HMIS Entry Assessments – COVID Response Diversion

Please complete one sheet for each person served, whether they are an individual or a family member

Project Start Date: _____/_____/_______ Project **Name:** ____

ServicePointClient ID _________________________

First Name: _____________________ **MI:** _______ **Last Name:** _________________________________ **Suffix:** ___________

Name Type:
- ❑ Full Name Reported
- ❑ Partial, Street Name, or Code Name Reported
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

SSN: _________ – ________ – ____________

SSN Type:
- ❑ Full
- ❑ Approximate/Partial
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

U.S. Military Veteran? (Clients 18 & older): ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

HUD CoC & ESG Entry All Other Projects 2020 Assessment

DOB(mm/dd/yyyy) ____/_____/_________

DOB Type:
- ❑ Full DOB
- ❑ Approximate or Partial DOB
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

Primary Race:
- ❑American Indian or Alaska Native
- ❑ Asian
- ❑ Black/African American
- ❑ Native Hawaiian or Other Pacific Islander
- ❑ White
- ❑ Client Doesn't know
- ❑ Client Refused
- ❑ Data Not Collected

Secondary Race:
- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Black/African American
- ❑ Native Hawaiian or Other Pacific Islander
- ❑ White
- ❑ Client Doesn't know
- ❑ Client Refused
- ❑ Data Not Collected

Ethnicity:
- ❑ Hispanic/Latino
- ❑ Non-Hispanic /Latino)
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

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Gender:
- ❑ Female
- ❑ Male
- ❑ Trans Male {FTM or female to male}
- ❑ Trans Female {MTF male to female}
- ❑ Gender non-conforming {IE not exclusively male or female}
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

Do you have a disabling condition? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

Relationship to Head of Household:
- ❑ Self
- ❑ Head of Household's Child
- ❑ Head of Household's Spouse or Partner
- ❑ Head of Household's other relation member
- ❑ Other Non-Relation Member
- ❑ Data Not Collected

Housing Move-in Date: ________/________/_________

Prior Living Situation:

-HOMELESS SITUATIONS-
- ❑ Place Not Meant for Habitation
- ❑ Emergency Shelter, including hotel/motel paid for w/ES voucher, or RHY-funded host home shelter
- ❑ Safe Haven

-INSTITUTIONAL SITUATIONS-
- ❑ Foster Care Home or Foster Care Group Home
- ❑ Hospital or other Residential Non-Psychiatric Medical Facility
- ❑ Jail, Prison or Juvenile Detention Facility
- ❑ Long-Term Care Facility or Nursing Home
- ❑ Psychiatric Hospital or Other Psychiatric Facility
- ❑ Substance Abuse Treatment Facility or Detox Center

-TEMPORARY AND PERMANENT HOUSING SITUATIONS-
- ❑ Residential Project or Halfway House with no Homeless Criteria
- ❑ Hotel or Motel Paid for without an Emergency Shelter Voucher
- ❑ Transitional Housing for Homeless Persons (includes homeless youth)
- ❑ Host Home (non-crisis)
- ❑ Staying or Living in a Friend's Room, Apartment or House
- ❑ Staying or Living in a Family Member's Room, Apartment or House
- ❑ Rental by Client, with GPD TIP Housing Subsidy
- ❑ Rental by Client, with VASH Housing Subsidy
- ❑ Permanent Housing (other than RRH) for Formerly Homeless Persons
- ❑ Rental by Client, with RRH or Equivalent Subsidy
- ❑ Rental by Client, with HCV voucher (tenant or project based)
- ❑ Rental by Client in a Public Housing Unit
- ❑ Rental by Client, No Ongoing Housing Subsidy
- ❑ Rental by Client, with Other Ongoing Housing Subsidy
- ❑ Owned by Client, with Ongoing Housing Subsidy
- ❑ Owned by Client, No Ongoing Housing Subsidy

-OTHER-
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

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Length of stay in prior living 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
- ❑ 90 days or more but less than one year
- ❑ One year or longer
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

Approximate Date Homelessness Started: _______/________/______________

Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:
- ❑ One Time
- ❑ Two Times
- ❑ Three Times
- ❑ Four or More Times
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:
- ❑ One Month (this time is the first month)
- ❑ 2 Months
- ❑ 3 Months
- ❑ 4 Months
- ❑ 5 Months
- ❑ 6 Months
- ❑ 7 Months
- ❑ 8 Months
- ❑ 9 Months
- ❑ 10 Months
- ❑ 11 Months
- ❑ 12 Months
- ❑ More than 12 Months
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

If Institutional Situation, then:

Did you stay less than 90 days: ❑Yes ❑No

***If less than 90 days*, on the night before did you stay on the streets, ES, or SH?** ❑Yes ❑No

***If yes:* Approximate Date Homelessness Started:** _______/________/______________

Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:
- ❑ One Time
- ❑ Two Times
- ❑ Three Times
- ❑ Four or More Times
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:
- ❑ One Month (this time is the first month)
- ❑ 2 Months
- ❑ 3 Months
- ❑ 4 Months
- ❑ 5 Months
- ❑ 6 Months
- ❑ 7 Months
- ❑ 8 Months
- ❑ 9 Months
- ❑ 10 Months
- ❑ 11 Months
- ❑ 12 Months
- ❑ More than 12 Months
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

If Transitional or Permanent Housing Situation:

Did you stay less than 7 nights? ❑Yes ❑No

***If less than 7 nights,* on the night before did you stay on the streets, ES, or SH?** ❑Yes ❑No

***If yes:* Approximate Date Homelessness Started:** _______/________/______________

HMIS Entry Assessments – COVID Response Diversion

Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:

- ❑ One Time
- ❑ Two Times
- ❑ Three Times
- ❑ Four or More Times
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:

- ❑ One Month (this time is the first month)
- ❑ 2 Months
- ❑ 3 Months
- ❑ 4 Months
- ❑ 5 Months
- ❑ 6 Months
- ❑ 7 Months
- ❑ 8 Months
- ❑ 9 Months
- ❑ 10 Months
- ❑ 11 Months
- ❑ 12 Months
- ❑ More than 12 Months
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

Income from any source? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

Monthly Income

Receiving Income	Source of Income (*Check all that apply*)	Income Amount
❑Yes ❑No	Earned Income	$
❑Yes ❑No	Unemployment Insurance	$
❑Yes ❑No	Supplemental Security Income (SSI)	$
❑Yes ❑No	Social Security Disability Income (SSDI)	$
❑Yes ❑No	VA Service Connected Disability Compensation	$
❑Yes ❑No	Private Disability Insurance	$
❑Yes ❑No	Worker's Compensation	$
❑Yes ❑No	Temporary Assistance for Needy Families (TANF)	$
❑Yes ❑No	General Assistance	$
❑Yes ❑No	Retirement Income From Social Security	$
❑Yes ❑No	VA Non-Service Connected Disability Pension	$
❑Yes ❑No	Pension or Retirement Income from Another Job	$
❑Yes ❑No	Child Support	$
❑Yes ❑No	Alimony or Other Spousal Support	$
❑Yes ❑No	Other – Specify Source ______________________	$
	Total Monthly Income	**$**

Non-Cash Benefit from any source? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

Non-Cash Benefits

Receiving Benefit	Source of Non-Cash Benefit (*Check all that apply*)	Benefit Amount (*when applicable*)
❑Yes ❑No	Supplemental Nutrition Assistance Program (SNAP – Food Stamps)	$
❑Yes ❑No	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	$
❑Yes ❑No	TANF Child Care services	$
❑Yes ❑No	TANF Transportation services	$
❑Yes ❑No	Other TANF-funded services	$
❑Yes ❑No	Other Source – Specify Source ______________________________________	$

HMIS Entry Assessments – COVID Response Diversion

Covered by Health Insurance? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

Health Insurance

Covered	Health Insurance Type (*Check all that apply*)
❑Yes ❑No	MEDICAID
❑Yes ❑No	MEDICARE
❑Yes ❑No	State Children's Health Insurance Program
❑Yes ❑No	Veteran's Administration (VA) Medical Services
❑Yes ❑No	Employer-Provided Health Insurance
❑Yes ❑No	Health Insurance obtained through COBRA
❑Yes ❑No	Private Pay Health Insurance
❑Yes ❑No	State Health Insurance for Adults
❑Yes ❑No	Indian Health Services Program
❑Yes ❑No	Other – Specify: ____

Health, Substance Abuse, and Disabilities

Disability Type	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
Physical ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑ DNC	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑ DNC
Developmental ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑ DNC	**Not Required** ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑ DNC
Chronic Health Condition ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑ DNC	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑ DNC
HIV/AIDS ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑ DNC	**Not Required** ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑ DNC
Mental Health Problem ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑ DNC	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑ DNC
Alcohol Abuse ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑ DNC	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑ DNC
Drug Abuse ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑ DNC	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑ DNC
Both Alcohol and Drug Abuse ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑ DNC	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑ DNC

HMIS Entry Assessments – COVID Response Diversion

Domestic violence victim/survivor?

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

If yes for Domestic violence victim/survivor, 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 Refused

If yes, are you currently fleeing?

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

Maine Required Data Elements Assessment:

Zip Code of Last Permanent Address: ___________________

Zip data quality for last permanent address: ❑Full or Partial Zip Code Report ❑Client doesn't know ❑Client refused

Release of Information Date: ________/________/________

Type of Release: ❑None ❑Signed by Client ❑Verbal

In HMIS, switch to the Maine Required Data Elements assessment through the Entry to input the information from this section.