Warming Shelter – Entry

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

ⓘ	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

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: _____

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Disabilities

ⓘ	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	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Both Alcohol and Drug Use Disorders	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Chronic Health Condition	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Developmental Disability	☐ Yes* ☐ No ☐ DK ☐ PNTA	*(not applicable)*
Drug Use Disorder	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
HIV/AIDS	☐ Yes* ☐ No ☐ DK ☐ PNTA	*(not applicable)*
Mental Health Disorder	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Physical Disability	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA

DK = Client doesn't know; PNTA = Client prefers not to answer

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	☐ Long-term care facility or nursing home
☐ Hospital or other residential non-psychiatric medical facility	☐ Psychiatric hospital or other psychiatric facility
☐ Jail, prison or juvenile detention 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	☐ Host home (non-crisis)
☐ Hotel or motel paid for without emergency shelter voucher	☐ Staying or living in a friend's room, apartment, or house
☐ Transitional housing for homeless persons (including homeless youth)	☐ 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	*If "rental by client, with ongoing subsidy", select type*
☐ Rental by client, with ongoing subsidy *(select subsidy type è)*	☐ GPD TIP housing subsidy
☐ Owned by client, with ongoing housing subsidy	☐ VASH housing subsidy
☐ Owned by client, no ongoing 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

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Length of stay in prior living situation

☐ One night or less	☐ 90 days or more, but less than one year
☐ Two to six nights	☐ One year or longer
☐ One week or more, but less than one month	☐ Client doesn't know
☐ One month or more, but less than 90 days	☐ Client prefers not to answer

Approximate date <u>this episode</u> of homelessness started: _____/_____/_____

Regardless of where they stayed last night, number of <u>times</u> 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

ⓘ "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

Hub where client is located:

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

ⓘ 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

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