

Entry Date: _____ Provider/Project Name: _____ Provider # _____

<input type="checkbox"/> CLIENT Name (first, middle, last, suffix):	<input type="checkbox"/> Name Data Quality
	<input type="checkbox"/> Full Name <input type="checkbox"/> Partial, Street or Code Name <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<input type="checkbox"/> Social Security Number (SSN)	<input type="checkbox"/> SSN Data Quality
	<input type="checkbox"/> Full SSN <input type="checkbox"/> Partial SSN <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<input type="checkbox"/> U.S. Military Veteran → Only mark Yes if: Served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or was called into active duty by National Guard or as a Reservist.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	

1. HOUSEHOLD INFORMATION

<input type="checkbox"/> Household Type		
<input type="checkbox"/> Single Individual <input type="checkbox"/> Couple with no Children	<input type="checkbox"/> Female Single Parent <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Two Parent Family	<input type="checkbox"/> Non-custodial Caregiver(s) <input type="checkbox"/> Grandparent(s) and Child <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other
<input type="checkbox"/> Relationship to Head of Household (HoH)		
<input type="checkbox"/> Self (head of household) <input type="checkbox"/> HoH's spouse/partner <input type="checkbox"/> HoH's Child <input type="checkbox"/> HoH's Other Relative <input type="checkbox"/> HoH's Non-Relation <i>Primary Applicant</i>		

2. CLIENT DEMOGRAPHICS

<input type="checkbox"/> Date of Birth (DOB) / / Age <input style="width: 40px; height: 20px;" type="text"/>	<input type="checkbox"/> DOB Data Quality
	<input type="checkbox"/> Full DOB <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Approx or partial DOB
<input type="checkbox"/> Race <input checked="" type="checkbox"/> one or more and <input type="checkbox"/> primary	
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<input type="checkbox"/> African <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Slavic	<input type="checkbox"/> Ethnicity <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<input type="checkbox"/> Gender	
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans F to M <input type="checkbox"/> Trans M to F <input type="checkbox"/> Doesn't identify as M, F or Transgender <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	

3. LIVING SITUATION Residence Prior to Project Entry Date (*generally: Where did you stay last night?*)

Homeless	<input type="checkbox"/> Place not meant for habitation (street, car, camp, etc) <input type="checkbox"/> Emergency Shelter, including motel vouchers	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing (Situation where a CH person has been referred to PH project, but is not yet in the unit and is staying elsewhere)	
	<input type="checkbox"/> Length of Stay in above Situation		
	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to Six nights	<input type="checkbox"/> One week or more, less than a month <input type="checkbox"/> One month or more, less than 90 days <input type="checkbox"/> 90 days or more, less than one year	<input type="checkbox"/> One year or longer <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused
<i>If in a Homeless situation, go to next Section # 4</i>			
Institutional	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	
	<input type="checkbox"/> Length of Stay in above Situation		
	Less than 90 Days <input type="checkbox"/> One night or less <input type="checkbox"/> Two to Six nights <input type="checkbox"/> One week or more, less than a month <input type="checkbox"/> One month or more, less than 90 days	90 Days or more <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused	
	On the night before did you stay on the streets, ES or SH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused		<i>90 Days or more, skip to Section # 5</i>
	<i>Less than 90 Days & Yes, go to next Section # 4</i> <i>Less than 90 Days & No, skip to next Section # 5</i>		
Transitional/Permanent	<input type="checkbox"/> Hotel or motel paid for by client <u>without</u> voucher <input type="checkbox"/> Owned by client, no housing subsidy <input type="checkbox"/> Owned by client, with housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless (ie: CoC project, HUD legacy project, HOPWA PH) <input type="checkbox"/> Residential project/halfway house w/no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, Apt. or house <input type="checkbox"/> Staying or living in a friend's room, apt. or house	<input type="checkbox"/> Rental by client, no housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy (must be Vet) <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other on-going housing subsidy (i.e.: Section 8, SSVF, Rapid Rehousing, or other Rent Assist Projects) <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
	<input type="checkbox"/> Length of Stay in above Situation		
	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to Six nights	<input type="checkbox"/> One week or more, less than a month <input type="checkbox"/> One month or more, less than 90 days <input type="checkbox"/> 90 days or more, less than one year	<input type="checkbox"/> One year or longer <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused
	On the night before did you stay on the streets, ES or SH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused		<i>7 Days or more, skip to Section # 5</i>
	<i>Less than 7 Days & Yes, go to next Section # 4</i> <i>Less than 7 Days & No, skip to Section # 5</i>		

Program Entry - [501/AHFE]

4. LENGTH of TIME HOMELESS (Only complete if Prior Residence Situation is Homeless or Institution - Less than 90 Days)

➤ Approximate date homelessness started:	/ /
➤ Number of times you have been on the streets or in an emergency shelter in past 3 years including today.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
➤ Total number of months homeless on the street or in an emergency shelter in the past 3 years.	<input type="checkbox"/> 1 (<i>This time is the 1st month</i>) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

5. HEALTH INSURANCE, DISABILITY, NON-CASH BENEFITS, and INCOME TABLES

➤ Covered by Health Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused		
If Yes, Source(s) of Health Insurance (<i>Answer for All HH members</i>)	Yes	No	Not Collected
MEDICAID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MEDICARE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Children's Health Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Medical Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer- Provided Health Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Insurance through COBRA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Pay Health Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Health Insurance for Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indian Health Services Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

➤ Does the client have a disabling condition?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused			
Disabilities (<i>All HH members</i>)	Long Term Condition	Yes	No	Doesn't Know	Refused	Not Collected
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Alcohol & Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

➤ Non-cash benefit from any source	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused			
Source(s) of Non-Cash Benefits (<i>Answer for HoH and Adults</i>)	Yes	No	Not Collected	Monthly Benefit (optional)
Supplemental Nutrition Assistance Program (Food Stamps)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Special Supplemental Nutrition Program for WIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
TANF Child Care Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
TANF Transportation Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Other TANF-Funded Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Section 8, Public Housing or other on-going rental assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Temporary rental assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Other Non-Cash Benefit Source <i>explain:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$

If Parent receives income on Child's behalf, then enter the income in Parent's record

➤ Income from Any Source	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused			
Source(s) of Income (<i>Answer for HoH and Adults</i>)	Yes	No	Not Collected	Monthly Income
Alimony or Other Spousal Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Child Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Earned Income (<i>wages and self-employment</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
General Assistance (<i>rarely used</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Other (<i>explain:</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Pension/Retirement from a Former Job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Private Disability Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Retirement Income from Social Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Social Security Disability Insurance (SSDI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Social Security Income (SSI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
TANF (<i>Only put on the Primary Applicant's record</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Unemployment Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
VA Non-Service Connected Disability Pension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
VA Service Connected Disability Pension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
Worker's Compensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$
TOTAL Monthly Income- (just this Person's and their Child's)				\$

6. ADDITIONAL INFORMATION (as required by Funder)

➤ % of Area Median Family Income (AMI)	➤ Client Location	➤ Residential Move-in Date <i>Leave blank if not housed at entry</i>
<input type="checkbox"/> 0-30% <input type="checkbox"/> 30-50% <input type="checkbox"/> 50-80% <input type="checkbox"/> Over 80%	<input type="checkbox"/> OR-501 Portland/Gresham/Multnomah County CoC	/ /

➤ DOMESTIC VIOLENCE survivor? (<i>HoH and Adults</i>)	➤ # Months ago?	➤ Currently fleeing Domestic Violence?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused

➤ Primary language	
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➤ Applicant Signature	➤ Date
APPLICANT SIGNATURE CERTIFIES THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.	/ /