

VA CRS/GPD Start

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			
<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Partial, Street Name, or Code Name Reported		
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> 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 _____ - _____ - _____

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Full SSN Reported | <input type="checkbox"/> Approximate or Partial SSN Reported | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> 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 ____/____/____

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Full DOB Reported | <input type="checkbox"/> Approximate or Partial DOB Reported | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |
|--|--|--|---|

Race(s) and Ethnicity
select all that apply

- | | |
|--|--|
| <input type="checkbox"/> American Indian, Alaska Native, or Indigenous | <input type="checkbox"/> Asian or Asian American |
| <input type="checkbox"/> Black, African American, or African | <input type="checkbox"/> Hispanic/Latina/o |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Client prefers not to answer | Additional: _____ |

Disabilities

Disabling Condition No Yes Client doesn't know 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")

- | | |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Long-term care facility or nursing home |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |

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

- | | |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria | <input type="checkbox"/> Host home (non-crisis) |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> 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* →)
- 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

- | | |
|--|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> 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 Three times Client doesn't know
 Two times Four or more times 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) 5 9 More than 12 months
 2 6 10 Client doesn't know
 3 7 11 Client prefers not to answer
 4 8 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 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, 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

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

Total Monthly Income \$ _____

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.

Employment - These questions only required for GPD funded projects

Employed? No Yes Client doesn't know Client prefers not to answer

If yes, type of employment? Full-time Seasonal/sporadic (including day labor)
 Part-time Data not collected

If no, why not employed? Looking for Work Not looking for Work
 Unable to Work Data not collected

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) No Yes
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC) No Yes
- TANF Child Care services No Yes
- TANF transportation services No Yes
- Other TANF-funded services No Yes
- Other (specify): _____ No 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.

ANSWER FOR VETERANS ONLY

Veteran's Information [Veterans Only]

i **Data entry tip:** Enter the following dates as 01/01/_____ in WellSky Community Services (formerly ServicePoint).

Year Entered Military Service _____
Year Separated from Military Service _____

i HUD expects that the client be asked about each individual theatre of operation and requires an answer be recorded for each.

- Theatre of Operations: World War II No Yes Client doesn't know Client prefers not to answer
- Theatre of Operations: Korean War No Yes Client doesn't know Client prefers not to answer
- Theatre of Operations: Vietnam War No Yes Client doesn't know Client prefers not to answer
- Theatre of Operations: Persian Gulf War (Operation Desert Storm) No Yes Client doesn't know Client prefers not to answer
- Theatre of Operations: Afghanistan (Operation Enduring Freedom) No Yes Client doesn't know Client prefers not to answer
- Theatre of Operations: Iraq (Operation Iraqi Freedom) No Yes Client doesn't know Client prefers not to answer
- Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) No Yes Client doesn't know Client prefers not to answer

- Branch of the Military**
- Army Air Force Navy Marines Coast Guard
 - Space Force Client doesn't know Client prefers not to answer
- Discharge Status**
- Honorable Dishonorable
 - General under honorable conditions Uncharacterized
 - Under other than honorable conditions (OTH) Client doesn't know
 - Bad conduct Client prefers not to answer

Mental Health Consultation *This question to be answered only by Case Management/Housing Retention GPD Funded projects only*

- Mental Housing Consultation Status:**
- Mental Health Consultation Completed Mental Health Consultation being coordinated/arranged with VA provider
 - Offer Declined Mental Health Consultation being Coordinated/arranged with other provider

ANSWER FOR HEAD OF HOUSEHOLD ONLY

VAMC Station Number

VAMC Station Number: 402 (Togus, ME) Other (if in another state): _____

Housing Move In Date *This question to be answered only by Case Management/Housing Retention GPD Funded projects only*

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

ANSWER FOR HEAD OF HOUSEHOLD ONLY

Maine Required Data Elements

Hub where client is located:

- Hub 1 - York
- Hub 2 - Cumberland
- Hub 3 - Midcoast
- Hub 4 - Androscroggin
- Hub 5 - Western
- Hub 6 - Central
- Hub 7 - Penquis
- Hub 8 - Downeast
- Hub 9 - Aroostook

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