

RHY Project Start for ES

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	(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 to be recorded for each.

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

RHY Basic Center Program Status

Date of Status Determination _____/_____/_____

Youth Eligible for RHY Services No Yes

If no, reason why services are not funded by BCP grant

- Out of age range
- Ward of the State – Immediate Reunification
- Ward of the Criminal Justice System – Immediate Reunification
- Other

If yes, runaway youth No Yes Client doesn't know Client prefers not to answer

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)
 - 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

Rental Subsidy Type

- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent subsidy
- HCV voucher (tenant or project based) (not dedicated)
- 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 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: _____/_____/_____

Pregnant? Yes: *If yes, Projected Due Date: ____ / ____ / ____* No Client doesn't know Client prefers not to answer Data Not Collected

Systems Involvement

Formerly a Ward of Child Welfare or Foster Care Agency No Yes Client doesn't know Client prefers not to answer

If yes, number of years Less than one year 1 to 2 years 3 to 5 or more years

If less than one year, number of months _____ months (1-11)

Formerly a Ward of Juvenile Justice System No Yes Client doesn't know Client prefers not to answer


If yes, number of years Less than one year 1 to 2 years 3 to 5 or more years

If less than one year, number of months _____ months (1-11)

Referral Source (RHY)

- Referral Source**
- Self-Referral
 - Outreach Project
 - Hotline
 - Law Enforcement/Police
 - Other Organization
 - Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual
 - Temporary Shelter
 - Child Welfare/CPS
 - Mental Hospital
 - Client doesn't know
 - Residential Project
 - Juvenile Justice
 - School
 - Client prefers not to answer

Family Critical Issues

 HUD expects that the client be asked about each individual family critical issue and requires an answer be recorded for each.

Unemployment – Family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data Not Collected
Mental Health Disorder – Family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data Not Collected
Physical Disability – Family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data Not Collected
Alcohol or Substance Use Disorder – Family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data Not Collected
Insufficient Income to support youth – Family member	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data Not Collected
Incarcerated Parent of Youth	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Data Not Collected

BE SURE TO LOG ANY RHY SPECIFIC SERVICES THAT WERE PROVIDED AT THE TIME OF ENTRY!

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 - Androscoggin
- Hub 5 - Western
- Hub 6 - Central
- Hub 7 - Penquis
- Hub 8 - Downeast
- Hub 9 - Aroostook



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