

HMIS Data Collection Template for Project ENTRY – HUD Universal Data Elements

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN “X”

The form is broken into two sections for *All Clients*, and *Head of Household and Other Adults in the Household* in order to eliminate duplication of data gathering when characteristics apply to certain members of households.

DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

PROJECT ENTRY DATE (e.g., 08/24/2014)

The Project Entry Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

		/			/				
Month			Day			Year			

NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name																
Middle name																
Last name																
Suffix																

NAME DATA QUALITY

- Full name reported
- Partial, street name, or code name reported
- Client doesn't know
- Client refused

SOCIAL SECURITY NUMBER

			-			-				
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DATE OF BIRTH (e.g., 10/23/1978)

		/			/				
Month			Day			Year			

SOCIAL SECURITY NUMBER DATA QUALITY

- Full SSN reported
- Approximate or partial SSN reported
- Client doesn't know
- Client refused

DATE OF BIRTH TYPE

- Full date of birth reported
- Approximate or partial date of birth reported
- Client doesn't know
- Client refused

DATA FOR ALL CLIENTS (CONTINUED)

RACE

More than one race is permitted. *Client doesn't know* and *Client refused* should only be selected if no other response is selected.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander

- White
- Client doesn't know
- Client refused

ETHNICITY

- Non-Hispanic / Non-Latino
- Hispanic / Latino

- Client doesn't know
- Client refused

GENDER

- Female
- Male
- Transgender male to female
- Transgender female to male

- Other _____
- Client doesn't know
- Client refused

RELATIONSHIP TO HEAD OF HOUSEHOLD

- Self (head of household)
- Head of household's child
- Head of household's spouse or partner

- Head of household's other relation member (other relation to head of household)
- Other: non-relation member

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Respond to the following questions for the head of household and each additional adult in the household. If the household is composed of an unaccompanied child, that child is the head of household. If the household is composed of two or more minors, data must be collected about the minor that has been designated as the head of household. A separate form should be included for each adult member of the household.

DISABLING CONDITION

- No
- Yes
- Client doesn't know
- Client refused

RESIDENCE PRIOR TO PROJECT ENTRY

- | | |
|---|--|
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher | <input type="checkbox"/> Rental by client, with VASH subsidy |
| <input checked="" type="checkbox"/> Foster care home or foster care group home | <input checked="" type="checkbox"/> Rental by client, with GPD TIP subsidy |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input checked="" type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input checked="" type="checkbox"/> Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Safe Haven |
| <input checked="" type="checkbox"/> Long-term care facility or nursing home | <input type="checkbox"/> Staying or living in a family member's room, apartment, or house |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input checked="" type="checkbox"/> Owned by client, with ongoing housing subsidy | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Permanent housing for formerly homeless persons (such as CoC project; HUD legacy programs; or HOPWA PH) | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) |
| <input checked="" type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | <input type="checkbox"/> Other: (Describe) _____ |
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Client doesn't know |
| <input checked="" type="checkbox"/> Rental by client, no ongoing housing subsidy | <input checked="" type="checkbox"/> Client refused |

LENGTH OF STAY IN PREVIOUS PLACE

- | | |
|---|---|
| <input type="checkbox"/> One day or less | <input type="checkbox"/> One year or longer |
| <input checked="" type="checkbox"/> Two days to one week | <input checked="" type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> More than one week, but less than one month | <input type="checkbox"/> Client refused |
| <input checked="" type="checkbox"/> One to three months | |
| <input type="checkbox"/> More than three months, but less than one year | |

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

LENGTH OF TIME ON STREET, IN AN EMERGENCY SHELTER, OR SAFE HAVEN

Note: Breaks in homelessness of less than 7 days, or less than 90 days while in an institution (jail, hospital, substance abuse treatment facility, etc.) may

Is the client entering from the streets, shelter or safe haven?

- | | |
|---|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> Client refused |

If yes, approximate date started:

		/			/				
Month			Day			Year			

Regardless of where they stayed last night -- Number of times the client has been homeless on the streets, in emergency shelter, or safe haven in the past three years including today.

- | | |
|---|---|
| <input type="checkbox"/> Never in the 3 years | <input type="checkbox"/> Four or more times |
| <input checked="" type="checkbox"/> One time | <input checked="" type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Client refused |
| <input checked="" type="checkbox"/> Three times | |

Total number of months homeless on the street, in an emergency shelter, or safe haven in the past three years

- | | |
|---|--|
| <input type="checkbox"/> One month or less | <input type="checkbox"/> Client doesn't know |
| <input checked="" type="checkbox"/> 2-12 months | <input checked="" type="checkbox"/> Client refused |
| <input type="checkbox"/> More than 12 months | |

VETERAN STATUS

Veteran Status is only collected on heads of household who are 18 years of age and older, as well as all other adults in the household.

- | |
|--|
| <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Yes |
| <input type="checkbox"/> Client doesn't know |
| <input checked="" type="checkbox"/> Client refused |