General Instructions

This is the entry form for PATH programs in Solano County. This form should be filled out for all household members and entered into HMIS accordingly.

Income and benefits collected by minor children in the household should be reported under the head of household. If a household presents as two minor youth, one of the youth should be designated as the head of household.

No question should remain blank at the end of the assessment. The administrator of this intake must ask all questions of the client and mark the appropriate response. Please note that current HMIS policies require that all data be entered into HMIS within three days of acquisition.

If you are confused about how to answer a question, please refer to the HMIS Data Dictionary. If the data dictionary does not answer your question, please reach out to solanoHMIS@homebaseccc.org for assistance.

CLIENT NAME:

DATE ADMINISTERED:

CLIENT RECORD

NAME

In HMIS the "name" field will be created upon record entry and should auto-populate into the Entry Assessment. Use a client's full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents.

First name	Middle name(s)	(s)		
Last name	Suffix	Alias		

NAME DATA QUALITY

Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time. If using a "made up name" for such an initial identification, indicate that here.

SOCIAL SECURITY NUMBER AND DATA QUALITY

The Social Security Number is created when the client record is created and should auto-populate into the Entry Assessment. Some projects may serve clients that do not have an SSN. In these cases, select 'Client doesn't know.'

	—	

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

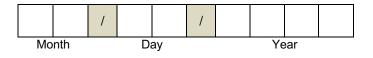
VETERAN STATUS

This element is based on self-report by the client. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. For the **Army, Navy, Air Force, Marine Corps,** and **Coast Guard**, active duty begins when a military member reports to a duty station after completion of training. For the **Reserves** and **National Guard**, active duty is any time spent activated or deployed, either in the United States or abroad. Or Anyone who was disabled in the line of duty during a period of active duty training. Or Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.

Yes No Client doesn't know Client refused

PROJECT START DATE (e.g., 04/25/2020)

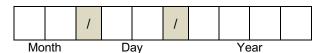
The Project Start Date serves as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.



CLIENT DEMOGRAPHICS

DATE OF BIRTH

Use 01/01/YEAR and select 'approximate or partial date of birth' if client cannot recall DOB.



DATE OF BIRTH DATA QUALITY

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

GENDER

Female	Questioning
Male	Client doesn't know
A gender that is not singularly female or male (e.g. non-binary, genderfluid, agender, culturally specific gender)	Client refused
Transgender	

RACE

Clients may report up to two different races. If a client only identifies as one racial category leave the "secondary race" field blank. "Client doesn't know" and "Client refused" should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

	Primary race	Secondary race
American Indian or Alaska Native, or Indigenous		
Asian or Asian American		
Black, African American, or African		
Native Hawaiian or Pacific Islander		
White		
Client doesn't know		
Client refused		

ETHNICITY

	Non-Hispanic/Non- Latin(a)(o)(x)		Hispanic/Latin(a)(o)(x)		Client doesn't know		Client refused
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RELATIONSHIP TO HEAD OF HOUSEHOLD

In a household of a single individual, that person must be identified as the head of household. In multi-person households, one of person must be designated as the head of household and the rest must have their relationship to the head of household recorded. If the group of persons is composed of adults and children, an adult must be indicated as the head of household.

Self (head of household)	Head of household's other relation member (other relation to head of household)
Head of household's child	Other: non-relation member
Head of household's spouse or partner	

CLIENT DEMOGRAPHICS (CONTINUED)

PRIMARY LANGUAGE

American Sign Language	French	Lao	Thai
Arabic	German	Mandarin	Vietnamese
Armenian	Hindi	Portuguese	Other
Austronesian	Hmong	Punjabi	Client doesn't know
Cantonese	Japanese	Russian	Client refused
English	Khmer	Spanish	
Farsi	Korean	Tagalog	

If OTHER, specify: _____

EDUCATION

What is the client's highest level of educational attainment?

Less than grade 5	Some college
Grades 5–6	Associate degree
Grades 7–8	Bachelor's degree
Grades 9–11	Graduate degree
Grade 12 or high school diploma	Vocational certification
School program does not have grade levels	Client doesn't know
GED	Client refused

SEXUAL ORIENTATION

Heterosexual	Lesbian	Questioning or unsure	Client doesn't know
Gay	Bisexual	Other	Client refused

If OTHER, specify: _____

PHOTO ID

Does the client have a valid driver's license or photo identification?

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

CURRENT LIVING SITUATION

STA	RT DATE END DATE		INFORMATION DATE			
Mor	/ / / nth Day Year Month	/	YearMonthDayYear			
CUR	RENT LIVING SITUATION					
	Place not meant for habitation		Rental by client, with GPD TIP housing subsidy			
	Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY-funded Host Home shelter		Rental by client, with VASH housing subsidy			
	Safe Haven		Permanent housing (other than RRH) for formerly homeless persons			
	Foster care home or foster care group home		Rental by client, with RRH of equivalent subsidy			
	Hospital or other residential non-psychiatric medical facility		Rental by client, with HCV voucher (tenant or project based)			
	Jail, prison, or juvenile detention facility		Rental by client in a public housing unit			
	Long-term care facility or nursing home		Rental by client, no ongoing housing subsidy			
	Psychiatric hospital or other psychiatric facility		Rental by client, with other ongoing housing subsidy			
	Substance abuse treatment facility or detox center		Owned by client, with ongoing housing subsidy			
	Residential project or halfway house with no homeless criteria		Owned by client, no ongoing housing subsidy			
	Hotel or motel paid for without emergency shelter voucher		Other			
	Transitional housing for homeless persons (including homeless youth)		Worker unable to determine			
	Host Home (non-crisis)		Client doesn't know			
	Staying or living in a friend's room, apartment or house		Client refused			
	Staying or living in a family member's room, apartment or house					
lf OT	HER, specify:					

CURRENT LIVING SITUATION (CONTINUED)

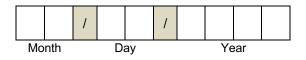
PRO	ROVIDER VERIFYING LIVING SITUATION						
	BayNorth Church of Christ		Mission Samoa				
	Berkeley Food & Housing Project		Nation's Finest				
	Caminar, Inc.		Northern California Family Center				
	Catholic Charities of Yolo-Solano		On the Move				
	City of Fairfield Homeless Outreach		Resource Connect Solano				
	City Vallejo Housing Authority		SHELTER, Inc.				
	Community Action North Bay		Solano County Healthy & Social Services				
	Edge Community Church		VA of Northern California				
	Fighting Back Partnership		Vacaville Solano Services				
	Lutheran Social Services		Volunteers of America				

Is the client going to have to leave their current living situation within 14 days?

	Yes			No		Clier	nt doesn't know		Client ref	used
		✓ If YES, ple	ase s	pecify.	Yes		No	С	doesn't 10w	Client refused
		Has a subs								
	Does the client have resources or support networks to obtain other permanent housing? Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?			s to obtain other						
		Has the clie		oved two or more 60 days?						
LOC	ATION DE				 			• 	 	

DATE OF ENGAGEMENT

This field asks when the client was first engaged by the project.



CLIENT LOCATION

The only option for client location in HMIS is "CA-518," which corresponds with the Solano Continuum of Care.

CURRENT LIVING SITUATION (CONTINUED)

LOCATION WHERE CLIENT SLEPT LAST NIGHT

This field asks for the location where the client slept night. Select the location from a list of cities, census-designated places and unincorporated places in Solano County. If the location where the client slept last night was outside Solano County, select the appropriate county or geographic area.

Location	Location where the client <u>slept last night</u>	Location where the client was <u>last housed</u>
Benicia		
Birds Landing		
Dixon		
Fairfield		
Green Valley		
Rio Visa		
Suisun City		
Vacaville		
Vallejo		
Other area in Solano County		
Alameda County		
Contra Costa County		
Napa County		
Sacramento County		
San Francisco County		
Yolo County		
Other area in California (outside Solano County)		
Other area outside of California		

HOUSING STATUS

This field asks when the client is actually in housing. It is possible for a client to enter a project prior to actually taking possession of the unit. This is common when the project is providing housing locator services for the client. Provide the date the client actually takes possession of the unit. If the client has not taken possession of the unit at the time of project entry leave this field blank and provide an update at a later time when the unit becomes available.

Is the client in permanent housing of project entry date?

	Yes	No

If YES, what is the monthly rent or mortgage?

\$					0	0
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If YES, what is the housing move-in date?

	/		/		

HOMELESS STATUS VERIFICATION

1. TYPE OF PRIOR LIVING SITUATION

What was the situation the client was living in immediately prior to project start?

