Collection Point: Entry
Projects/grants: SSVF
Clients who are: Children (Under 18)

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

Relationship to Head of Household:*
- ☐ Son
- ☐ Daughter
- ☐ Dependent Child
- ☐ Spouse
- ☐ Foster Child
- ☐ Grandchild
- ☐ Other Family Member
- ☐ Other Non-Family Member

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

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
- ☐ Private - Employer
- ☐ Private - Individual
- ☐ Medicare
- ☐ Medicaid
- ☐ State Children's Health Insurance Program S-CHIP
- ☐ Military Insurance
- ☐ State Funded
- ☐ Combined Children's Health Insurance/Medicaid Program
- ☐ Indian Health Service (IHS)

Step 4: 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.

Alcohol Abuse*

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

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:

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

Chronic Health Condition*

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

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:

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

Developmental Disability*

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

Drug Abuse*

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

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:

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

HIV/AIDS*

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

Mental Health*

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

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:

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

Physical Disability*

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

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:

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

Step 10: 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 two 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
☐ Client Refused
☐ Data Not Collected