**HMIS Iowa BOS ERA Entry – for Adults** **HMIS ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***STREET OUTREACH and NBN SHELTERS - Please fill out a Current Living Situation Assessment in unison with the entry assessment***

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| **Client’s Name:**(write in name and check 1 data quality option): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_ Full name \_\_\_\_\_ Partial, street or code name \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer |
| **Social Security Number (SSN)**(write in SSN and check 1 data quality option):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_Full SSN \_\_\_\_\_ Approx. or partial SSN \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer |
| **U.S. Military Veteran**\_\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer  |
| **Project Start Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Number of people in household:**  \_\_\_\_\_ 1 (single client) \_\_\_\_\_ More than 1 (family or household)  **If more than 1: Client’s relationship in the household (e.g. “son”): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Total number of clients in the household**: \_\_\_\_\_\_\_\_\_\_\_\_  Fill out a separate form for each adult and child. |
| **HUD Relationship to Head of Household**:\_\_\_\_\_ Self (head of household) \_\_\_\_\_ Head of Household’s spouse or partner \_\_\_\_\_ Head of Household’s other relation member \_\_\_\_\_ Other: Non-relation member \_\_\_\_\_ Head of Household’s Child \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer  |
| **Date of Birth (DOB)**(write in DOB and check 1 data quality option): **\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_ Full DOB \_\_\_\_\_ Approx. or partial DOB \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer  |
| **Race and Ethnicity** (check as many as applicable):\_\_\_\_\_ American Indian, Alaska Native, or Indigenous \_\_\_\_\_ Asian or Asian American \_\_\_\_\_ Black, African American, or African \_\_\_\_\_ Hispanic/Latina/o\_\_\_\_\_ Middle Eastern or North African \_\_\_\_\_ Native Hawaiian or Pacific Islander\_\_\_\_\_ White Additional Detail (if desired): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer  |
| **Sex:**\_\_\_\_\_\_ Male \_\_\_\_\_\_ Client Doesn’t Know \_\_\_\_\_\_ Female \_\_\_\_\_\_ Client Prefers Not to Answer  |

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| **Does client have a disability of long duration** (check 1 and complete grid below):\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer  |
| **DISABILITY DETAIL** Circle for each disability type**: Y=Yes N=No DK=Doesn’t Know PNA=Prefers not to answer**  |
| **Disability Type** | Has disability | **IF YES:** | Expected to be of long continued and indefinite duration AND substantially impairs ability to live independently |
| **Alcohol use disorder** | Y N DK PNA | Y N DK PNA |
| **Drug use disorder** | Y N DK PNA | Y N DK PNA |
| **Both alcohol and drug use disorders** | Y N DK PNA | Y N DK PNA |
| **Chronic health condition** | Y N DK PNA | Y N DK PNA |
| **Developmental disability** | Y N DK PNA | Y N DK PNA |
| **HIV/AIDS** | Y N DK PNA | Y N DK PNA |
| **Mental health disorder** | Y N DK PNA | Y N DK PNA |
| **Physical disability** | Y N DK PNA | Y N DK PNA |
| **Covered by health insurance** (check 1 and complete grid below): \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer  |
| Insurance Type | Yes | No | Insurance Type | Yes | No |
| MEDICAID |  |  | Employer-provided insurance |  |  |
| MEDICARE |  |  | Health insurance through COBRA |  |  |
| State children’s health insurance |  |  | Private pay health insurance |  |  |
| Veteran's Health Administration (VHA) |  |  | State health insurance for adults |  |  |
| Indian Health Services Program |  |  | Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

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| **Client’s Residence / Last Permanent Address** Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartment No.\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Address Data Quality** (check one): \_\_\_\_\_\_Full Address Reported \_\_\_\_\_Incomplete or Estimated Address Reported\_\_\_\_\_\_Client Doesn’t Know \_\_\_\_\_Client prefers not to answer \_\_\_\_\_Data Not Collected |

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| **Enrollment CoC** \_\_\_\_\_ IA-501 (Iowa Balance of State) \_\_\_\_\_ IA-502 (Des Moines/Polk County) |
| **County Served at Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Zip Code of Last Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Apartment, Room, or House where the client last lived for 90 days or more) |
| **Type of Living Situation on Night Before Entry (CHOOSE ONE OF THE FOLLOWING THREE CATEGORIES):** |
