Foster Care Agency</p> <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>	<p>➔</p> <p>If "Yes", answer this:</p>	<p>Number of years:</p> <p><input type="checkbox"/> Less than one year ➔ Number of months: _____ <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 3 to 5 or more years</p>
<p>Juvenile Justice System</p> <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>	<p>➔</p> <p>If "Yes", answer this:</p>	<p>Number of years:</p> <p><input type="checkbox"/> Less than one year ➔ Number of months: _____ <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 3 to 5 or more years</p>

Step 16: Currently Living Situation

HOMELESS SITUATION

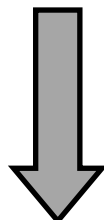
Place not meant for habitation
 Emergency shelter, including hotel or motel paid for with emergency shelter voucher
 Safe Haven

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

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?
<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, Has a subsequent residence been identified?
<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, Does individual or family have resources or support networks to obtain other permanent housing?
<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, has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?
<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