

HMIS Data Collection Form for Coordinated Point of Access.

TRIAGE PERFORMED BY:

TRIAGE DATE:

		/			/			
Month			Day			Year		

CLIENT NAME:

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

SOCIAL SECURITY NUMBER:

			-			-			
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DATE OF BIRTH:

		/			/			
Month			Day			Year		

ETHNICITY:

<input type="checkbox"/> Non-Hispanic / Non-Latino	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Client refused

RACE:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Client refused
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

GENDER

<input type="checkbox"/> Female	<input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female)
<input type="checkbox"/> Male	
<input type="checkbox"/> Trans Female (MTF, or male to female)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Trans Male (FTM, or female to male)	<input type="checkbox"/> Client refused

VETERAN STATUS

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

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

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?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, provide client with the phone number to CHOICE @ 614-224-4663

Is client a domestic violence victim/survivor?

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



[IF YES] When did the experience occur?

<input type="checkbox"/> Within the past three months	<input type="checkbox"/> One year ago or more
<input type="checkbox"/> Three to six months ago (excluding six months exactly)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Six months to one year ago (excluding one year exactly)	<input type="checkbox"/> 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?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Refer to CHOICES @ 614-224-4663



[IF NO] Is there other safe housing where you can stay when you leave?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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How many nights can you stay there? (If fewer than 10 days, refer to CHOICES)

Are you presently feeling pressured/threatened to do things (such as sex or labor) you don't want to do?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you presently exchanging sex or labor for something of value? (such as food, shelter, drugs, clothing, money)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes to either of the above two questions, offer to provide the number for the local hotline. Warm transfer if possible. Central Ohio Rescue and Restore Coalition (614-285-4357)

SUBSTANCE ABUSE PRE-SCREEN

Are you currently intoxicated or under the influence of another substance?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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[IF YES], transfer internally to Netcare staff or call 614-276-2273.

If caller appears to be using alcohol or other substances, continue by asking if he/she is willing to go to detox. (If yes, refer to Maryhaven Engagement Center via ROW Van (614-276-2273) or CPS, as clients cannot self-refer)

If client's response is "No": say 'Okay. Well, I need to let you know that if anyone shows up to a shelter after using alcohol or other drugs, the individual shelter can determine not to serve that individual.

Demand for shelter is high and we cannot reserve a space for you or place you on the waiting list unless you are ready to enter the program immediately. Are you looking to obtain shelter services for tonight?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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[IF YES] "I need to ask some basic information"

[IF NO] Instruct client to call back when shelter is needed

Are you presently on the streets or in a camp or without a safe place to stay tonight

Yes No

Are you connected with Maryhaven Outreach?

Yes No

HOUSEHOLD INFORMATION

Household Composition:

<input type="checkbox"/> Single Adult Household: One adult, no minor(s)
<input type="checkbox"/> Family Household: Two or members, at least one minor
<input type="checkbox"/> Unaccompanied Youth: One minor, no adults

Relationship to Head of Household:

<input type="checkbox"/> Self (Head of household)	<input type="checkbox"/> Head of household's other relation member (other relation to head of household)
<input type="checkbox"/> Head of household's child	
<input type="checkbox"/> Head of household's spouse or partner	<input type="checkbox"/> Other: non-relation member
<input type="checkbox"/> Trans Male (FTM, or female to male)	<input type="checkbox"/> Data not collected

Number of Adults in Household (incl. HoH):

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

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	

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

Pregnant?:

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



Projected Due Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

Are you currently linked with Franklin County Children Services?

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	

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

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	

Have you been assisted through a Stable Families program before?:

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	

Do you currently have a lease in your name?

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	

LAST PERMANENT ADDRESS

Zip Code of Last Permanent Address?:

General Area Location of Previous Residence:

<input type="checkbox"/> Within Franklin County (Outside City - Columbus)	<input type="checkbox"/> Outside Franklin County (Within City - Columbus)
<input type="checkbox"/> Within Franklin County (Within City - Columbus)	<input type="checkbox"/> Outside of Ohio
<input type="checkbox"/> Outside Franklin County (Outside City - Columbus)	<input type="checkbox"/> Client refused

One of my primary roles is to help you find a place other than shelter to stay. This could be with a family member or a friend or by helping connect you with other resources that are available.

I now have some additional questions to help me better identify resources that might be useful.

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

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

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

<input type="checkbox"/> One night or less	<input type="checkbox"/> 90 days or more, but less than one year
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One year or longer
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client refused

If you are staying with friends/family, can you stay there again tonight? Yes No

[If Not] Why do you have to leave this place?

