# HMIS Iowa BOS Basic 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 \_\_\_\_\_ Female  \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ 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** |

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| **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): | |  |  |
| If “No” for each of the health insurance sources, “no” reason (HOPWA only): | | | | | | | | |
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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 answer  ***Homeless Prevention projects may disregard:***  **Approximate Date this Episode of Homelessness started:**  **/** **/**  **How to determine Approximate Date this Episode of Homelessness Started**: Have the client look back to when the current time staying on the  streets or emergency shelter started. If they were on the streets or shelter and then stayed in housing for less than 7 days, include the time in housing. If they were on the streets or shelter and then stayed in an institution for less than 90 days, include the time in the institution. | | | | | | | | |

### 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 answer

## If you selected one of the shaded options above, were they on the streets or in ES prior to that? Y N

***Homeless Prevention projects may disregard:***

## 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)**

### 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

***Homeless Prevention projects may disregard:***

**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)**

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| ***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 |

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| **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 |

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| **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 |

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| **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 |

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| **Total Monthly CASH income**  (write in total $ amount here and complete grid below): $ | | | | | | | |
| **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:**  **/** **/** |