Adult members of the same household may have different prior living situations

Hon	neless Situations	٦
	Place not meant for habitation	
	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	
	Safe Haven	
Inst	itutional Situations	
	Foster care home or foster care group home	٦
	Hospital or other residential non-psychiatric medical facility	
	Jail, prison, or juvenile detention facility	
	Long-term care facility or nursing home	
	Psychiatric hospital or other psychiatric facility	
	Substance abuse treatment facility or detox center	
	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, no ongoing subsidy Proceed to	
	Rental by client, with VASH subsidy Question 3	
	Rental by client, with GPD TIP subsidy	
	Rental by client, with other ongoing housing subsidy	
	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 (including homeless youth)	
Oth	er	
	Client doesn't know	
	Client refused	

2. LENGTH OF STAY IN PRIOR LIVING SITUATION

How long was the client staying in that place?

If the client moved around, but in the same \underline{type} of situation, include the total time in that type of situation. If the client moved around from one situation to another, only include the time in the situation selected.

		1 night or less	
		2 to 6 nights	
	-	1 week+, but less than 1 month	
		1 month+, but less than 90 days	Proceed to
		90 days, but less than 1 year	Question 3
		1 year or longer	
_	~	Client doesn't know	
		Client refused	
		·	
		1 night or less	
		2 to 6 nights	Proceed to
		1 week+, but less than 1 month	Question 3
		1 month+, but less than 90 days	
		90 days, but less than 1 year	STOP
_	Г	1 year or longer	Proceed to
		Client doesn't know	Disability Status
		Client refused	(page 10)

1 night or less
2 to 6 nights
1 week, but less than 1 month
1 month, but less than 90 days
90 days, but less than 1 year
1 year or longer
Client doesn't know
Client refused

STOP Proceed to Disability Status (page 10)

HOMELESS STATUS VERIFICATION (CONTINUED)

3. DATE THE CLIENT BECAME HOMELESS THIS TIME

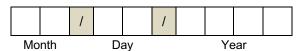
When did the client start staying on the streets,* in emergency shelters, or in safe havens this time?

Determine the date of the last time the client had a place to sleep that was not on the streets, in an emergency shelter, or in a safe haven. Breaks in homelessness <u>are allowed</u> to be included in the look back period to calculate the start date <u>only if</u>:

- The client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; OR
- The break in their time on the streets, shelters, or safe havens was less than 7 nights. A break is considered 6 or less consecutive nights not residing in a place not meant for human habitation, in shelter or in a safe haven. The look back time would not be broken by a stay less than 7 consecutive nights; OR
- The break in their time on the streets, ES, or SH was less than 90 days in any of the places listed under the header "institutional situations" on the previous page. The look back time would include all of those days (up to 89 days) when looking back for the start date.

If this is the client's first day on the streets, shelters, or safe havens, enter today's date.

* "The streets" is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground).



4. NUMBER OF TIMES THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

How many times has the client been homeless on the streets, in shelter, or in safe havens in the past three years, including this time?

Count the times a client has been homeless, separated by breaks, in the last three years. A break means at least 7 consecutive nights of <u>not</u> living on the street, in an emergency shelter, or Safe Haven or at least 90 days in any of the places listed under the header "institutional situations" on the previous page.

One time (this time)	Four or more times
Two times	Client doesn't know
Three times	Client refused

5. TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

How many months, in total, has the client has been homeless on the street, in an emergency shelter, or Safe Haven over the past three years?

Add the number of months homeless of all the different times the client has spent homeless on the streets, in shelter, or in safe havens in the past three years. Include any time a client spent in an institution for a period of less than 90 days or time spent in permanent or transitional housing for a period of less than 7 days. Responses may be rounded to the next-highest number of full months. The current month, even if a partial month, can be counted as a full month.

□ Between 2 and 12 months → Enter the total number of months: □ More than 12 months □ Client doesn't know	One month or less (choose if this i	s the first time the client has been home	eless)
	Between 2 and 12 months +	Enter the total number of months:	
Client doesn't know	More than 12 months		
	Client doesn't know		
Client refused	Client refused		

DISABILITIES

Disability elements for HMIS data collections are based on client report. A client is not required to show proof of disability in order to respond "yes" to this question. Programs which require a disability for a client to be eligible for services may further investigate this element.

