

-Continuum of Care – Short HMIS Form – CE – (2021)



Client ID:	Project Entry Date:		
First, Mi., Last Name, Suf:	<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Client Doesn't Know	
	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Client Refused	
	<input type="checkbox"/> Partial Street Name or Code Name Reported		
Social Security Number:	<input type="checkbox"/> Full SSN Reported	<input type="checkbox"/> Client Doesn't Know	
	<input type="checkbox"/> Partial SSN Reported	<input type="checkbox"/> Client Refused	
	<input type="checkbox"/> Data Not Collected		
U.S. Military Veteran:	<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
Date of Birth:	<input type="checkbox"/> Full DOB Reported	<input type="checkbox"/> Client Doesn't Know	
	<input type="checkbox"/> Partial or Partial Reported	<input type="checkbox"/> Client Refused	
	<input type="checkbox"/> Data Not Collected		
Race (Choose two if applicable):	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Other	
Ethnicity (Choose One):	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/ Latino	
	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	
	<input type="checkbox"/> Data Not Collected		
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
	<input type="checkbox"/> Trans Male (FTM or Female to Male)	<input type="checkbox"/> Trans Female (MTF or Male to Female)	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Gender Non-Confirming (Not Exclusively male or female)	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Client Doesn't Know
UNITY Coordinated Entry			
Start Date			
Program Name:			
Case Manager Name:			
VI SCORE:			
Case Manager Phone Number:			
Case Manager Email Address:			
Does Client Have Homeless Documentation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
End Date:			

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Current Living Situation

Required by Street Outreach, Coordinated Entry and Emergency Shelter

Required when a Project Start Date is entered, Date of Engagement is recorded. Data is recorded for Head of Household on each occurrence/update.

Information Date: _____ / _____ / _____

Homeless Situation	Institutional Situation	Temporary & Permanent Housing Situation
<ul style="list-style-type: none"> <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, incl. hotel/motel paid for w/ES voucher, or RHY- funded Host Home Shelter <input type="checkbox"/> Safe Haven 	<ul style="list-style-type: none"> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected 	<ul style="list-style-type: none"> <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non – crisis) <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Renter by client, with other ongoing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy

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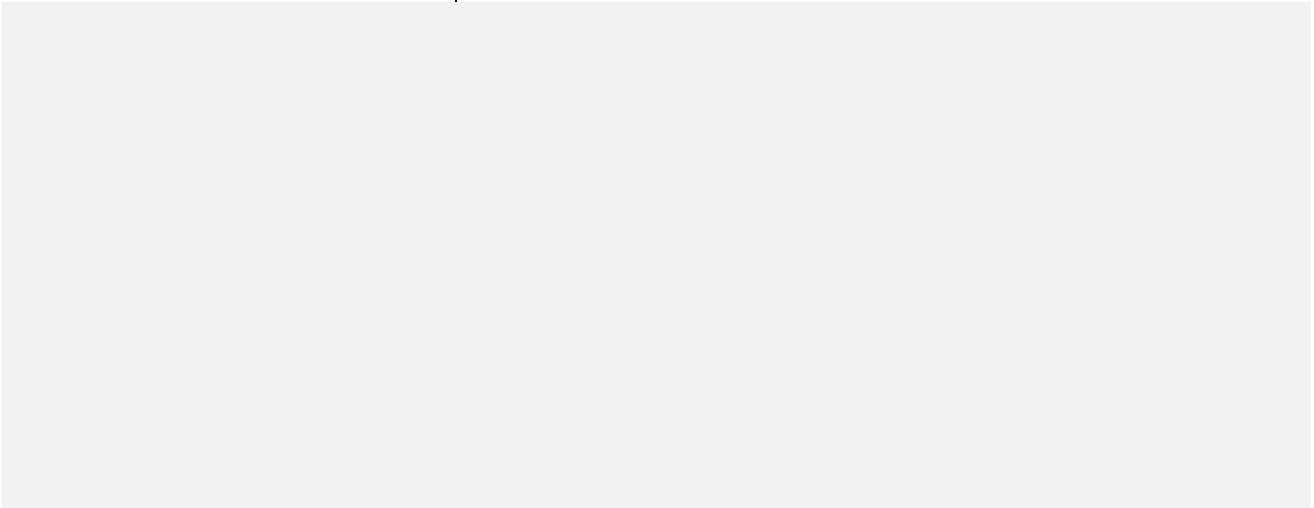


Zip Code or City of Last Permanent Address

Primary reason for being homeless:	<input type="checkbox"/> Addiction	<input type="checkbox"/> Moved to seek work	<input type="checkbox"/> Unemployment
	<input type="checkbox"/> Domestic violence victim	<input type="checkbox"/> Natural disaster	<input type="checkbox"/> Family or personal illness/disability
	<input type="checkbox"/> Loss of job	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Loss of public assistance
	<input type="checkbox"/> Recent eviction	<input type="checkbox"/> Loss of transportation	<input type="checkbox"/> Underemployment/low income
	<input type="checkbox"/> Family conflict	<input type="checkbox"/> Mental disabilities/ illness	<input type="checkbox"/> Unable to pay rent/mortgage
	<input type="checkbox"/> Lack of affordable/suitable housing	<input type="checkbox"/> Aged out of foster care	<input type="checkbox"/> By Choice
	<input type="checkbox"/> Utilities shut off	<input type="checkbox"/> Jail/prison	

Coordinated Entry Assessment:

Date of Assessment:			
Assessment Location:	LA - 503		
Assessment Type:	<input type="checkbox"/> Phone	<input type="checkbox"/> Virtual	<input type="checkbox"/> In Person
Assessment Level:	<input type="checkbox"/> Crisis needs assessment	<input type="checkbox"/> Housing needs assessment	
Prioritization Status:	<input type="checkbox"/> Placed on prioritization list	<input type="checkbox"/> Not placed on prioritization list	
End Date:			



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Coordinated Entry Event:	
Access Events <input type="checkbox"/> Referral to Prevention Assistance project <input type="checkbox"/> Problem Solving/Diversion/Rapid Resolution intervention or service <input type="checkbox"/> Referral to scheduled Coordinated Entry Crisis Needs Assessment <input type="checkbox"/> Referral to scheduled Coordinated Entry Housing Needs Assessment	Referral Events <input type="checkbox"/> Referral to post-placement/follow-up case management <input type="checkbox"/> Referral to Street Outreach project or services <input type="checkbox"/> Referral to Housing Navigation project or services <input type="checkbox"/> Referral to Non-continuum services: Ineligible for continuum services <input type="checkbox"/> Referral to Non-continuum services: No availability in continuum services <input type="checkbox"/> Referral to Emergency Shelter bed opening <input type="checkbox"/> Referral to Transitional Housing bed/unit opening <input type="checkbox"/> Referral to Joint TH-RRH project/unit/resource opening <input type="checkbox"/> Referral to RRH project resource opening <input type="checkbox"/> Referral to PSH project resource opening <input type="checkbox"/> Referral to Other PH project/unit/resource opening
If 'Event' answer was 'Problem Solving/Diversion/Rapid Resolution intervention or service result', please answer the following question:	
Problem Solving/ Diversion/ Rapid Resolution intervention or service result – Client housed/re-housed in a safe alternative:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer the following question:	
Referral to post- placement/follow-up case management result- Enrolled in Aftercare project:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Event' answer was 'Referral to an ES, TH, Joint TH-RRH, RRH, PSH or Other PH opening', please answer the following question:	
Location of Crisis housing or Permanent Housing Referral:	
If 'Event' answer was 'Referral to an ES, TH, Joint TH-RRH, RRH, PSH or Other PH opening', please answer the following question (below):	

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Referral Result:	<input type="checkbox"/> Successful referral: client accepted	<input type="checkbox"/> Unsuccessful referral: client rejected	<input type="checkbox"/> Unsuccessful referral: provider rejected
If 'Event' answer was 'Referral to an ES, TH, Joint TH-RRH, RRH, PSH or Other PH opening', please answer the following question:			
Data of Result:			
Housing Move-In Date:			

Notes:
