

ICA Maine - VASH Entry (FY2026)

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

Does the client have a 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

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
- 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

If "rental by client, with ongoing subsidy", select type



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

Domestic Violence



“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: \$ _____ |



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.



Data Entry Tip:

Remember to end date old records and create new records each time a source of income changes.

Employment Information (HUD)

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"/> Seasonal/sporadic (including day labor) |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Data not collected |

If no, why not employed?

| | |
|---|---|
| <input type="checkbox"/> Looking for Work | <input type="checkbox"/> Not looking for Work |
| <input type="checkbox"/> Unable to Work | <input type="checkbox"/> Data not collected |

Last Grade Completed:

| | | |
|---|--|---|
| <input type="checkbox"/> Less than Grade 5 | <input type="checkbox"/> School Program does not have grade levels | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> GED | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> Grades 7-8 | <input type="checkbox"/> Some College | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Grade 12 / High school diploma | <input type="checkbox"/> Bachelor's degree | |

General Health Status Excellent Very Good Good Fair Poor
 Client doesn't know Client prefers not to answer

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: \$ _____ | <input type="checkbox"/> 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: \$ _____ | |
| TANF transportation services | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ | <input type="checkbox"/> Data Entry Tip: Remember to end date old records and create new records each time a source of non-cash benefit changes. |
| Other TANF-funded services | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ | |
| Other (specify): _____ | <input type="checkbox"/> No | <input type="checkbox"/> Yes: \$ _____ | |

ANSWER FOR ALL VETERANS

Veteran's Information [Veterans Only]

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 _____

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

ANSWER FOR HEAD OF HOUSEHOLD ONLY

VAMC Station Number

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

HUD-VASH Voucher Tracking

- | | | | |
|----------------|--|---|---|
| Voucher | <input type="checkbox"/> Referral package forwarded to PHA | <input type="checkbox"/> Voucher in use – veteran moved into housing | <input type="checkbox"/> Veteran exited – voucher was returned |
| Change | <input type="checkbox"/> Voucher denied by PHA | <input type="checkbox"/> Voucher was posted locally | <input type="checkbox"/> Veteran exited – family maintained the voucher |
| | <input type="checkbox"/> Voucher issued by PHA | <input type="checkbox"/> Voucher was administratively absorbed by new PHA | <input type="checkbox"/> Veteran exited – prior to ever receiving a voucher |
| | <input type="checkbox"/> Voucher revoked or expired | <input type="checkbox"/> Voucher was converted to Housing Choice Voucher | <input type="checkbox"/> Other |

If other, please specify _____

Housing Move In Date – Only one housing move in date per enrollment

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:

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