SUB	STANCE L	JSE	DISORDER			IF YES, DISABILITY START DATE
	Yes: Alc only	ohol	use disorder		No	Month Day Year
	Yes: Dru	ıg us	e disorder only		Client doesn't know	Month Day Year
	Yes: Bot use diso		cohol and drug		Client refused	
		<mark>diso</mark> is the and	r der, or <u>both alco</u> e disability expect	h <mark>ol a</mark> ed to and	disorder, drug use nd drug use disorder, be of long-continued substantially impairs dently?	NOTE ON DISABILITY
	ľ		No		Client refused	

Yes No Output No Output Output Output Output Month Day	CHRONIC H	EALTH CONDITION	IF YES,	DISABILITY START DATE
	🗌 Yes	□ Nc	0	/ / /
	□ No	Cli	lient doesn't know Month	n Day Year
✔ If YES for <u>chronic health condition</u> , is the disability expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently? NOTE ON DISABILITY		disability expected to be of lo indefinite duration and substa	long-continued and NOTE C tantially impair the	ON DISABILITY
Yes Client doesn't know		🔲 Yes 🔲 Cli	lient doesn't know	
No Client refused			lient refused	

DEVELOPMENTAL			IF YE	S , DISA	BILIT	Y STAR	T DATI	E		
☐ Yes		No		/		/				
□ No		Client doesn't know	Мо	nth	Da	ау		Yea	ar	
disability		<u>al disability</u> , is the ostantially impair the idently?		E ON D	ISABIL	.ITY				
🔲 Ye	es 🗌	Client doesn't know								
		Client refused								
<u>.</u>			- 							

DISABILITIES (CONTINUED)

HIV/A	IDS					IF YE	S , DI	ISAE		Y ST,	ART	DAT	E		_
	Yes			No				/			/				
	No			Client doesn't know		Мо	nth		Da	ay			Ye	ear	
		subs		disability expected to lient's ability to live		NOTE	E ON	DIS	ABILI	ITY					
			Yes	Client doesn't know											 _
			No	Client refused	•										 _

MENT	AL HE	ALTH	DISORDER			IF YES, DISABILITY START DATE
	Yes				No	
	No				Client doesn't know	Month Day Year
		expe durai	cted to be of lor	ig-co	sorder , is the disability ntinued and indefinite pairs the client's ability	NOTE ON DISABILITY
			Yes		Client doesn't know	
			No		Client refused	

PHYS	ICAL					1	IF YES, D	ISABILITY ST	ART DAT	E	
	Yes				No			1	/		
	No				Client doesn't know		Month	Day		Year	
		expe dura	cted to be of lor	ig-col	<u>bility</u> , is the disability ntinued and indefinite npair the client's ability		NOTE ON	I DISABILITY			
			Yes		Client doesn't know						
			No		Client refused						

DISABLING CONDITION

A disabling condition is any of the above-indicated disabilities or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be of long-continued and indefinite duration and substantially impair ability to live independently. **Does the client currently have a disabling condition?**

	Yes
	No
	Client doesn't know
	Client refused

INCOME

Record regular, recurrent sources that are current (i.e. not terminated). Income received for a minor member of the household should be recorded under the Head of Household's information. If the client has income, enter the monthly amount received. Answer 'No' for sources that have been terminated, even if they were received in the past.

Does the client have any income from any source?

🗌 Yes	No	Client doesn't know	Client refused

If YES, answer 'Yes' or 'No' for each income source.

Source of income	Receiving from so	If YES, date client began receiving income	١f ١	YES, m (ro	onthly und to			our	се
Alimony or other spousal	Yes		\$					0	0
support	No								
Child support	Yes		\$					0	0
Child support	No								
Earned income (<i>i.e.</i> ,	Yes		\$					0	0
employment income)	No								
General Assistance (GA)	Yes		\$					0	0
General Assistance (GA)	No								
Pension or retirement	Yes		\$					0	0
income from a former job	No								
Private Disability Insurance	Yes		\$					0	0
Filvale Disability insurance	No								
Retirement Income from	Yes		\$					0	0
Social Security	No								
Social Security Disability	Yes		\$					0	0
Insurance (SSDI)	No								
Supplemental Security	Yes		\$					0	0
Income (SSI)	No								
Temporary Assistance for	Yes		\$					0	0
Needy Families (TANF)	No								
Unemployment Insurance	Yes		\$					0	0
Unemployment insurance	No								
VA Non-Service-Connected	Yes		\$					0	0
Disability Pension	No								
VA Service-Connected	Yes		\$					0	0
Disability Compensation	No								
Warker's Companyation	Yes		\$					0	0
Worker's Compensation	No								
Other source (specify):	Yes		\$				-	0	0
	No								
Total monthly income from all sources			\$					0	0

What is the client's income as a

percentage of Area Median Income (AMI)?

□ < 30% □ 30–50% □ > 50%

NON-CASH BENEFITS

Only record regular, recurrent sources that are current (i.e. not terminated). Non-cash benefits received for a minor member of the household should be recorded under the Head of Household's information. Answer 'No' for sources that have been terminated, even if they were received in the past.

Does the client have any non-cash benefits from any source?

