

Step 1: Universal Data Collection

Please complete the following basic client information and note that all fields with an * are required fields. Universal Data Elements are required for all project participants. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name:* _____ Last Name:* _____

Middle Name: _____ Suffix: _____

| | | |
|---|--|---|
| <p>Name Data Quality:*</p> <p><input type="checkbox"/> Full Name Reported</p> <p><input type="checkbox"/> Partial, Street Name or Code Name Reported</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> | <p>Social Security Number:*</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> Full SSN Reported</p> <p><input type="checkbox"/> Approximate or Partial SSN Reported</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> | <p>Birthdate:* _____</p> <p><input type="checkbox"/> Full DOB Reported</p> <p><input type="checkbox"/> Approximate or Partial DOB Reported</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> |
|---|--|---|

| | | |
|---|--|---|
| <p>Ethnicity:*</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Non-Hispanic/Latino</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> | <p>Race:* <i>(Select All That Apply)</i></p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> | <p>Gender:*</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Trans Male (FTM or Female to Male)</p> <p><input type="checkbox"/> Trans Female (MTF or Male to Female)</p> <p><input type="checkbox"/> Gender Non-Conforming (not exclusively male or female)</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> |
|---|--|---|

If Female, Pregnancy Status:*

☐ Yes

☐ Due Date: _____

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

| | |
|---|---|
| <p>Veteran Status:*</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Data Not Collected</p> | <p>Relationship to Head of Household:*</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Head of household's child</p> <p><input type="checkbox"/> Head of household's spouse or partner</p> <p><input type="checkbox"/> Head of household's other relation member</p> <p><input type="checkbox"/> Other: non-relation member</p> |
|---|---|

Contact Information:

Address: _____ City/State/Zip: _____

Email: _____ Home Phone: _____

Work Phone: _____ Message Phone: _____

Step 2: Project Enrollment

Complete the project enrollment information and please note all fields with an * are required fields. Complete additional forms for each household member enrolled.

Project Entry Date:* _____

Case Manager:* _____

Housing Move-In Date:* _____ (enter date client took occupancy of unit)

Note: Use the Update/Annual Assessment to update a client's "Housing Move-In Date" when date is known.

Step 3: Entry Assessments

Complete the following entry assessments and please note all fields with an * are required fields.

Disabling Condition:*

- | | |
|--|---|
| <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 | |

Prior Living Situation:*

HOMELESS SITUATIONS

- ☐ Place not meant for habitation (a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- ☐ Safe Haven

If the client's prior living situation is a HOMELESS SITUATION, answer the following questions:

Length of stay in the prior living situation:*

- | | |
|--|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> 90 days or more, but less than one year | |

Approximate date homelessness started:* _____

Prior Living Situation:* (Living situation just prior to project entry)

INSTITUTIONAL SITUATIONS

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison or juvenile detention center
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric Hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

If the client's prior living situation is an INSTITUTIONAL SITUATION, answer the following questions:

Did you stay less than 90 days:*

- ☐ Yes ☐ No

If Yes, then length of stay in the 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
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If No, then length of stay in the prior living situation:*

- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

On the night before did you stay on the streets, ES or SH:*

- ☐ Yes, approximate date homelessness started: _____
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Prior Living Situation: * *(Living situation just prior to project entry)*

TEMPORARY AND PERMANENT HOUSING SITUATIONS

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (Including 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, with 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

If the client's prior living situation is a TEMPORARY OR PERMANENT HOUSING SITUATION, answer the following questions:

Did you stay less than 7 nights?:*

☐ Yes

☐ No

If Yes, then length of stay in the 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

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

If No, then length of stay in the prior living situation:*

☐ One week or more, but less than one month

☐ One month or longer, 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

On the night before did you stay on the streets, ES or SH:*

☐ Yes, approximate date homelessness started: _____

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Only answer the next two questions if client's prior living situation was a HOMELESS SITUATION or if client stayed on the streets, in an ES or SH on the night before.

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

☐ Client Doesn't Know

☐ Two Times

☐ Client Refused

☐ Three Times

☐ Data Not Collected

☐ Four Times

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)

☐ Client Doesn't Know

☐ 2-12 months

☐ Client Refused

☐ Number of months (2-12):* _____

☐ Data Not Collected

☐ More than 12 months

Covered by Health Insurance:*

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Type of Insurance:*

☐ Medicaid

☐ Private Pay Health Insurance

☐ Medicare

☐ State Health Insurance for Adults (HIP or HIP 2.0)

☐ State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP)

☐ Indian Health Service (Native American)

☐ Veteran's Administration (VA) Medical Services

☐ Other _____

☐ Health Insurance Obtained through COBRA

Insurance Status:*

☐ Active

☐ Start Date: _____

☐ End Date: _____

☐ No

☐ Applied; decision pending

☐ Client Doesn't Know

☐ Applied; client not eligible

☐ Client Refused

☐ Client did not apply

☐ Data Not Collected

☐ Insurance type N/A for this client

HMIS Barriers Assessment:*

Alcohol Abuse

Barrier Present?

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Condition is Indefinite?

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Developmental Disability

Barrier Present?

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Condition is Indefinite?

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Drug Abuse

Barrier Present?

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Condition is Indefinite?

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

HIV/AIDS

Barrier Present?

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

HIV/AIDS Continued

Condition is Indefinite?

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Mental Health

Barrier Present?

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Condition is Indefinite?

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Physical Disability

Barrier Present?

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Condition is Indefinite?

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Chronic Health Condition

Barrier Present?

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Condition is Indefinite?

☐ Yes

☐ No

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

Domestic Violence Assessment of Victim:*

Is client a victim of domestic violence:*

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

Currently Fleeing:*

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

If yes, when experience occurred:*

- ☐ Within the past three months
☐ Three to six months ago (excluding 6 months exactly)
☐ Six months to one year ago (excluding 1 year exactly)
☐ One year ago or more
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Financial Assessment:* Cash Income:*

☐ Yes ☐ No

- ☐ Earned Income \$ _____
☐ Unemployment Insurance \$ _____
☐ Supplemental Security Income \$ _____
☐ Social Security Disability Income \$ _____
☐ VA Service-Connected Disability \$ _____
☐ VA NonService-Connected Disability \$ _____
☐ Private Disability Insurance \$ _____
☐ Worker's Compensation \$ _____
☐ TANF \$ _____
☐ General Assistance (GA) \$ _____
☐ Retirement (Social Security) \$ _____
☐ Pension/Retirement Former Job \$ _____
☐ Child Support \$ _____
☐ Alimony/Spousal Support \$ _____
☐ Other Income \$ _____

Non Cash Benefits:*

☐ Yes ☐ No

- ☐ Supplemental Nutrition Assistance Program (SNAP) \$ _____
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐ TANF Child Care Services
☐ TANF Transportation Services
☐ Other TANF-Funded Services
☐ Other Source

Adult Education Assessment:*

Last Grade Completed:*

- ☐ Less than grade 5 ☐ Some college
☐ Grades 5-6 ☐ Associate's degree
☐ Grades 7-8 ☐ Bachelor's degree
☐ Grades 9-11 ☐ Graduate degree

☐ Grade 12/High School Diploma ☐ Vocational certificate
☐ School program does not have grade levels ☐ Client Doesn't Know
☐ GED ☐ Client Refused
☐ Data Not Collected

School Status:

- ☐ Attending school regularly ☐ Suspended
☐ Attending school irregularly ☐ Expelled
☐ Graduated from high school ☐ Client Doesn't Know
☐ Obtained GED ☐ Client Refused
☐ Dropped out ☐ Data Not Collected

Child Education Assessment:*

Last Grade Completed:*

- | | |
|--|---|
| <input type="checkbox"/> Less than grade 5 | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Grades 7-8 | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Grade 12/High School Diploma | <input type="checkbox"/> Vocational certificate |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> GED | <input type="checkbox"/> Client Refused |
| | <input type="checkbox"/> Data Not Collected |

School Status:

- ☐ Attending school regularly
- ☐ Attending school irregularly
- ☐ Graduated from high school
- ☐ Obtained GED
- ☐ Dropped out
- ☐ Suspended
- ☐ Expelled
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Employment Assessment:*

Employed:*

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

If Yes, Type of Employment:*

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time |
| <input type="checkbox"/> Seasonal/Sporadic (including day labor) | |

If No, Why Not Employed:*

- | | |
|---|---|
| <input type="checkbox"/> Looking for Work | <input type="checkbox"/> Not Looking for Work |
| <input type="checkbox"/> Unable to Work | |

Self-Sufficiency Matrix and AMI Assessments also available. Other helpful resources at www.IndianaBOS.org.