-Continuum of Care – Basic Data Collection HMIS Form –

- PH, RRH, Other – (2021)

Client ID:	**Project Entry Date:**
First, Mi., Last Name, Suf:	☐ Full Name Reported ☐ Client Doesn't Know ☐ Data Not Collected ☐ Client Refused ☐ Partial Street Name or Code Name Reported
Social Security Number:	☐ Full SSN Reported ☐ Client Doesn't Know ☐ Partial SSN Reported ☐ Client Refused ☐ Data Not Collected
U.S. Military Veteran:	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Date of Birth:	☐ Full DOB Reported ☐ Client Doesn't Know ☐ Partial or Partial Reported ☐ Client Refused ☐ Data Not Collected
Race (Choose two if applicable):	☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ Black or African American ☐ White ☐ Client Refused ☐ Data Not Collected ☐ Other
Ethnicity (Choose One):	☐ Hispanic/Latino ☐ Non-Hispanic/ Latino ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Gender:	☐ Female ☐ Male ☐ Other ☐ Trans Male (FTM or Female to Male) ☐ Trans Female (MTF or Male to Female) ☐ Client Refused ☐ Gender Non-Confirming (Not Exclusively male or female) ☐ Data Not Collected ☐ Client Doesn't Know
Do You Have a Disability of Long Duration:	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Relationship to Head of Household:	☐ Self (Head of Household) ☐ Head of Household's Child ☐ Head of Household's Spouse or Partner ☐ Head of Household's Other Relation Member (Other Relation to Head of Household) ☐ Other: Non- Relation Member ☐ Data Not Completed
Client Location: LA - 503	

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When Did you originally move to the New Orleans area:	☐ Five Years or More or Native of New Orleans	☐ In the Past Three Months	☐ More Than Three Months but less than Five Years
Zip Code of Last Permanent Address or City:			

Prior Living Situation (Where Client Stayed the night before program

Homeless Situation	Institutional Situation	Temporary & Permanent Housing Situation
☐ Place not meant for habitation ☐ Emergency shelter, incl. hotel/motel paid for w/ES voucher, or RHY- funded Host Home Shelter ☐ Safe Haven	☐ 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 ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ 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 family member's room, apartment or house ☐ Staying or living in a friend'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 HCV voucher (tenant or project based) ☐ Rental by client in a public housing unit ☐ Rental by client, no ongoing housing subsidy ☐ Renter by client, with other ongoing subsidy ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy

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Length of stay at Prior Living Situation (Homeless Situation)	Length of stay at Prior Living Situation (Institutional Situation)	Length of stay at Prior Living Situation (Transitional and Permanent Situation)
☐ One night or less	☐ One night or less	☐ One night or less
☐ Two to six nights	☐ Two to six nights	☐ Two to six nights
☐ One week or more, but less than one month	☐ One week or more, but less than one month	☐ One week or more, but less than one month
☐ One month or more, but less than 90 days	☐ One month or more, but less than 90 days	☐ One month or more, but less than 90 days
☐ 90 days or more but less than one year	☐ 90 days or more, but less than one year	☐ 90 days or more, but less than one year
☐ One year or longer	☐ One year or longer	☐ One year or longer
☐ Data Not Collected	☐ Client Refused	☐ Client doesn't know

Approximate date homelessness started:
(Notes Below) _____/_____/_____

Number of times the client has been on the streets or in emergency shelter in the past three years (including today)

☐ 1 time ☐ 2 times ☐ 3 times ☐ 4 or more times ☐ Client doesn't know ☐ Client refused

Total number of months homeless on the street or in emergency shelter in the past three years (including today, which equals 1 month): _____ ☐ Client doesn't know ☐ Client refused

Notes: Approx. Date Homelessness Started (Approximations Expected)

- Determining the approximate date homelessness started:
- Have the client look back to the date of the last time the client had a place to sleep that was not on the streets, ES, or SH.
- The look back time would not be broken by a stay of less than 7 consecutive nights in any permanent or temporary housing situation.
- The look back time also would not be broken by an institutional stay of less than 90 days (i.e. jail, substance abuse or mental health treatment facility, hospital, or other similar facility).
- Include any continuous time moving around between the streets, an emergency shelter, or a Safe haven.