| ***Category 1: Homeless Situation***  \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer \_\_\_\_\_ Place not meant for habitation \_\_\_\_\_ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter  \_\_\_\_\_ Safe Haven **Length of Stay at Prior Night Living Situation:**\_\_\_\_\_One night or less \_\_\_\_\_One month or more, but less than 90 days \_\_\_\_\_Two to six nights \_\_\_\_\_90 days or more, but less than one year \_\_\_\_\_One week or more, but less than one month \_\_\_\_\_One year or longer \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answerThe length of time the client stayed in the living situation immediately prior to project entry. If they moved within the same category of homelessness, count the total time spent in that category. If they moved between different categories, only count the time in the most recent category of homelessness**Approximate Date this Episode of Homelessness started: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****How to determine Approximate Date Homelessness Started**: Determine the start date of the client's period of literal homelessness by looking back to the last time they had a place to sleep that wasn't on the streets, in an emergency shelter, or a Safe Haven. Include the situation just before entering, along with any continuous time spent moving between these places. The look-back period isn't interrupted by stays of less than 7 consecutive nights in any housing situation or institutional stays of less than 90 days (e.g., jail, treatment facilities). Approximations are acceptable |
| ***Category 2: Institutional Situation***\_\_\_\_\_ Foster care home or foster care group home \_\_\_\_\_ 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**Length of Stay at Prior Night Living Situation:**\_\_\_\_\_ One night or less \_\_\_\_\_ One month or more, but less than 90 days\_\_\_\_\_ Two to six nights \_\_\_\_\_ 90 days or more, but less than one year\_\_\_\_\_ One week or more, but less than one month \_\_\_\_\_ One year or longer\_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answerThe length of time the client stayed in the living situation immediately prior to project entry. If they moved within the same category of homelessness, count the total time spent in that category. If they moved between different categories, only count the time in the most recent category of homelessness**If you selected one of the shaded options above, were they on the streets or in ES prior to that? \_\_\_Y \_\_\_N****If Yes, Approximate Date this Episode of Homelessness started: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **If No or Unshaded option selected, use the Entry date as the Approximate Date Homelessness Started (ES/SO Only)**Determine the start date of the client's period of literal homelessness by looking back to the last time they had a place to sleep that wasn't on the streets, in an emergency shelter, or a Safe Haven. Include the situation just before entering, along with any continuous time spent moving between these places. The look-back period isn't interrupted by stays of less than 7 consecutive nights in any housing situation or institutional stays of less than 90 days (e.g., jail, treatment facilities). Approximations are acceptable |
| ***Category 3: Temporary and Permanent Housing Situation*** \_\_\_\_\_ Hotel or motel paid for without emergency shelter voucher\_\_\_\_\_ Host Home (non-crisis)\_\_\_\_\_ 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) \_\_\_\_\_ Owned by client, no ongoing housing subsidy \_\_\_\_\_ Owned by client, with ongoing housing subsidy \_\_\_\_\_ Rental by client, with no ongoing housing subsidy\_\_\_\_\_ Rental by client, with ongoing housing subsidy **(please select subsidy type below)****Subsidy Types (Please Complete if “yes” to Rental by client, with ongoing housing subsidy)** \_\_\_\_\_ GPD TIP housing subsidy \_\_\_\_\_ Housing Stability Voucher \_\_\_\_\_ Public housing unit\_\_\_\_\_ RRH or equivalent subsidy \_\_\_\_\_ VASH housing subsidy \_\_\_\_\_Permanent Supportive Housing\_\_\_\_\_ Family Unification Program Voucher (FUP) \_\_\_\_\_ Foster Youth to Independence Initiative (FYI) \_\_\_\_\_ Rental by client, with other ongoing housing subsidy \_\_\_\_\_ HCV voucher (tenant or project based) (not dedicated) \_\_\_\_\_ Other permanent housing dedicated for formerly homeless persons \_\_\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Length of Stay at Prior Night Living Situation:**\_\_\_\_\_ One night or less \_\_\_\_\_ One month or more, but less than 90 days\_\_\_\_\_ Two to six nights \_\_\_\_\_ 90 days or more, but less than one year\_\_\_\_\_ One week or more, but less than one month \_\_\_\_\_ One year or longer\_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer **If you selected one of the shaded options above, were they on the streets or in ES prior to that? \_\_\_Y \_\_\_N****If Yes, Approximate Date this Episode of Homelessness started: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **If No or Unshaded option selected, use the Entry date as the Approximate Date Homelessness Started (ES/SO Only)** |
| ***Regardless of where they stayed last night*—Number of times the client has been on the streets or in Emergency Shelter in the past three years** (counting current stay):\_\_\_\_\_ Never in 3 years \_\_\_\_\_ One Time \_\_\_\_\_ Two Times \_\_\_\_\_ Three Times \_\_\_\_\_ Four or more times \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer |
| **Total number of months homeless on the street or in Emergency Shelter in past 3 years:** \_\_\_\_\_ 1 month (this time is the first month) \_\_\_\_\_ 2 months \_\_\_\_\_ 3 months \_\_\_\_\_ 4 months \_\_\_\_\_ 5 months \_\_\_\_\_ 6 months \_\_\_\_\_ 7 months \_\_\_\_\_ 8 months \_\_\_\_\_ 9 months \_\_\_\_\_ 10 months \_\_\_\_\_ 11 months \_\_\_\_\_ 12 months \_\_\_\_\_ More than 12 months \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer |
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| **Most Recent Event Leading to Homelessness:** The “Most Recent Event” element identifies the most recent event that led to homelessness; the ‘straw that broke the camel’s back’. Pick the event that most closely matches what happened right before someone lost their housing. \_\_\_\_\_ Received a formal eviction or foreclosure (ex: searchable in Iowa Courts Online) \_\_\_\_\_ Left housing to avoid an eviction/foreclosure OR was illegally evicted \_\_\_\_\_ Discharged from a medical institution without housing \_\_\_\_\_ Discharged from a corrections institution without housing \_\_\_\_\_ Fleeing a domestic violence situation \_\_\_\_\_ Fleeing a human trafficking situation \_\_\_\_\_ Natural disaster / Fire \_\_\_\_\_ Relocation \_\_\_\_\_ Sexual assault / other crimes (i.e. stalking, arson, etc.) \_\_\_\_\_ Divorced / Separated / Family breakup / Death in the family (includes chosen family)**Primary Cause of the Most Recent Event:** The ‘Primary Cause’ is the ‘why’ behind the most recent event. Since there can be many different causes of an event, select the one the client feels had the most impact on the most recent event, or most resonates with a client. \_\_\_\_\_ Unemployment \_\_\_\_\_ Reduced wages or a loss of income (while still maintaining employment or cash benefits) \_\_\_\_\_ Unable to pay rent/mortgage due to bill increase or a large expense \_\_\_\_\_ Physical / Mental disability \_\_\_\_\_ Family / Personal illness (includes chosen family) \_\_\_\_\_ Domestic Violence\_\_\_\_\_ Human trafficking \_\_\_\_\_ Natural disaster / Fire\_\_\_\_\_ Sexual assault / other crimes (i.e. stalking, arson, etc.) \_\_\_\_\_ Divorced / Separated / Family breakup / Death of a family member (includes chosen family) \_\_\_\_\_ Loss of transportation  |
| **Domestic Violence Victim/Survivor**\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer  |
| **If yes, when DV experience occurred:**\_\_\_\_\_ Within the past three months \_\_\_\_\_ Three to six months ago \_\_\_\_\_ From six to twelve months ago \_\_\_\_\_ More than a year ago \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer |
| **If yes are you currently fleeing:**\_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer |
| **Last Grade Completed:** \_\_\_\_\_ GED\_\_\_\_\_ Less than Grade 5 \_\_\_\_\_ Some College \_\_\_\_\_ Grades 5-6 \_\_\_\_\_ Associate’s Degree\_\_\_\_\_ Grades 7-8 \_\_\_\_\_ Bachelor’s Degree\_\_\_\_\_ Grades 9-11 \_\_\_\_\_ Vocational Certification\_\_\_\_\_ Grade 12 / High School Diploma \_\_\_\_\_ Client doesn’t know\_\_\_\_\_ School does not have grade levels \_\_\_\_\_ Client prefers not to answer  |
| **Employed?**\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer |
| **Income from any source?**\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer  |
| **Total Monthly CASH income** (write in total $ amount here and complete grid below): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Area Median Income (AMI) (ERA)**\_\_\_\_\_\_\_ Under 30% of AMI \_\_\_\_\_\_\_ Between 31% and 50% of AMI \_\_\_\_\_\_ Between 51% and 80% of AMI \_\_\_\_\_\_\_ Over 81% of AMI |
| **Receives Income Sources:** | **Yes** | **Monthly $** | **No** | **Not Collected** |
| Alimony or other spousal support |  |  |  |  |
| Child support |  |  |  |  |
| Earned income |  |  |  |  |
| General assistance |  |  |  |  |
| Pension or retirement income from a job |  |  |  |  |
| Private disability insurance |  |  |  |  |
| Retirement income from social security |  |  |  |  |
| Social Security Disability Insurance (SSDI) |  |  |  |  |
| Supplemental Security Income (SSI) |  |  |  |  |
| TANF (FIP) |  |  |  |  |
| Unemployment Insurance |  |  |  |  |
| VA Non-service connected disability pension |  |  |  |  |
| VA service-connected disability compensation |  |  |  |  |
| Worker’s Compensation |  |  |  |  |
| Other (specify): |  |  |  |  |
|  |
| **Non-cash benefits from any source** (check one and complete grid below):\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer |
| **Receives the following Non-cash Benefit Types:** | **Yes**  | **No** | **Not Collected** |
| Supplemental Nutrition Assistance Program (SNAP) (food stamps) |  |  |  |
| Special Supplemental Nutrition for Women, infants, children (WIC) |  |  |  |
| TANF Child Care services  |  |  |  |
| TANF transportation services  |  |  |  |
| Other TANF-funded services |  |  |  |
| Other (specify): |  |  |  |
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| **ONLY FOR Rapid Rehousing (RRH) and Permanent Housing (PSH/OPH) Projects:** **Housing Move-in Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_**  |