Yes	No	Client doesn't know	Client refused

If YES, answer 'Yes' or 'No' for each non-cash benefit source.

Source of Non-Cash Benefit	Receiving source?		If YES, date client began receiving source	١f ١	YES, monthly amount from source (round to nearest dollar)						
Supplemental Nutrition Assistance Program, (<i>i.e.</i>	Yes			\$						0	0
CalFresh or Food Stamps)	No				-						
Special Supplemental Nutrition Program for Women, Infants, and	Yes			\$						0	0
Children (WIC)	No										
TANF Child Care services	Yes			\$						0	0
TAINF CITILIC CALE SELVICES	No										
TANF Transportation	Yes			\$						0	0
Services	No										
Other TANF-Funded	Yes			\$						0	0
Services	No										
Other:	Yes			\$						0	0
	No										

HEALTH INSURANCE

Only record regular, recurrent sources that are current (i.e. not terminated). Answer 'No' for sources that have been terminated, even if they were received in the past.

Is the client <u>currently</u> covered by health insurance?

Yes	No	Client doesn't know	Client refused

If YES, answer 'Yes' or 'No' for each health insurance source.

Source of Health Insurance		ng health e source?	If YES, date client began receiving source	For HOPWA, specify private pay insurance source, if applicable	For HOPWA, specify reason not covered, if applicable
Medicaid (<i>i.e</i> .	Yes				
Medi-Cal)	No				
Medicare	Yes				
	No				
State Children's Health Insurance	Yes				
Program (CHIP)	No				
Veteran's Administration	Yes				
(VA) Medical Services	No				
Employer-Provided	Yes				
Health Insurance	No				
Health insurance obtained through	Yes				
COBRA	No				
Private Pay Health	Yes				
Insurance	No				
State Health Insurance for	Yes				
Adults	No				
Indian Health	Yes				
Services Program	No				
Other:	Yes				
	No				

INFORMATION DATE / / Month Day Year	Does the client perceive that their life has value and worth?	Does the client perceive that they have support from others who will listen to their problems?	Does the client perceive they have a tendency to bounce back after hard times?			
Strongly disagree						
Somewhat disagree						
Neither agree nor disagree						
Somewhat agree						
Strongly agree						
Client refused						
Client doesn't know						
How frequently does the client feel nervous, tense, worried, frustrated, or afraid?						
□ Not at all □ Several	times a month At lea	ast every day 🛛 🖓	Client refused			

Client doesn't know

EMPLOYMENT	

Once a month

L

Several times a week

Is the	client employed?								
	Yes		No		Client doesn't know			Cli	ient refused
If YES , specify the type of employment.					lf NO	, specify the reason	the cl	lient	is not employed.
	Full-time		Client doesn't know			Looking for work			Client doesn't know
	Part-time		Client refused			Unable to work			Client refused
	Seasonal/sporadic (including day labor)					Not looking for work	(

DOMESTIC VIOLENCE

Is the client a domestic violence victim or survivor?									
	Yes		No] Client doesn't know				Client refused
. <u></u>									
If YE	S , when did the experi	ence	occur?						
	Within the past three	mont	ths				One year ago or more		
	Three to six months a	ago (e	excluding six months exa	ctly)			Client doesn't know		
	Six months to one year ago (excluding one year exactly))		Client refused		
If YES , is the client currently fleeing?									
	Yes		No		Client doesn't know Client refus			Client refused	
			•					•	·



DATE OF PATH STATUS DETERMINATION				Does the client have a connection with SOAR?					
/] Yes		Client doesn't know			
Month	Day	Year] No		Client refused			
Has the client e	enrolled in PATH?	No] Client was fo	ound ineligi	client did not enroll. ble for PATH for other reason(s)			
] Unable to lo	cate client				

CONTACT INFORMATION

Address			Apt/Unit		
City St	tate		ZIP Code County		
County					
What is the data quality of the client's residen	ice or last per	·man	nent address?		
Full address reported			Client doesn't know		
Incomplete or estimated address reported	ed		Client refused		
Phone number	<i>Ema</i>	il ad	ddress		
START DATE	EN	D DA	ATE (if applicable)		
Month Day Year	Ν	/lonth	h Day Year		
Landlord's Name		La	andlord's Address		
Landlord's City	Landlord's Si	tate_	Landlord's Phone		

EMERGENCY CONTACT

Contact's Name Contact's Address							
Contact's City	Contact's State Landlord Phone						
Second Phone Number Relationship to Client							
START DATE	END DATE (if applicable)						
Month Day Year	Month Day Year						