Toledo HMIS Data Collection Form — CoC/ESG Entry (PSH/RRH/ETC)

Completed By ____________ **Project** ____________ **Date** ____________

Project Entry Date *(all clients)* ☐☐/☐☐/☐☐☐☐ (month / day / year)

Client Demographics

Name *(all clients)*

First Name	
Middle Name	
Last Name	
Suffix	

Preferred/Alias ____________

Name Data Quality *(all clients)*
- ☐ Full Name Reported
- ☐ Partial, street name, or code name reported
- ☐ Client doesn't know
- ☐ Client refused

Date of Birth Type *(all clients)*
- ☐ Full date of birth reported
- ☐ Approximate or partial date of birth reported
- ☐ Client doesn't know
- ☐ Client refused

Social Security Number *(all clients)*

☐☐☐-☐☐-☐☐☐☐

Date of Birth *(all clients)*

☐☐/☐☐/☐☐☐☐ (month / day / year)

SSN Data Quality *(all clients)*
- ☐ Full SSN Reported
- ☐ Approximage or partial SSN reported
- ☐ Client doesn't know
- ☐ Client refused

Veteran Status *(all adults)*
- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

Race: Check all that apply *(all clients)*
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian/Other Island Pacific Islander
- ☐ White
- ☐ Client doesn't know
- ☐ Client refused

Gender *(all clients)*
- ☐ Female
- ☐ Male
- ☐ Trans female (MTF or Male to Female)
- ☐ Trans male (FTM or Female to Male)
- ☐ Gender Non-Conforming
- ☐ Client doesn't know
- ☐ Client refused

Ethnicity *(all clients)*
- ☐ Non-Hispanic/Non-Latino
- ☐ Hispanic/Latino
- ☐ Client doesn't know
- ☐ Client refused

Marital Status *(all adults)*

☐ Single	☐ Widowed
☐ Married	☐ CoHabitate
☐ Separated	☐ Client doesn't know
☐ Divorced	☐ Client refused

Pregnant
- ☐ Yes
- ☐ No

Due Date ☐☐/☐☐/☐☐☐☐ (month / day / year)

Emergency Contact

____

____

Historical Living Situations and Homelessness

COC Code **OH-501**

Living Situation *(HoH & adults)*

Literally Homeless

☐ Place not meant for habitation (e.g., a vehicle, abandoned building, bus/train/subway station/airport, anywhere outside)	☐ Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
☐ Safe Haven	☐ Interim Housing***

Institutional Situation

☐ 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

Transitional or Permanent Housing Situation

☐ Hotel or motel paid for without emergency shelter voucher	☐ Residiential project or halfway house with no homeless criteria
☐ Owned by client, no ongoing housing subsidy	☐ Staying or living in a family member's room, apartment, or house
☐ Owned by client, with ongoing housing subsidy	☐ Staying or living in a friend's room, apartment, or house
☐ Permanent housing (other than RRH) for formerly homeless persons	☐ Transitional housing for homeless persons (including homeless youth)
☐ Rental by client, no ongoing housing subsidy	☐ Client doesn't know
☐ Rental by client, with VASH subsidy	☐ Client refused
☐ Rental by client, with GPD TIP subsidy	☐ Data not collected (HUD)
☐ Rental by client, with other housing subsidy (including RRH)	

How Long? (Institutional Situation)
- ☐ 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

Did you stay less than 90 days?
- ☐ Yes ☐ **No (STOP-NO OTHER QUESTIONS)**

How Long? (Transitional or Permanent Housing Situation)
- ☐ One night or less
- ☐ Two to six nights

Did you stay less than 7 days?
- ☐ Yes ☐ **No (STOP-NO OTHER QUESTIONS)**

On the night before, did you stay on streets/ES/SH?
- ☐ **No (STOP)** ☐ Yes

How Long? (Literally Homeless)

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

Total number of times homeless on the streets*, in ES, or SH in the past three years†

- ☐ One time (homeless only this time)
- ☐ Two times ☐ Client doesn't know
- ☐ Three times ☐ Client refused
- ☐ Four or more times ☐ Data not collected

** "Streets" means places not meant for human habitation*
† (1–30 days = 1 month)

Approximate Date Started ____________

Total number of months homeless on the street*, in ES, or SH in the past three years†

- ☐ One month (this is the first month)
- ☐ If 2-12, Specify #: ____________
- ☐ More than 12 months ☐ Client refused
- ☐ Client doesn't know ☐ Data not collected

Sub-Assessments

Income

Income from Any Source *(all clients (child entered on HoH))*

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Answer Yes or No for each income source (status at time of entry)

Source of Income	Reciving income?	If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No ☐ Yes ☐	$ .00
Unemployment Insurance	No ☐ Yes ☐	$ .00
Supplemental Security Income (SSI)	No ☐ Yes ☐	$ .00
Social Security Disability Income (SSDI) VA Service-Connected Disability	No ☐ Yes ☐	$ .00
VA Non-Service-Connected Disability Pension	No ☐ Yes ☐	$ .00
Private disability insurance	No ☐ Yes ☐	$ .00
Worker's Compensation	No ☐ Yes ☐	$ .00
Temporary Assistance for Needy Families (TANF)	No ☐ Yes ☐	$ .00
General Assistance (GA)	No ☐ Yes ☐	$ .00
Retirement Income from Social Security	No ☐ Yes ☐	$ .00
Pension or retirement income from a former job	No ☐ Yes ☐	$ .00
Child support	No ☐ Yes ☐	$ .00
Alimony or other spousal support	No ☐ Yes ☐	$ .00
Other source If yes, specify	No ☐ Yes ☐	$ .00
Total Monthly Income	**from all sources**	$ .00

Zip Code of Last Permanent Address

(all clients)

Zip Data Quality *(all clients)*

- ☐ Full/Partial
- ☐ CDK
- ☐ CRef

Relation to HoH *(all clients)*

- ☐ Self (HoH)
- ☐ HoH's Child
- ☐ HoH's Spouse/Partner
- ☐ HoH's Other Relation
- ☐ Other (non relative)

Homelessness Primary Reason / Threat to Housing

- ☐ Criminal Activity
- ☐ Domestic Violence Victim
- ☐ Eviction
- ☐ Health/Safety
- ☐ Inappropriate Living Situation with family, friend, etc.
- ☐ Loss of Child Care
- ☐ Loss of Job
- ☐ Loss of Public Assisstance
- ☐ Loss of Transportation
- ☐ Medical Condition
- ☐ Mental Health
- ☐ Mortgage Foreclosure
- ☐ No Affordable Housing
- ☐ Release from Institution
- ☐ Substance Abuse
- ☐ Substandard Housing
- ☐ Underemployment/low income
- ☐ Utility Shutoff

more on next page…

Sub-Assessments *(continued)*

Non-Cash Benefits

Non-Cash Benefits from any source? *(all clients (child entered on HoH))*

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source (Based on the status at the time of entry)

No	Yes	Source of non-cash benefit
☐	☐	Special Supplemental Nutrition Assistance Program (SNAP)
☐	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐	☐	TANF Child Care services *(or use local name)*
☐	☐	TANF transportation services *(or use local name)*
☐	☐	Other TANF-Funded Services *(or use local name)*
☐	☐	Other source: ______________________________

Health Insurance

Covered by health insurance ***(all clients)***

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Answer 'Yes' or 'No' for each health insurance source. (Based on the status at the time of entry)

No	Yes	Source of insurance coverage	No	Yes	
☐	☐	Medicaid	☐	☐	Indian Health Services Program
☐	☐	Medicare	☐	☐	Other: ____________
☐	☐	State Children's Health Insurance Program			
☐	☐	Veteran's Administration (VA) Medical Services			
☐	☐	Employer-Provided Health Insurance			
☐	☐	Health insurance obtained through COBRA			
☐	☐	Private Pay Health Insurance			
☐	☐	State Health Insurance for Adults (or use local name)			

more on next page…

Sub-Assessments (continued)

Disabling Conditions (all clients)

Does the client have a disabling condition?

- ☐ No ☐ Client doesn't know
- ☐ Yes ☐ Client refused

NOTE: For all disabilities, the second question is "If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently"

Alcohol Abuse	Long-Continued, Indefinte Duration, & Substancially Impairs?
☐ No	☐ No
☐ Yes →	☐ Yes
☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused

HIV/AIDS	Long-Continued, Indefinte Duration, & Substancially Impairs?
☐ No	☐ No
☐ Yes →	☐ Yes
☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused

Chronic Health	Long-Continued, Indefinte Duration, & Substancially Impairs?
☐ No	☐ No
☐ Yes →	☐ Yes
☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused

Mental Health	Long-Continued, Indefinte Duration, & Substancially Impairs?
☐ No	☐ No
☐ Yes →	☐ Yes
☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused

Developmental	Long-Continued, Indefinte Duration, & Substancially Impairs?
☐ No	☐ No
☐ Yes →	☐ Yes
☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused

Physical	Long-Continued, Indefinte Duration, & Substancially Impairs?
☐ No	☐ No
☐ Yes →	☐ Yes
☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused

Drug Abuse	Long-Continued, Indefinte Duration, & Substancially Impairs?
☐ No	☐ No
☐ Yes →	☐ Yes
☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused

Domestic Violence (HoH & Adults)

Is client a domestic violence victim/survivor?

- ☐ No ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

(If Yes) Are you currently fleeing?

- ☐ No ☐ Client doesn't know
- ☐ Yes ☐ Client refused

If Yes, when did the experience occur?

- ☐ Within the past three months
- ☐ Three to six months ago
- ☐ Six months to one year ago
- ☐ One year or more
- ☐ Client doesn't know
- ☐ Client refused