

Collection Point: Entry

Projects/grants: SSVF

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
- ☐ Foster Child
- ☐ Son
- ☐ Grandchild
- ☐ Daughter
- ☐ Other Family Member
- ☐ Dependent Child
- ☐ Other Non-Family Member
- ☐ Spouse

### Step 2: Project Enrollment

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

Housing Move-in Date: \_\_\_\_\_ (For RRH Projects Only)

### Step 3: Entry Assessments

#### Disabling Condition:\*

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

#### Household Income as a Percentage of AMI: (HoH ONLY)

- ☐ Less than 30%
- ☐ 30% to 50%
- ☐ Greater than 50%

#### 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		Length of stay in this living situation?:*	Proceed to Step 5 at bottom of page
<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		Length of stay in this living situation?:*	Is this less than 90 days?:* <input type="checkbox"/> No <input type="checkbox"/> Yes
<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?:*	Is this less than 7 days?:* <input type="checkbox"/> No <input type="checkbox"/> Yes
<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			

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

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 Refused  
☐ Client Doesn't Know  
☐ 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 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.

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

<b>Has the client been a victim of Domestic Violence?:*</b> <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	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>If “Yes”, please answer the following two questions:</b> </div>
<b>When did the experience occur?</b> <input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding 6 months exactly) <input type="checkbox"/> Six months to one year ago (excluding 1 year exactly) <input type="checkbox"/> One year ago or more <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Is the client currently fleeing?:</b> <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: SOAR Connection:\*

Please select a status for each barrier, and if "Yes" is selected, answer follow-up question on the right.

#### Connection with SOAR?

- |  |   |
|--|---|
| <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 |   |

### Step 10: 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: _____) |

**Step 12: Homeless Prevention Assessment: (ONLY Required for HoH's in HP Projects)**

**Referred by Coordinated Entry or Homeless Assistance Provider an Emergency Shelter or Transitional Housing or From Staying in a Place Not Meant for Human Habitation?**

☐ Yes ☐ No (0 Points)

**Current Housing Loss Expected Within:**

☐ 0 - 6 Days ☐ 7 - 13 Days  
☐ 14 - 21 Days ☐ 21 Days or more (0 Points)

**Current Household Income is \$0?:**

☐ Yes ☐ No (0 Points)

**Annual Household Gross Income Amount:**

☐ 0-14% of Area Median Income (AMI) for Household Size ☐ More than 30% of AMI for Household Size (0 points)  
☐ 15 –30% of AMI for Household Size

**Sudden & Significant Decrease in Cash Income (Employment and/or Cash Benefits) And/Or Unavoidable Increase in Non-Discretionary Expenses (e.g. Rent or Medical Expenses) in the Past 6 month:**

☐ Yes ☐ No (0 Points)

**Major change in Household Composition (e.g. Death of Family Member, Separation Divorce from Adult Partner, Birth of New Child) in the Past 12 Months?**

☐ Yes ☐ No (0 Points)

**Rental Evictions Within the Past 7 Years:**

☐ 4 or More Prior Rental Evictions ☐ 2-3 prior Rental Evictions  
☐ 1 Prior Rental Evictions ☐ No Prior Rental Evictions (0 points)

**Currently at Risk of Losing Tenant Based Housing Subsidy or Housing Subsidized Building or Unit?**

☐ Yes ☐ No (0 Points)

**History of Literal Homelessness (*street/shelter/transitional housing*)**

☐ 4 or More Times or Total of at Least 12 Months in Past Three Years ☐ 2-3 in the Past Three Years  
☐ 1 Time in the Past Three Years ☐ None (0 points)

**Head of Household with Disabling Condition (physical health, mental health, Substance use) that directly affects ability to Secure/Maintain Housing?**

☐ Yes ☐ No (0 Points)

**Criminal Record for arson, drug dealing/manufacture or felony offense against persons or property?**

☐ Yes ☐ No (0 Points)

**Registered Sex Offender?:**

☐ Yes ☐ No (0 Points)

**At least one dependent child under age 6?**

☐ Yes ☐ No (0 Points)

**Single parent with minor child(ren)?**

☐ Yes ☐ No (0 Points)

**Household size of 5 or more requiring at least 3 bedrooms (Due to age/gender mix)?**

☐ Yes ☐ No (0 Points)

**Any Veteran in household served in Iraq or Afghanistan?**

☐ Yes ☐ No (0 Points)



**Female Veteran?**

☐ Yes ☐ No (0 Points)

HP applicant total points (integer) \_\_\_\_\_

Grantee targeting threshold score (integer) \_\_\_\_\_

**Step 13: Employment:\***

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

**Step 14: Adult Education:\***

<b>Highest Grade Completed:*</b> (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	<b>Secondary Education:*</b> (Select All That Apply) <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Other graduate/professional degree <input type="checkbox"/> Vocation Certificate of advanced training or skilled artisan
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