HMIS Data Collection Form for Coordinated Point of Access.

CLIENT NAME:

Client ID#	
First name	
Middle name	
Last name	
Suffix	
Phone Number	

SOCIAL SECURITY NUMBER:

			-			-				

DATE OF BIRTH:

		/			/				
Month			Day			Year			

ETHNICITY:

☐	Non-Hispanic / Non-Latin(a)(o)(x)	☐	Client doesn't know
☐	Hispanic / Latin(a)(o)(x)	☐	Client refused

RACE:

☐	American Indian, Alaska Native, or Indigenous	☐	White
☐	Asian or Asian American	☐	Client doesn't know
☐	Black, African American, or African	☐	Client refused
☐	Native Hawaiian or Pacific Islander		

GENDER

☐	Female	☐	A Gender Other Than Singularly Female or Male (e.g. Non-Binary, Genderfluid, Agender)
☐	Male		
☐	Transgender	☐	Client doesn't know
☐	Questioning	☐	Client refused

VETERAN STATUS

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

If under 18, refer to Huckleberry House @ 614-294-5553

TRIAGE PERFORMED BY:

TRIAGE DATE:

		/			/				
Month			Day			Year			

Besides the HoH, are there any other adults in the household who are Veterans?:

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

LET'S TALK ABOUT YOUR LIVING SITUATION

Zip Code of Last Permanent Address?: ☐

General Area Location of Previous Residence:

☐ Within Franklin County (Outside City - Columbus)	☐ Outside Franklin County (Within City - Columbus)
☐ Within Franklin County (Within City - Columbus)	☐ Outside of Ohio
☐ Outside Franklin County (Outside City - Columbus)	☐ Client refused

Where did you stay last night? (Residence Prior to Project Entry)

Homeless Situations	☐ Place not meant for habitation	Transitional and Permanent Housing Situations	☐ Hotel or motel paid for without emergency shelter voucher
	☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher		☐ Owned by client, no ongoing housing subsidy
	☐ Safe Haven		☐ Owned by client, with ongoing housing subsidy
	☐ Interim Housing*		☐ Permanent housing (other than RRH) for formerly homeless persons
Institutional Situations	Foster care home or foster care group home		☐ Rental by client, with no housing subsidy
	☐ Hospital or other residential non-psychiatric medical facility		☐ Rental by client, with GPD TIP housing subsidy
	☐ Jail, prison, or juvenile detention facility		☐ Rental by client, with VASH housing subsidy
	☐ Long-term care facility or nursing home		☐ Rental by client, with other housing subsidy (includin RRH)
	☐ Psychiatric hospital or other psychiatric facility		☐ Residential project or halfway house with no homeless criteria
	☐ Substance abuse treatment facility or detox center		☐ Staying or living in a family member's room, apartment, or house
Other	☐ Client doesn't know		☐ Staying or living in a friend's room, apartment, or house
	☐ Client refused		☐ Transitional housing for homeless persons (including homeless youth)

How long have you been staying there? (Length of Stay in Previous Place)

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

Do you currently have a lease in your name?

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

DOMESTIC VIOLENCE

Are you experiencing any violence against you physically or sexually where you live or are staying right now that is making that place unsafe for you to remain?

☐ Yes	☐ No

If Yes, provide client with the phone number to CHOICE @ 614-224-4663

Is client a domestic violence victim/survivor?

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

↓

[IF YES] When did the experience occur?

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

↓

[IF WITHIN LAST 30 DAYS] I'd like to refer you to choices domestic violence shelter where they may have additional resources to help with your housing crisis and address additional concerns with your situation. Is that okay?

☐ Yes	☐ No

↓

Refer to CHOICES @ 614-224-4663

STRENGTHS EXPLORATION

Household Composition:

☐ Single Adult Household: One adult, no minor(s)
☐ Family Household: Two or members, at least one minor
☐ Unaccompanied Youth: One minor, no adults

Relationship to Head of Household:

☐ Self (Head of household)	☐ Head of household's other relation member (other relation to head of household)
☐ Head of household's child	
☐ Head of household's spouse or partner	☐ Other: non-relation member
☐ Trans Male (FTM, or female to male)	☐ Data not collected

Number of Adults in Household (incl. HoH):

Do you have any minor children?:

☐ Yes	☐ No

Do you have legal custody of the minor children currently staying with you?:

☐ Yes	☐ No

Number of Children in Household:

0-2 years		3-7 years		8-12 years		13-17 years	

Is anyone in the household currently pregnant?

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

Projected Due Date:

		/			/				

Month Day Year

ADDITIONAL DATA COLLECTION: (STILL LISTENING FOR POSSIBLE STREGNTHS, SKILLS, OR NETWORKS NOT PREVIOUSLY IDENTIFIED IN THE CONVERSATION)

Are you connected with Maryhaven Outreach?

Are you currently linked with Franklin County Children Services?

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

[IF YES] Is the FCCS case manager aware of your current situation?

