

# Universal Project Start - SO

Project Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Head of Household: \_\_\_\_\_

Project Name (Enter Data As): \_\_\_\_\_

## Client Record

**i** Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.

**Name** \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

**Name Data Quality**  Full Name Reported  Partial, Street Name, or Code Name Reported  
 Client doesn't know  Client prefers not to answer

**i** Best practice is to collect all nine digits of the SSN for all clients; CoC-, ESG-, and PATH-funded projects are only required to attempt to collect the last four digits of the SSN. Other projects must attempt to collect all nine digits of the SSN, though clients can refuse all or part of the SSN. Unless explicitly requested by the client, the first five digits of the SSN should not be deleted if previously recorded in HMIS.

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full SSN Reported  Approx or Partial SSN Reported  Client doesn't know  Client prefers not to answer

**U.S. Veteran**  No  Yes  Client doesn't know  Client prefers not to answer

**Sex**  Female  Male  
 Client doesn't know  Client prefers not to answer  Data not collected

## Project Enrollment

### **ANSWER FOR ALL CLIENTS**

**Enrollment CoC**  ME-500

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

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

Full DOB Reported  Approximate or Partial DOB Reported  Client doesn't know  Client prefers not to answer

**Race(s) and Ethnicity** *select all that apply*

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  Client doesn't know  
 Client prefers not to answer **Additional:** \_\_\_\_\_

## Disabilities

**i** If one or more of the options below with an asterisk(\*) has been selected, the answer to “disabling condition” must be “yes.”  
 If none of the answers below with an asterisk(\*) has been selected, the answer to “disabling condition” may be “yes” or “no.”

**Disabling Condition**     No     Yes     Client doesn't know     Client prefers not to answer

**If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

Disability type	Disability determination				
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNTA
Both Alcohol and Drug Use Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNTA
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNTA
Developmental Disability	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<i>(not applicable)</i>			
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNTA
HIV/AIDS	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<i>(not applicable)</i>			
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNTA
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNTA

DK = Client doesn't know; PNTA = Client prefers not to answer

## Health Insurance

**Covered by Health Insurance**     No     Yes     Client doesn't know     Client prefers not to answer

Medicaid	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Medicare	<input type="checkbox"/> No	<input type="checkbox"/> Yes
State Children's Health Insurance Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Veteran's Health Administration (VHA)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employer-Provided Health Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Health Insurance obtained through COBRA	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Private Pay Health Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
State Health Insurance for Adults	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Indian Health Services Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**i** HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.

**i** **Data Entry Tip:**  
Remember to end date old records and create new records each time a source of health insurance changes.

**ANSWER FOR HEAD OF HOUSEHOLD AND ADULTS ONLY**

**Prior Living Situation (Immediately Prior to Project Start Date)**

*Chronically Homeless Status Calculated w/ this Information*

**Prior living situation (Where did the client stay immediately prior to entry?)**

*Homeless situations (if none of these options match, skip to "Institutional situations")*

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter
- Safe haven

*Institutional situations (if none of these options match, skip to "Temporary housing situations")*

- 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

*Temporary housing situations (if none of these options match, skip to "Permanent housing situations")*

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host home (non-crisis)
- Staying or living in a friend's room, apartment, or house
- Staying or living in a family member's room, apartment, or house

*Permanent housing situations (if none of these options match, skip to "Other")*

- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing subsidy (select subsidy type è)
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- If "rental by client, with ongoing subsidy", select type*
  - GPD TIP housing subsidy
  - VASH housing subsidy
  - RRH or equivalent subsidy
  - HCV Voucher (tenant or project based)
  - Public housing unit
  - Rental by client, with other ongoing housing subsidy
  - Housing Stability Voucher
  - Family Unification Program Voucher (FUP)
  - Foster Youth to Independence Initiative (FYI)
  - Permanent Supportive Housing
  - Other permanent housing dedicated for formerly homeless persons

*Other*

- Client doesn't know
- Client prefers not to answer

**Length of stay in prior living situation**

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client prefers not to answer

**Approximate date this episode of homelessness started:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Regardless of where they stayed last night, number of times on streets, in ES, or SH in the past 3 years including today**

- 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, in ES, or SH in the past 3 years**

- One month (this time is the first month)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months
- Client doesn't know
- Client prefers not to answer

## Domestic Violence

**i** “Domestic violence” is utilized here as shorthand for domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

**Survivor of Domestic Violence?**     No     Yes     Client doesn't know     Client prefers not to answer

**If yes, when experience occurred**

<input type="checkbox"/> Within the past three months	<input type="checkbox"/> Three to six months ago
<input type="checkbox"/> From six to twelve months ago	<input type="checkbox"/> More than a year ago
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

**If yes, currently fleeing?**     No     Yes     Client doesn't know     Client prefers not to answer

## Monthly Income

**Income from Any Source**     No     Yes     Client doesn't know     Client prefers not to answer

**Total Monthly Income**    \$ \_\_\_\_\_

Alimony and other spousal support	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Child support	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Earned income (i.e., employment income)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
General Assistance (GA)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Pension or retirement income from a former job	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Private disability insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Retirement Income from Social Security	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Supplemental Security Income (SSI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Unemployment Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
VA Non-Service-Connected Disability Pension	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
VA Service-Connected Disability Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Worker's Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____

**i** HUD requires that the client be asked about each individual source of income and requires an answer be recorded for each.

For any income sources where income is received, the monthly amount must also be recorded.

**i** **Data Entry Tip:** Remember to end date old records and create new records each time a source of income changes.

## Non-Cash Benefits

**Non-Cash Benefits from Any Source**     No     Yes     Client doesn't know     Client prefers not to answer

Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
TANF Child Care services	<input type="checkbox"/> No	<input type="checkbox"/> Yes
TANF transportation services	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other TANF-funded services	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**i** HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.

**i** **Data Entry Tip:** Remember to end date old records and create new records each time a source of non-cash benefit changes.

## Current Living Situation

**i** Record a Current Living Situation (CLS) every time contact is made with the client. The first CLS should always = Project Start Date!

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Current living situation (Where is the client staying right now?)

#### Homeless situations

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY funded host home shelter
- Safe haven

*Skip to next data element.*

#### Institutional situations

- 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

*Skip to "Is client going to have to leave their current living situation within 14 days?"*

#### Temporary housing situations

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host home (non-crisis)
- Staying or living in a friend's room, apartment, or house
- Staying or living in a family member's room, apartment, or house

*Skip to "Is client going to have to leave their current living situation within 14 days?"*

#### Permanent housing situations (if none of these options match, skip to "Other")

- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing subsidy (*select subsidy type è*)
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- If "rental by client, with ongoing subsidy", select type*
  - GPD TIP housing subsidy
  - VASH housing subsidy
  - RRH or equivalent subsidy
  - HCV Voucher (tenant or project based)
  - Public housing unit
  - Rental by client, with other ongoing housing subsidy
  - Housing Stability Voucher
  - Family Unification Program Voucher (FUP)
  - Foster Youth to Independence Initiative (FYI)
  - Permanent Supportive Housing
  - Other permanent housing dedicated for formerly homeless persons

*Skip to "Is client going to have to leave their current living situation within 14 days?"*

#### Other

- Other (specify): \_\_\_\_\_
- Worker unable to determine
- Client doesn't know
- Client prefers not to answer

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

- No       Yes       Client doesn't know       Client prefers not to answer

*If yes, continue. Otherwise, skip to next data element.*

Does individual or family have resources or support networks to obtain other permanent housing?

- No                       Yes                                       Client doesn't know                                       Client prefers not to answer

Has the client moved 2 or more times in the last 60 days?

- No                       Yes                                       Client doesn't know                                       Client prefers not to answer

Location details \_\_\_\_\_

**Date of Engagement**

**i** Date of Engagement (DOE) is recorded only when direct client relationship results in a deliberate ongoing assessment or case plan. If the project has not developed an intensive relationship with the client by exit, this should be left blank. Only one DOE is allowed during entire project enrollment. The date is only valid if it occurs between project start and project exit.

Date of Engagement \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**ANSWER FOR HEAD OF HOUSEHOLD ONLY**

*Maine Required Data Elements*

Hub where client is located:

- |  |  |
|--|--|
| <input type="checkbox"/> Hub 1 - York          | <input type="checkbox"/> Hub 6 - Central   |
| <input type="checkbox"/> Hub 2 - Cumberland    | <input type="checkbox"/> Hub 7 - Penquis   |
| <input type="checkbox"/> Hub 3 - Midcoast      | <input type="checkbox"/> Hub 8 - Downeast  |
| <input type="checkbox"/> Hub 4 - Androscroggin | <input type="checkbox"/> Hub 9 - Aroostook |
| <input type="checkbox"/> Hub 5 - Western       |  |

**i** Record the last zip code the client had for at least 90 days that was not in an emergency shelter, a transitional housing project, a safe haven, or a place not meant for habitation.

Zip Code of Last Permanent Address \_\_\_\_\_

- Full or Partial Zip Code Reported                       Client doesn't know                       Client prefers not to answer

Release of Information Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- Type of Release:     None                       Signed by Client                       verbal