


Universal Project Start – RRH/PSH/OPH

**to be used for CoC, ESG(ESHAP), YHDP, and local funds*

Project Start Date: ____/____/____ Name of Head of Household: _____

Project Name (Enter Data As): _____

Client Record

 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

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:** _____

Additional Race and Ethnicity Detail (Optional) _____

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.”

Does the client have a disabling condition? No Yes Client doesn't know Client prefers not to answer

Disability type	Disability determination	If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
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	(not applicable)
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	(not applicable)
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

Length of stay in homeless situation noted above

- 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

Skip to "Approximate date homelessness started" (below)

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

Length of stay in institutional situation noted above

- 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

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that? No Yes

If yes, skip to "Approximate date homelessness started" (below)

If no, skip to next section

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

Length of stay in temporary situation noted above

- 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

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that? No Yes

If yes, skip to "Approximate date homelessness started" (below)

If no, skip to next section

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)
- 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

Length of stay in permanent situation noted above

- 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

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that? No Yes

If yes, skip to "Approximate date homelessness started" (below)

If no, skip to next section

Other

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

Skip to next section

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

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> One time | <input type="checkbox"/> Three times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client prefers not to answer |

Total number of months homeless on the street, in ES, or SH in the past 3 years

- | | | | |
|---|----------------------------|-----------------------------|---|
| <input type="checkbox"/> One month (this time is the first month) | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | |

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: \$ _____	i	HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.
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: \$ _____	i	Data Entry Tip: Remember to end date old records and create new records each time a source of non-cash benefit changes.
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: \$ _____		

ANSWER FOR HEAD OF HOUSEHOLD ONLY

Housing Move In Date

Housing Move-In Date (**CANNOT be prior to Project Start Date**): _____/_____/_____

Youth Education Status - *These questions only required for YHDP funded projects*

Current School Enrollment & Attendance:

- | | |
|---|---|
| <input type="checkbox"/> Not currently enrolled in any school or educational course | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Currently enrolled but NOT attending regularly (when school or the course is in session) | <input type="checkbox"/> Client Prefers not to Answer |
| <input type="checkbox"/> Currently enrolled & attending regularly (when school or the course is in session) | <input type="checkbox"/> Data not collected |

Most Recent Educational Status:

- | | | |
|---|--|---|
| <input type="checkbox"/> K12: Graduated high school | <input type="checkbox"/> Higher Education: pursuing a credential but not currently attending | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> K12: Obtained GED | <input type="checkbox"/> Higher Education: dropped out | <input type="checkbox"/> Client Prefers not to Answer |
| <input type="checkbox"/> K12: Dropped out | <input type="checkbox"/> Higher Education: obtained a credential/degree | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> K12: Suspended | | |
| <input type="checkbox"/> K12: Expelled | | |

Current Educational Status:

- | | |
|---|---|
| <input type="checkbox"/> Pursuing a diploma or GED | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Pursuing associate's degree | <input type="checkbox"/> Client Prefers not to Answer |
| <input type="checkbox"/> Pursuing bachelor's degree | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Pursuing graduate degree | |
| <input type="checkbox"/> Pursuing other post-secondary credential | |

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