Is there any other friends/family in the area you can stay with? Yes No

Where else might you be able to stay?:

How many more night are you able to stay at this location?

If we are unable to provide you shelter for the night, where will you stay?:

INCOME AND SOURCES:

Does the client have any income from any source?

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

NON-CASH BENEFITS :

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

HEALTH INSURANCE:

Is the client covered by Health Insurance?

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

How much money do you have access to right now? (to determine if motel or rent is possible)

Who do you usually call when you need help?:

Can you contact him/her? Yes No

Do you belong to a church?: Yes No

[IF YES] Is there a church member willing to help you? Yes No

Is there anyone else you could stay with for the next 3 to 7 days if you receive case management / transportation / limited financial support?: Yes No

[IF YES TO THE ABOVE RESOURCE OPTIONS] I would like to provide you with the number to our information and referral line, where specialists may be able to help you with community resources. The number is 614-221-2255.

HOMELESS INFORMATION

Homelessness Primary Reason:

<input type="checkbox"/> Addiction	<input type="checkbox"/> Jail/Prison
<input type="checkbox"/> Divorce	<input type="checkbox"/> Relationship Problems
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Substandard Housing
<input type="checkbox"/> Evicted	<input type="checkbox"/> Unable to Pay Rent/Mortgage
<input type="checkbox"/> Family/Personal Illness	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Fire	<input type="checkbox"/> Other: _____

Homelessness Secondary Reason:

<input type="checkbox"/> Addiction	<input type="checkbox"/> Jail/Prison
<input type="checkbox"/> Divorce	<input type="checkbox"/> Relationship Problems
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Substandard Housing
<input type="checkbox"/> Evicted	<input type="checkbox"/> Unable to Pay Rent/Mortgage
<input type="checkbox"/> Family/Personal Illness	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Fire	<input type="checkbox"/> Other: _____
<input type="checkbox"/> 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:

<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

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

<input type="checkbox"/> One month or less (choose if this is the first time the client has been homeless)
<input type="checkbox"/> Between 2 and 12 months → Enter the total number of months: _____
<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused

Now I have some questions I need to ask about your ability to remain safe while in shelter tonight.

DISABLING CONDITION:

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

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

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

[IF YES] Do you have a mental health case manager? Yes No

[IF YES] Is she/he aware of the situation?? Yes No

[IF No] Let me transfer you or call Netcare 614-276-2273). They do not provide shelter, but can link you with mental health services Yes No

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

[IF YES] Prior to assigning you to shelter, I need for you to be seen at Netcare. I can transfer you or call for you (614-276-2273) or you may present there yourself? Their location is: 199 S. Central Ave.

BACKGROUND CHECK

We have to do a local check for sex offenses. Are you, or anyone in your household a registered sex offender?

<input type="checkbox"/> Self
<input type="checkbox"/> No
<input type="checkbox"/> Other adult(s)

[IF YES] Sex Offense Classification:

<input type="checkbox"/> Tier I	<input type="checkbox"/> (Pre AWA) Habitual Sex Offender with Notification
<input type="checkbox"/> Tier II	<input type="checkbox"/> (Pre AWA) Sexual Predator
<input type="checkbox"/> Tier III	<input type="checkbox"/> (Pre AWA) Aggravated Sexually Oriented Offense
<input type="checkbox"/> (Pre AWA) Sexually Oriented Offender	<input type="checkbox"/> (Pre AWA) Child Victim Offender
<input type="checkbox"/> (Pre AWA) Habitual Sex Offender w/o Notification	<input type="checkbox"/> (Pre AWA) Child Victim Predator

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

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> No	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Data Not Collected

Sex offense involved a minor:

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> No	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Data Not Collected

Background check completed:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month Day Year

<input type="checkbox"/> Local (free)
<input type="checkbox"/> National (Paid)
<input type="checkbox"/> Both (Local & National)

Background Check Notes:

CONTACT RESOLUTION:

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

Other shelter or residential referrals:

Other service referrals:

If diverted, where will applicant stay tonight?:

[IF IN NEED OF SHELTER & BEDS AVAILABLE] Hotline identifies shelter the client is assigned to and informs them.

Shelter Referred to:

[IF IN NEED OF SHELTER & BEDS ARE NOT AVAILABLE] Inform client he/she is being placed on a waitlist and ask him/her to call back the next day if shelter is still needed.

Notes: