

HMIS Data Collection – ENTRY PATH Street Outreach / Services Only Supplemental Form

This form will allow Street Outreach projects to track required HMIS Date of Contact and Date of Engagement data elements. Track all contacts for the head of household and each additional adult in the household. A separate form should be included for each adult member of the household. Use additional forms as needed.

CLIENT (name or other identifier)

Program Date

		/			/				
Month			Day			Year			

Connection with SOAR

- No
- Yes
- Client Doesn't Know
- Client Refused
- Data Not Collected

PRIOR LIVING SITUATION

Respond to the following questions for any adult in the household. If the household is composed of an unaccompanied child, that child is the head of household. If the household is composed of two or more minors, data must be collected about the minor that has been designated as the head of household. A separate form should be included for each adult member of the household.

LIVING SITUATION

1) WHAT WAS THE SITUATION THE CLIENT WAS LIVING IN IMMEDIATELY PRIOR TO PROJECT ENTRY?

Homeless Situation	
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	
<input checked="" type="checkbox"/> Emergency shelter, including hotel or motel paid for <u>with</u> emergency shelter voucher	
<input type="checkbox"/> Safe Haven	
Institutional Situation	
<input type="checkbox"/> Foster care home or foster care group home	<input checked="" type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Substance abuse treatment facility or detox center
Transitional and Permanent Housing Situation	
<input type="checkbox"/> Residential project or halfway house with no homeless criteria	<input checked="" type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)

<input type="checkbox"/> Hotel or motel paid for <u>without</u> emergency shelter voucher	<input type="checkbox"/> Rental by client in a public housing unit
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Host Home (non-crisis)	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> Staying or living in a friend's room, apartment, or house	<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/> Staying or living in a family member's room, apartment, or house	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy	<input type="checkbox"/> Owned by client, no ongoing housing subsidy
<input type="checkbox"/> Rental by client, with VASH housing subsidy	<input type="checkbox"/> Interim housing (RETIRED)
<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION

If Homeless Situation above – Complete Question 2

If Institutional Situation above – Complete Question 3

If Transitional or Permanent Housing Situation above – Complete Question 4

2) COMPLETE THIS SECTION IF CLIENT'S LIVING SITUATION PRIOR TO PROJECT ENTRY WAS A HOMELESS SITUATION

DATE THE CLIENT STARTED BEING HOMELESS ON THE STREETS, IN SHELTER, OR IN SAFE HAVEN THIS TIME**

Determine the date of the last time the client had a place to sleep that was not on the streets, in an emergency shelter, or in a safe haven. As the client looks back, there may be breaks in their stay on the streets, shelters, or safe havens. The breaks are allowed to be included in the look back period to calculate the start date only if:

- The client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; OR
- The break in their time on the streets, shelters, or safe havens was less than 7 nights. A break is considered 6 or less consecutive nights not residing in a place not meant for human habitation, in shelter or in a safe haven. The look back time would not be broken by a stay less than 7 consecutive nights; OR
- The break in their time on the streets, ES, or SH was less than 90 days in any of the places listed under the header "institutional situations" on the previous page. The look back time would include all of those days (up to 89 days) when looking back for the start date.

If this is the client's first day on the streets, shelters, or safe havens, enter today's date.

When did the client start staying on the streets, in emergency shelters, or in safe havens this time?

		/			/				
Month			Day			Year			

**** "The streets" is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground).**

NUMBER OF TIMES THE CLIENT HAS BEEN HOMELESS ON THE STREETS, IN SHELTER, OR IN SAFE HAVEN IN THE PAST THREE YEARS INCLUDING TODAY

A break in homelessness separating the occasions means at least 7 consecutive nights of not living on the street, in an emergency shelter, or Safe Haven or at least 90 days in any of the places listed under the header “institutional situations” on the previous page.

How many times has the client been homeless on the streets, in shelter, or in safe havens in the past three years, including this time?

<input type="checkbox"/> One time (this time)	<input type="checkbox"/> Four or more times
<input type="checkbox"/> Two times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Three times	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMLESS ON THE STREETS, IN SHELTER, OR IN SAFE HAVEN IN THE PAST THREE YEARS

Record the total number of months for all the different times the client has spent homeless on the streets, in shelter, or in safe havens in the past three years.

For example: If the client has been on the streets, ES, or SH since January 15 and it is now March 1, the cumulative total would be 1.5 months (January = 15 days and February = 1 month). If they were also homeless for a month back in October, the cumulative total would then be 2.5 months. Responses may be rounded to the next-nearest month, so you would choose “3 months.”

How many months, in total, has the client has been homeless on the street, in an emergency shelter, or Safe Haven over the past three years?

<input type="checkbox"/> One month (this time is the first month)	<input type="checkbox"/> 9 months
<input type="checkbox"/> 2 months	<input type="checkbox"/> 10 months
<input type="checkbox"/> 3 months	<input type="checkbox"/> 11 months
<input type="checkbox"/> 4 months	<input type="checkbox"/> 12 months
<input type="checkbox"/> 5 months	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> 6 months	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> 7 months	<input type="checkbox"/> Client refused
<input type="checkbox"/> 8 months	<input type="checkbox"/> Data not collected

3) COMPLETE THIS SECTION IF CLIENT'S LIVING SITUATION PRIOR TO PROJECT ENTRY WAS AN INSTITUTIONAL SITUATION

DID CLIENT STAY LESS THAN 90 DAYS?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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[IF YES] ON THE NIGHT BEFORE DID CLIENT STAY ON THE STREETS, ES, OR SH?

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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- [If YES] complete Question 2

4) COMPLETE THIS SECTION IF CLIENT'S LIVING SITUATION PRIOR TO PROJECT ENTRY WAS A TRANSITIONAL OR PERMANENT HOUSING SITUATION

DID CLIENT STAY LESS THAN 7 NIGHTS?

No

Yes



[IF YES] ON THE NIGHT BEFORE DID CLIENT STAY ON THE STREETS, ES, OR SH?

No

Yes



- [If YES] Complete Question 2

ZIP CODE OF LAST ADDRESS _____

COMPLETE PATH ENGAGEMENT DATE WHEN THE CLIENT HAS BEEN ENGAGED

*Do not enter Engagement Date until all universal data elements are collected to avoid a data quality issue.

Date of Engagement

		/			/					
Month			Day			Year				

COMPLETE DATE OF STATUS DETERMINATION ONLY ONCE, WHEN THE ENROLLMENT STATUS FOR THE CLIENT HAS BEEN DETERMINED. THERE SHOULD ONLY BE ONE DATE OF STATUS DETERMINATION PER PROJECT STAY.

Date of Status Determination

		/			/					
Month			Day			Year				

DISABLING CONDITIONS AND BARRIERS

DISABLING CONDITION

Record whether the client has a disabling condition based on one or more of the following:

- A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
 1. Is expected to be long-continuing or of indefinite duration;
 2. Substantially impedes the individual's ability to live independently; and
 3. Could be improved by the provision of more suitable housing conditions.
- A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

If the client is a veteran who is disabled by an injury or illness that was incurred or aggravated during active military service and whose disability meets the disability definition defined in Section 223 of the social security act, they should be identified as having a disabling condition.

Does the client currently have a disabling condition?

No

Yes

Client doesn't know

Client refused

Data not collected

[IF YES] Answer 'Yes' or 'No' for each condition.

PHYSICAL DISABILITY

Does the client currently have a physical disability?

No

Yes

Client doesn't know

Client refused

Data not collected



[IF YES for physical disability] Is the physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

No

Yes

Client doesn't know

Client refused

Data not collected

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

No

Yes

Client doesn't know

Client refused

Data not collected

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

No

Yes

Client doesn't know

Client refused

Data not collected



[IF YES for chronic health condition] Is the physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

No

Yes

Client doesn't know

Client refused

Data not collected

HIV - AIDS

Does the client currently have HIV - AIDS?

No

Yes

Client doesn't know

Client refused

Data not collected

MENTAL HEALTH DISORDER

Does the client currently have a mental health disorder?

No

Yes

Client doesn't know

Client refused

Data not collected



[IF YES for mental health disorder] Is the mental health disorder expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

No

Yes

Client doesn't know

Client refused

Data not collected

SUBSTANCE ABUSE DISORDER

Does the client currently have a substance abuse disorder?

No

Alcohol abuse

Drug abuse

Both alcohol and drug abuse

Client doesn't know

Client refused



[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

No

Yes

Client doesn't know

Client refused

Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR

No

Yes

Client doesn't know

Client refused

Data not collected



[IF YES for Domestic Violence Victim/Survivor, complete next two questions]

1. When was the last occurrence?

- Within the past three months
- Three to six months ago (excluding six months exactly)
- Six months to one year ago (excluding one year ago exactly)
- One year ago or more

- Client doesn't know
- Client refused
- Data not collected

2. Are you currently fleeing?

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected

INCOME AND SOURCES

Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).

Does the client have any income from any source?

- No
- Yes

- Client doesn't know
- Client refused
- Data not collected



[IF YES] Answer Yes or No for each income source. If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate.

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)			
Earned income (i.e., employment income)	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$. 0 0
Unemployment Insurance	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$. 0 0
Supplemental Security Income (SSI)	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$. 0 0
Social Security Disability Insurance (SSDI)	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$. 0 0
VA Service-Connected Disability Compensation	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$. 0 0
VA Non-Service-Connected Disability Pension	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$. 0 0
Private disability insurance	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$. 0 0
Worker's Compensation	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$. 0 0
Temporary Assistance for Needy Families (TANF)	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$. 0 0
General Assistance (GA)	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$. 0 0

Retirement Income from Social Security	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$. 0 0
Pension or retirement income from a former job	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$. 0 0
Child support	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$. 0 0
Alimony or other spousal support	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$. 0 0
Other source If yes, specify source: _____	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$. 0 0
Total monthly income from all sources			\$. 0 0

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

NON-CASH BENEFITS

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

Does the client have any non-cash benefits from any source?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected



[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

No	Yes	Source of non-cash benefit
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP, CalFresh)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Other Non-Cash Benefit (source: _____)

HEALTH INSURANCE

Covered by Health Insurance?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected



[IF YES] Answer 'Yes' or 'No' for each health insurance source. Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Type of health insurance
<input type="checkbox"/>	<input type="checkbox"/>	MEDICAID
<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Other If Yes, specify source: _____

WELL-BEING

Client perceives their life has value and worth.

- | | |
|---|--|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Strongly agree |
| <input type="checkbox"/> Somewhat disagree | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Somewhat agree | <input type="checkbox"/> Data not collected |

Client perceives they have support from others who will listen to problems.

- | | |
|---|--|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Strongly agree |
| <input type="checkbox"/> Somewhat disagree | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Somewhat agree | <input type="checkbox"/> Data not collected |

Client perceives they have a tendency to bounce back after hard times.

- | | |
|---|--|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Strongly agree |
| <input type="checkbox"/> Somewhat disagree | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Somewhat agree | <input type="checkbox"/> Data not collected |

Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.

- | | |
|--|--|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> At least everyday |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Several times a month | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Several times a week | <input type="checkbox"/> Data not collected |

GENERAL HEALTH STATUS

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Good | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Data not collected |