

Collection Point: Entry
Projects/grants: RHY SO
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: _____

Date of Engagement: _____

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):

HOMELESS SITUATION	Length of stay in this living situation?:* _____
<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing	
INSTITUTIONAL SITUATION	
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, Prison or Juvenile Detention Center <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility <input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center	
TRANSITIONAL AND PERMANENT HOUSING SITUATION	Length of stay in this living situation?:* _____
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent Housing (other than RRH) for Formerly Homeless Persons <input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy (Including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional Housing for Homeless Persons <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

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: 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>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>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: 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 |

Step 9: 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

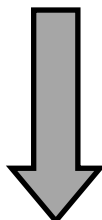
- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical
- Jail, Prison or Juvenile Detention Center
- Long-term care facility or nursing home
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment Facility or Detox Center

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 9: 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