

RHY Project Start for TH(MGH)

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

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	<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

Length of stay in homeless situation noted above

- | | |
|--|--|
| <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 |

Skip to "Approximate date homelessness started" (below)

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 |

Length of stay in institutional situation noted above

- | | |
|---|--|
| <input type="checkbox"/> <u>One night or less</u> | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> <u>Two to six nights</u> | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> <u>One week or more, but less than one month</u> | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> <u>One month or more, but less than 90 days</u> | <input type="checkbox"/> 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")

- | | |
|---|---|
| <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 |

Length of stay in temporary situation noted above

- | | |
|--|--|
| <input type="checkbox"/> <u>One night or less</u> | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> <u>Two to six nights</u> | <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 |

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")

- | | |
|---|--|
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <i>If "rental by client, with ongoing subsidy", select type</i> |
| <input type="checkbox"/> Rental by client, with ongoing subsidy (<u>select subsidy type</u> →) | <input type="checkbox"/> GPD TIP housing subsidy |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy | <input type="checkbox"/> VASH housing subsidy |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy | <input type="checkbox"/> RRH or equivalent subsidy |
| | <input type="checkbox"/> HCV Voucher (tenant or project based) |
| | <input type="checkbox"/> Public housing unit |
| | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| | <input type="checkbox"/> Housing Stability Voucher |
| | <input type="checkbox"/> Family Unification Program Voucher (FUP) |
| | <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) |
| | <input type="checkbox"/> Permanent Supportive Housing |
| | <input type="checkbox"/> 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

- 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

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.

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

Education & Employment Status

Last Grade Completed

<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> Grades 7-8
<input type="checkbox"/> Grades 9-11	<input type="checkbox"/> Grade 12/High School Diploma	<input type="checkbox"/> School program does not have grade levels
<input type="checkbox"/> GED (incl. HiSET)	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Vocational Certification
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	

School Status

<input type="checkbox"/> Attending School Regularly	<input type="checkbox"/> Attending School Irregularly	<input type="checkbox"/> Graduated High School
<input type="checkbox"/> Obtained GED (incl. HiSET)	<input type="checkbox"/> Dropped Out	<input type="checkbox"/> Suspended
<input type="checkbox"/> Expelled	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

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

If yes, type of employment:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal/Sporadic (including Day Labor)
If no, why not employed:	<input type="checkbox"/> Looking for Work	<input type="checkbox"/> Unable to Work	<input type="checkbox"/> Not Looking for Work

Health Status

General Health Status

<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer			

Dental Health Status

<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer			

Mental Health Status

<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer			

Pregnant? Yes: No Client doesn't know Client prefers not to answer Data Not Collected

If yes, Projected Due Date: ____ / ____ / _____

Systems Involvement

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

<i>If yes, number of years</i>	<input type="checkbox"/> Less than one year	<input type="checkbox"/> 1 to 2 years	<input type="checkbox"/> 3 to 5 or more years
<i>If less than one year, number of months</i>	_____ 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**
- | | |
|---|---|
| <input type="checkbox"/> Self-Referral | <input type="checkbox"/> Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual |
| <input type="checkbox"/> Outreach Project | <input type="checkbox"/> Temporary Shelter <input type="checkbox"/> Residential Project |
| <input type="checkbox"/> Hotline | <input type="checkbox"/> Child Welfare/CPS <input type="checkbox"/> Juvenile Justice |
| <input type="checkbox"/> Law Enforcement/Police | <input type="checkbox"/> Mental Hospital <input type="checkbox"/> School |
| <input type="checkbox"/> Other Organization | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |

Family Critical Issues

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

Unemployment – Family member No Yes Client doesn't know Client prefers not to answer Data Not Collected

Mental Health Disorder – Family member No Yes Client doesn't know Client prefers not to answer Data Not Collected

Physical Disability – Family member No Yes Client doesn't know Client prefers not to answer Data Not Collected

Alcohol or Substance Use Disorder – Family member No Yes Client doesn't know Client prefers not to answer Data Not Collected

Insufficient Income to support youth – Family member No Yes Client doesn't know Client prefers not to answer Data Not Collected

Incarcerated Parent of Youth No Yes Client doesn't know Client prefers not to answer 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:

- | | |
|--|--|
| <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