

# HMIS Abbreviated Project START Form – Maryhaven Engagement Center

This form can be used by for repeat clients into the Maryhaven EC Safety Program.

## FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN “X”

The form is broken into two sections for *All Clients*, and *Head of Household and Other Adults in the Household* in order to eliminate duplication of data gathering when characteristics apply to certain members of households.

### DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

#### PROJECT START DATE (e.g., 08/24/2017)

*The Project Start Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.*

		/			/				
Month			Day			Year			

#### NAME (first, middle, last name, suffix, e.g., Jr, Sr, III)

*Use a client’s full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents, unless specifically required by a funder.*

Client ID#	
First name	
Middle name	
Last name	
Suffix	

#### LAST PERMANENT ADDRESS (Prior to Homelessness)

##### Zip Code:

Enter Zip:

Outside of Ohio

Client doesn’t know

Client refused

##### General Area Location:

Within Franklin County/ Outside City of Columbus

Outside Franklin County/ within City of Columbus

Outside of Ohio

Within Franklin County/ within City of Columbus

Outside Franklin County/ Outside City of Columbus

Client Refused/ Doesn’t Know

## 1. TYPE OF PRIOR LIVING SITUATION

### What was the situation the client was living in immediately prior to project start?

*Adult members of the same household may have different prior living situations*

Homeless Situations	<input type="checkbox"/> Place not meant for habitation	<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)

\*Interim housing is not a type of housing but rather a housing situation for a client that meets the following criteria:

1. Must have been chronically homeless at start in interim housing,
2. Must have applied for permanent housing, accepted, and have a unit/voucher for perm. hsg. reserved for them,
3. Must have been prevented from immediately accessing permanent housing unit or using a voucher in a permanent housing unit (e.g. apartment getting painted, old tenant moving out, has a voucher but is looking for the unit, etc.), &
4. Client and transitional housing project must have determined that transitional housing is an acceptable option until permanent housing unit is ready for occupancy.

## 2. LENGTH OF STAY IN PRIOR LIVING SITUATION

### How long was the client staying in that place?

*This should reflect the length of time the client was residing in the living situation selected above. If the client moved around, but in the same type of situation, include the total time in that type of situation. If the client moved around from one situation to another, only include the time in the situation selected in question 1, above.*

<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

### 3. DATE THE CLIENT STARTED BEING HOMELESS THIS TIME

#### When did the client start staying on the streets,\*\* in emergency shelters, or in safe havens 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.

\*\* “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).

		/			/			
Month			Day			Year		

### 4. NUMBER OF TIMES THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

#### 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?

Count the times a client has been homeless, separated by breaks, in the last three years. A break 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.

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

### 5. TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

#### 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?

Add up the total number of months homeless of all the different times the client has spent homeless on the streets, in shelter, or in safe havens in the past three years. Include any time a client spent in an institution for a period of less than 90 days or time spent in permanent or transitional housing for a period of less than 7 days. The current month, even if a partial month, can be counted as a full month.

**Example:** The client has a project start date in an ES of March 15<sup>th</sup>. The client has been on the streets since January 15 and was in permanent housing prior to that, except for a two month period last year. The cumulative total would be 4.5 months (Last year = 2 months; January = 15 days, February = 1 month, March = 1 month). Enter 5 months where indicated.

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_