

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

Section 1. GENERAL INFORMATION

<input type="checkbox"/> Date of Birth (DOB) _____ / ____ / ____	Age <input style="width: 30px;" 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
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<input type="checkbox"/> Race <input checked="" type="checkbox"/> one or more and <input type="checkbox"/> primary			<input type="checkbox"/> Ethnicity	
<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"/> 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
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LIVING SITUATION Residence Prior to Project Entry Date (generally: Where did you stay last night?)

<input type="checkbox"/> 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
If in a Homeless situation, Go to: "LENGTH of TIME HOMELESS"		

<input type="checkbox"/> 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	
	Less than 90 Days & Yes, Go to: "LENGTH of TIME HOMELESS" Less than 90 Days & No, skip to Section # 2 VETERAN STATUS	

<input type="checkbox"/> 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		
	Less than 7 Days & Yes, Go to: "LENGTH of TIME HOMELESS" Less than 7 Days & No, skip to Section # 2 VETERAN STATUS		

Veteran By Name List Registry - [501/AHFE]

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 mos <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
➤ Convicted Sex Offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2: VETERAN STATUS	
➤ Have you ever served on active duty in the U.S. Armed Forces (e.g. served in full-time capacity in the Army, Navy, Air Force, Marine Corps, or Coast Guard)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
➤ Were you ever called into active duty as a member of the National Guard or as a reservist?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
➤ Are you receiving any type of benefit through Department of Veteran Affairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
➤ Year entered military service	/ /
➤ Year separated from military service	/ /

Section 3: CONTACT INFORMATION	
➤ Primary Contact Phone	
➤ How would you like to be contacted? Please indicate how, when, etc...	
➤ What other agencies are you or your family working with?	
➤ Staff Name	
	➤ Date / /