HMIS Data Collection Form for Project START – SSVF

This form can be used by all project types: SSVF

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 ADULTS

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.

First name	
Middle name	
Last name	
Suffix	

NAME DATA QUALITY

Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time. If using a "made up name" for such an initial identification, indicate that here.

- ☐ Full name reported
- ☐ Partial, street name, or code name reported
- ☐ Client doesn't know
- ☐ Client refused

SOCIAL SECURITY NUMBER

			-			-				

DATE OF BIRTH (e.g., 10/23/1978)

		/			/				
Month			Day			Year			

SOCIAL SECURITY NUMBER DATA QUALITY

Some projects may serve clients that do not have an SSN. In these cases, select 'Client doesn't know.'

- ☐ Full SSN reported
- ☐ Approximate or partial SSN reported
- ☐ Client doesn't know
- ☐ Client refused

DATE OF BIRTH TYPE

Use 01/01/YEAR and select 'approximate or partial date of birth' if client cannot recall DOB.

- ☐ Full date of birth reported
- ☐ Approximate or partial date of birth reported
- ☐ Client doesn't know
- ☐ Client refused

ETHNICITY

☐ Non-Hispanic / Non-Latino	☐ Client doesn't know
☐ Hispanic / Latino	☐ Client refused

RACE

More than one race is permitted. Client doesn't know and Client refused should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

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

GENDER

Which of these genders best describes how the client identifies?

☐ Female	☐ Gender Non-Conforming (i.e. not exclusively male or female)
☐ Male	☐ Client doesn't know
☐ Trans Female (MTF, or male to female)	☐ Client refused
☐ Trans Male (FTM, or female to male)	

VETERAN STATUS

Is the client a veteran?

Veteran Status is only collected on heads of household who are 18 years of age and older, as well as all other adults in the household. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service.

- *For the **Army, Navy, Air Force, Marine Corps,** and **Coast Guard**, active duty begins when a military member reports to a duty station after completion of training.*
- *For the **Reserves** and **National Guard**, active duty is any time spent activated or deployed, either in the United States or abroad.*
- *Or Anyone who was disabled in the line of duty during a period of active duty training.*
- *Or Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.*

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

RELATIONSHIP TO HEAD OF HOUSEHOLD

In a household of a single individual, that person must be identified as the head of household. In multi-person households, one of person must be designated as the head of household and the rest must have their relationship to the head of household recorded. If the group of persons is composed of adults and children, an adult must be indicated as the 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	☐ Other: non-relation member
☐ Head of household's spouse or partner	

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	☐	Place not meant for habitation
	☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher
	☐	Safe Haven
	☐	Interim Housing*
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
Other	☐	Client doesn't know
	☐	Client refused
Transitional and Permanent Housing Situations	☐	Hotel or motel paid for without emergency shelter voucher
	☐	Owned by client, no ongoing housing subsidy
	☐	Owned by client, with ongoing housing subsidy
	☐	Permanent housing (other than RRH) for formerly homeless persons
	☐	Rental by client, with no housing subsidy
	☐	Rental by client, with GPD TIP housing subsidy
	☐	Rental by client, with VASH housing subsidy
	☐	Rental by client, with other housing subsidy (including RRH)
	☐	Residential project or halfway house with no homeless criteria
	☐	Staying or living in a family member's room, apartment, or house
	☐	Staying or living in a friend's room, apartment, or house
	☐	Transitional housing for homeless persons (including homeless youth)

**Interim housing is <u>not a type</u> 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 <u>type</u> 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.

☐	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

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 <u>are allowed</u> to be included in the look back period to calculate the start date <u>only if</u>:

- *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 <u>not</u> 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.

☐	One time (this time)	☐	Four or more times
☐	Two times	☐	Client doesn't know
☐	Three times	☐	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 15th. 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.*

☐	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		

EMPLOYMENT INFORMATION

Employed?

- ☐ Client refused
- ☐ Client doesn't know
- ☐ Yes ☐Full-time ☐Part-time ☐Seasonal
- ☐ No ☐Looking ☐Not Looking ☐Unable to work

INCOME AND SOURCES

Does the client have any income from any source?

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

[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. Answer 'No' for sources that have been terminated, even if they were received in the past.

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No ☐	
	Yes ☐	$. 0 0
Unemployment Insurance	No ☐	
	Yes ☐	$. 0 0
Supplemental Security Income (SSI)	No ☐	
	Yes ☐	$. 0 0
Social Security Disability Insurance (SSDI)	No ☐	
	Yes ☐	$. 0 0
VA Service-Connected Disability Compensation	No ☐	
	Yes ☐	$. 0 0
VA Non-Service-Connected Disability Pension	No ☐	
	Yes ☐	$. 0 0
Private disability insurance	No ☐	
	Yes ☐	$. 0 0
Worker's Compensation	No ☐	
	Yes ☐	$. 0 0
Temporary Assistance for Needy Families (TANF)	No ☐	
	Yes ☐	$. 0 0
General Assistance (GA)	No ☐	
	Yes ☐	$. 0 0
Retirement Income from Social Security	No ☐	
	Yes ☐	$. 0 0
Pension or retirement income from a former job	No ☐	
	Yes ☐	$. 0 0
Child support	No ☐	
	Yes ☐	$. 0 0
Alimony or other spousal support	No ☐	
	Yes ☐	$. 0 0
Other source If yes, specify source:_____	No ☐	
	Yes ☐	$. 0 0
Total monthly income from all sources		$. 0 0

NON-CASH BENEFITS

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

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.

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

[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source.

Source of income	Receiving Benefits from source?	
Supplemental Nutrition Assistance Program (SNAP)	No	☐
	Yes	☐
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	☐
	Yes	☐
TANF Child Care services *(or use local name)*	No	☐
	Yes	☐
TANF transportation services *(or use local name)*	No	☐
	Yes	☐
Other TANF-Funded Services *(or use local name)*	No	☐
	Yes	☐
Other source If yes, specify source:_____	No	☐
	Yes	☐

HEALTH INSURANCE

Is the client currently covered by health insurance?

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

[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	Source
☐	☐	Medicaid
☐	☐	Medicare
☐	☐	State Children's Health Insurance Program (or use local name)
☐	☐	Veteran's Administration (VA) Medical Services
☐	☐	Employer-Provided Health Insurance
☐	☐	Health insurance obtained through COBRA
☐	☐	Private Pay Health Insurance
☐	☐	State Health Insurance for Adults (or use local name)
☐	☐	Indian Health Services Program
☐	☐	Other If Yes, specify source: _____

----------Begin HIPAA Assessment----------

DISABLING CONDITION

Does the client currently have a disabling condition?
A disabling condition is any of the below-indicated disabilities or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be of long–continued and indefinite duration and substantially impairs ability to live independently.

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

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

No	Yes	Disability Type	[IF YES], expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?
☐	☐	Physical Disability	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	Developmental Disability	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	Chronic Health Condition	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	HIV/AIDS	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	Mental Health Problem	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	Substance Abuse: ☐Drug ☐Alcohol ☐Both Drug & Alcohol	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	Other If Yes, specify source: _____	☐No ☐Yes ☐Doesn't Know ☐Refused

Pregnant?:

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

Projected Due Date:

		/			/				
Month			Day			Year			

DOMESTIC VIOLENCE

Is client a domestic violence victim/survivor?

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

[IF YES] When did the experience occur?

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

[IF YES] Is the client currently fleeing?

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

---------- *End HIPAA Assessment* ----------

Connection with SOAR:

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

Highest Level of Education Attained:

MILITARY INFORMATION

Entered Military Service:

		/			/				
Month			Day			Year			

Separated from Military Service:

		/			/				
Month			Day			Year			

Military Branch:

Discharge Status:

Operation	Has the client participated in the following military operations?
World War II	☐No ☐Yes ☐Doesn't Know ☐Refused
Korean War	☐No ☐Yes ☐Doesn't Know ☐Refused
Vietnam War	☐No ☐Yes ☐Doesn't Know ☐Refused
Persian Gulf War	☐No ☐Yes ☐Doesn't Know ☐Refused
Afghanistan	☐No ☐Yes ☐Doesn't Know ☐Refused
Iraqi Freedom	☐No ☐Yes ☐Doesn't Know ☐Refused
Iraqi Dawn	☐No ☐Yes ☐Doesn't Know ☐Refused
Other Peace-keeping Operations or Military Interventions: _____	☐No ☐Yes ☐Doesn't Know ☐Refused

Percentage of AMI:

- ☐ Less Than 30%
- ☐ 30% to 50%
- ☐ Greater Than 50%

LAST PERMANENT ADDRESS (Prior to Homelessness)

Client's Street Address:

Zip Code:

- ☐ Enter Zip:_____
- ☐ Outside of Ohio
- ☐ Client doesn't know
- ☐ Client refused

Home Phone Number:

			-				-				

Start Date:

		/			/				

Month Day Year

End Date:

		/			/				

Month Day Year

Reason for Leaving this Residence:

- ☐ Evicted
- ☐ Moved
- ☐ Ran Away

Landlord Name:

Landlord Address:

Landlord Phone Number:

			-				-				

VA Service Eligibility

- ☐ VA Healthcare Eligible (Basic eligibility for HUD VASH, VAEH, SSVF & GPD)
- ☐ VA Service Ineligible
- ☐ VA SSVF or GPD Eligible Only (Basic eligibility for SSVF and/or GPD only)
- ☐ Veteran Service Eligibility Pending (Determination not yet made)

VAMC Station Number:

SSVF HP TARGETING CRITERIA

Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation?

- ☐ No (0 points)
- ☐ Yes

Currently housing loss expected within…

- ☐ 0-6 days
- ☐ 7-13 days
- ☐ 14-21 days
- ☐ More than 21 days (0 points)

Current household income is $0?:

- ☐ No (0 points)
- ☐ Yes

Annual household gross income amount:

- ☐ 0-14% of AMI for household size
- ☐ 15-30% of AMI for household size
- ☐ More than 30% of AMI for household size

Sudden and significant decrease in cash income (employment and/or cash benefits) AND/OR unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months?:

- ☐ No (0 points)
- ☐ Yes

Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of a new child) in past 12 month?:

- ☐ No (0 points)
- ☐ Yes

Rental Evictions within the Past 7 Years:

- ☐ 4 or more prior rental evictions
- ☐ 2-3 prior rental evictions
- ☐ 1 prior rental eviction
- ☐ No prior rental evictions (0 points)

Currently at risk of losing tenant-based housing subsidy or housing in subsidized building or unit?:

- ☐ No (0 points)
- ☐ Yes

History of Literal Homelessness (street/shelter/transitional housing)?:

- ☐ 4 or more times or total of at least 12 month in past three years
- ☐ 2-3 times in past three years
- ☐ 1 time in past three years
- ☐ None (0 points)

Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing?:

- ☐ No (0 points)
- ☐ Yes

Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property?:

- ☐ No (0 points)
- ☐ Yes

Registered sex offender?:

- ☐ No (0 points)
- ☐ Yes

At least one dependent child under age 6?:

- ☐ No (0 points)
- ☐ Yes

Single parent with minor child(ren)?:

- ☐ No (0 points)
- ☐ Yes

Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix?:

- ☐ No (0 points)
- ☐ Yes

Any Veteran in household served in Iraq or Afghanistan?:

- ☐ No (0 points)
- ☐ Yes

Female Veteran?:

- ☐ No (0 points)
- ☐ Yes

HP applicant total points:

Grantee targeting threshold score:

SSVF Supportive Services Provided (All Clients):
Check all services that were provided during each start and end date. Start and end dates cannot exceed three months. Enter assistance in obtaining VA benefits or other public benefits under Case Management in HMIS if your HMIS system does not include these response options.

Start date (MMIDDIYY)	End date (MM/DD/YY)	Case Management			Outreach and engagement
		General Case management	Case management assistance In obtaining VA benefits	Case management assistance In obtaining other public benefits	
/ /	/ /	☐	☐	☐	☐
/ /	/ /	☐	☐	☐	☐
/ /	/ /	☐	☐	☐	☐
/ /	/ /	☐	☐	☐	☐
/ /	/ /	☐	☐	☐	☐
/ /	/ /	☐	☐	☐	☐

SSVF Financial Assistance Provided (All clients)
Record start date and end of financial assistance provided by type of assistance and amount. Collect and enter when financial assistance is provided as a one-time transaction and at least once every three months for programs that provide ongoing assistance for consecutive months. Child care, transportation and emergency supplies assistance may not be available for data entry in HMIS, but must be collected for quarterly reporting purposes. Amount of assistance in these categories may be entered in HMIS if the HMIS system includes these options.

SSVF Financial Assistance Provided	Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Amount from source
Rental Assistance	/ /	/ /	$.
Security Deposit	/ /	/ /	$.
Utility Payment	/ /	/ /	$.
Utility Deposit	/ /	/ /	$.
Moving Costs	/ /	/ /	$.
Child Care	/ /	/ /	$.
Transportation	/ /	/ /	$.
Emergency Supplies	/ /	/ /	$.

Client Signature:_____ **Date:**_____

Staff Signature:_____ **Date:**_____