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

WE CURRENTLY HAVE PARTNERSHIPS WITH SOME MEDICAID MCO'S THAT WANT TO SUPPORT THEIR CLIENTS WHO ARE EXPERIENCING A HOUSING CRISIS.

Do you have health insurance through Medicaid Managed Care Organization (MCO)? If so which one and can I share this information with them?

Are you currently employed? ☐ Yes ☐ No

HOMELESS INFORMATION

Homelessness Primary Reason:

☐	Addiction	☐	Jail/Prison
☐	Divorce	☐	Relationship Problems
☐	Domestic Violence	☐	Substandard Housing
☐	Evicted	☐	Unable to Pay Rent/Mortgage
☐	Family/Personal Illness	☐	Unemployment
☐	Fire	☐	Other:_____

Homelessness Secondary Reason:

☐	Addiction	☐	Jail/Prison
☐	Divorce	☐	Relationship Problems
☐	Domestic Violence	☐	Substandard Housing
☐	Evicted	☐	Unable to Pay Rent/Mortgage
☐	Family/Personal Illness	☐	Unemployment
☐	Fire	☐	Other:_____
☐	No Secondary Reason for Crisis		

Date the client started being homeless this time:

		/			/				
Month			Day			Year			

Number of time the client has been homeless in the past three years:

☐	One time (this time)	☐	Four or more times
☐	Two times	☐	Client doesn't know
☐	Three times	☐	Client refused

Total number of months the client has been homeless in the past three years:

☐	One month or less (choose if this is the first time the client has been homeless)
☐	Between 2 and 12 months ➔ Enter the total number of months:_____
☐	More than 12 months
☐	Client doesn't know
☐	Client refused

DISABLING CONDITION:

Does the client have a disabling condition that is long-term and impairs their ability to live independently?

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

CONTACT RESOLUTION:

☐	No disposition: call incomplete/client did not call back	☐	Need shelter tonight [single adults only]: waitlisted due to no homeless shelter space
☐	Need shelter tonight	☐	Need shelter tonight: service restricted; referred to other option(s)
☐	Need shelter tonight: more appropriately served and/or prefer other shelter or residential option	☐	Do not need shelter tonight: at-risk of literal homelessness within next 7 days
☐	Need shelter tonight: currently in shelter; advised to remain there or call back once discharged	☐	Do not need shelter tonight: at-risk of literal homelessness in more than 7 days

SUBSTANCE ABUSE PRE-SCREEN

Are you currently intoxicated or under the influence of another substance?	☐ Yes	☐ No

[IF YES], transfer internally to Netcare staff.

Are there any chronic medical conditions that you know you have, such as diabetes, seizures, high blood pressure, or a heart-related condition, or mental health condition for which you are not receiving treatment or have run out of medication? ☐ Yes ☐ No

Are you presently thinking about hurting yourself or someone else? ☐ Yes ☐ No

Possible referral to Netcare 614-276-2273.

WE MUST OA LOCAL CHECK FOR SEX OFFENSES. ARE YOU OR ANYONE IN YOUR HOUSEHOLD A REGISTERED SEX OFFENDER?

☐	Self
☐	No
☐	Other adult(s)

[IF YES] Sex Offense Classification:

☐	Tier I	☐	(Pre AWA) Habitual Sex Offender with Notification
☐	Tier II	☐	(Pre AWA) Sexual Predator
☐	Tier III	☐	(Pre AWA) Aggravated Sexually Oriented Offense
☐	(Pre AWA) Sexually Oriented Offender	☐	(Pre AWA) Child Victim Offender
☐	(Pre AWA) Habitual Sex Offender w/o Notification	☐	(Pre AWA) Child Victim Predator

Are you now or have you ever been subject to community notification?

☐	Yes	☐	Client Doesn't Know
☐	No	☐	Client Refused
		☐	Data Not Colected

Sex offense involved a minor:

☐	Yes	☐	Client Doesn't Know
☐	No	☐	Client Refused
		☐	Data Not Colected

Background check completed:

		/			/				

Month Day Year

☐	Local (free)
☐	National (Paid)
☐	Both (Local & National)

COVID SCREENING INFORMATION:

Date of COVID-19 Screening:

COVID-19 Screening Disposition

☐	COVID-19 exposure/close contact	☐	COVID-19 symptomatic
☐	COVID-19 positive test result within prior 14 days	☐	Not positive or symptomatic for COVID-19

COVID-19 Triage Disposition

☐	COVID-19 confirmed, symptomatic, or exposure/close contact
☐	COVID-19 NOT confirmed, symptomatic, NOT exposed/close contact

COVID-19 Triage Referral

☐	Other Medical Facility	☐	Non-SIQ Shelter or remain in place w/precautions
☐	SIQ-MED Shelter	☐	Non-SIQ Shelter or remain in place w/o precautions

↓ If SIQ-MED referral

Entity Referring to SIQ

☐	Veteran/VA	☐	ODRC
☐	Homeless System Provider	☐	Return Home Ohio
☐	Hospital	☐	Southeast Residential
☐	Maryhaven	☐	Maryhaven Non-Homeless

Notes:

SPECIFY SHELTER REFERRED TO: