

HMIS Data Collection Form for Project ENTRY – VA SSVF Projects

The form is broken into two sections for *All Clients* and *Head of Household and Other Adults in the Household*. Data for All Clients must be collected for each adult and child household member.

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.

<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander

<input type="checkbox"/>	White
<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused

ETHNICITY

<input type="checkbox"/>	Non-Hispanic / Non-Latino
<input type="checkbox"/>	Hispanic / Latino

<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused

GENDER

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
<input type="checkbox"/>	Transgender male to female
<input type="checkbox"/>	Transgender female to male

<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused

RELATIONSHIP TO HEAD OF HOUSEHOLD

<input type="checkbox"/>	Self (head of household)
<input type="checkbox"/>	Head of household's child
<input type="checkbox"/>	Head of household's spouse or partner

<input type="checkbox"/>	Head of household's other relation member (other relation to head of household)
<input type="checkbox"/>	Other: non-relation member

HEALTH INSURANCE

Is the client currently covered by health insurance?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused



[IF YES] Answer 'Yes' or 'No' for each health insurance source.

Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Source of non-cash benefit
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)

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 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?

☐ No

☐ Yes

☐ Client doesn't know

☐ 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.

☐ Never in the 3 years

☐ One time

☐ Two times

☐ Three times

☐ Four or more times

☐ Client doesn't know

☐ Client refused

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

☐ One month or less

☐ 2-12 months

☐ More than 12 months

☐ Client doesn't know

☐ Client refused

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.

☐ No

☐ Yes

☐ Client doesn't know

☐ Client refused



[IF Yes]

Year Entered Military Service

Year Separated from Military Service

Theatre of Operations: World War II

☐ No

☐ Yes

☐ Client doesn't know

☐ Client refused

Theatre of Operations: Korean War

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

Theatre of Operations: Vietnam War

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

Theatre of Operations: Persian Gulf War (Operation Desert Storm)

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

Theatre of Operations: Afghanistan (Operation Enduring Freedom)

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

Theatre of Operations: Iraq (Operation Iraqi Freedom)

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

Theatre of Operations: Iraq (Operation New Dawn)

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

Theatre of Operations: Other Peacekeeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)

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

Branch of the Military

- ☐ Army
- ☐ Air Force
- ☐ Navy
- ☐ Marines
- ☐ Coast Guard
- ☐ Client doesn't know
- ☐ Client refused

Discharge status

- ☐ Honorable
- ☐ General under honorable conditions
- ☐ Under other than honorable conditions (OTH)
- ☐ Bad conduct
- ☐ Dishonorable
- ☐ Uncharacterized
- ☐ Client doesn't know
- ☐ Client refused

LAST PERMANENT ADDRESS

Street Address																						
City																						
State																						
Zip Code																						

ADDRESS DATA QUALITY

- ☐ Full address reported
- ☐ Incomplete or estimated address reported
- ☐ Client doesn't know
- ☐ Client refused

HP SCREENING SCORE

Head of Household only

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VAMC STATION NUMBER

Head of Household only

6	1	2
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DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

INCOME AND SOURCES

Income from any source?

☐ No

☐ Yes

☐ Client doesn't know

☐ Client refused



[IF YES] Answer Yes or No for each income source. If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate.

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Unemployment Insurance	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Supplemental Security Income (SSI)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Social Security Disability Income (SSDI)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
VA Service-Connected Disability Compensation	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
VA Non-Service-Connected Disability Pension	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Private disability insurance	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Worker's Compensation	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Temporary Assistance for Needy Families (TANF)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
General Assistance (GA)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Retirement Income from Social Security	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Pension or retirement income from a former job	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Child support	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Alimony or other spousal support	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Other source If yes, source: _____	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$. 0 0
Total monthly income	Monthly income from all sources	\$. 0 0

HOUSEHOLD INCOME AS A PERCENTAGE OF AMI

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

NON-CASH BENEFITS

Non-cash benefits from any source?

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



[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

No	Yes	Source of non-cash benefit
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Section 8, Public Housing, or other ongoing rental assistance
<input type="checkbox"/>	<input type="checkbox"/>	Temporary rental assistance
<input type="checkbox"/>	<input type="checkbox"/>	Other source: _____

DATA FOR RAPID RE-HOUSING PROJECTS ONLY

Is the client in permanent housing as of the project entry date?

- ☐ No
- ☐ Yes



RESIDENTIAL MOVE IN DATE

[IF NO] Enter the date the client moves into permanent housing after project entry

		/			/				
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