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If place not meant for habitation, what type:	☐ Street, parks, sidewalks, camp	☐ Vacant or Abandoned building
	☐ Motor Vehicle	☐ Other place not intended for human habitation
	☐ Bus or train section	☐ Shelters
In the last 90 days, were you released from a hospital, jail, mental institution:	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected	
Are you more comfortable staying on the street versus a shelter: ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused ☐ Data not collected	**If yes, Why:** ☐ Previously denied access	☐ Don't feel safe in shelter
	☐ Too many restrictions/barriers in the shelter	☐ Can't afford the cost to stay ☐ Ineligible
	☐ Bad experience	☐ Other
Primary reason for being homeless:	☐ Addiction	☐ Moved to seek work	☐ Unemployment
	☐ Domestic violence victim	☐ Natural disaster	☐ Family or personal illness/disability
	☐ Loss of job	☐ Substance abuse	☐ Loss of public assistance
	☐ Recent eviction	☐ Loss of transportation	☐ Underemployment/ low income
	☐ Family conflict	☐ Mental disabilities/ illness	☐ Unable to pay rent/ mortgage
	☐ Lack of affordable/suitable housing	☐ Aged out of foster care	☐ By Choice
	☐ Utilities shut off	☐ Jail/prison	

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Total Monthly Income: $_____ (Income from any source)	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected				
Source of Income	**Receiving income from any source?**	**Amount of income**	**How often:**	**Start Date**	**End Date**
Alimony or other spousal support	☐ Yes ☐ No ☐ Data Not Completed				
Child support	☐ Yes ☐ No ☐ Data Not Completed				
Earned income	☐ Yes ☐ No ☐ Data Not Completed				
Other	☐ Yes ☐ No ☐ Data Not Completed				
Pension or retirement income from another job	☐ Yes ☐ No ☐ Data Not Completed				
Private disability insurance	☐ Yes ☐ No ☐ Data Not Completed				
Retirement income from social security	☐ Yes ☐ No ☐ Data Not Completed				
SSDI	☐ Yes ☐ No ☐ Data Not Completed				
SSI	☐ Yes ☐ No ☐ Data Not Completed				
TANF	☐ Yes ☐ No ☐ Data Not Completed				
Unemployment insurance	☐ Yes ☐ No ☐ Data Not Completed				
VA Non- service connected disability pension	☐ Yes ☐ No ☐ Data Not Completed				
Worker's compensation	☐ Yes ☐ No ☐ Data Not Completed				

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Non cash benefit from any source:	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Source of non-cash benefit	Receiving income from any source?	Start Date	End Date
Supplemental Nutritional Assistance Program (Food Stamps)	☐ Yes ☐ No ☐ Data Not Completed		
Special Supplemental Nutrition Program for WIC	☐ Yes ☐ No ☐ Data Not Completed		
TANF Child Care Services	☐ Yes ☐ No ☐ Data Not Completed		
TANF Transportation Services	☐ Yes ☐ No ☐ Data Not Completed		
Other TANF Funded Services	☐ Yes ☐ No ☐ Data Not Completed		
Other	☐ Yes ☐ No ☐ Data Not Completed		

Covered by health insurance:	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Source of Health Insurance	Covered	Start Date	End Date
Medicaid	☐ Yes ☐ No ☐ Data Not Completed		
Medicare	☐ Yes ☐ No ☐ Data Not Completed		
State Children's Health	☐ Yes ☐ No ☐ Data Not Completed		
Veteran's Admin Medical	☐ Yes ☐ No ☐ Data Not Completed		
Employer Provided Health Insurance	☐ Yes ☐ No ☐ Data Not Completed		
Health Insurance obtained through COBRA	☐ Yes ☐ No ☐ Data Not Completed		
Private pay health insurance	☐ Yes ☐ No ☐ Data Not Completed		
State health insurance	☐ Yes ☐ No ☐ Data Not Completed		
Indian health insurance	☐ Yes ☐ No ☐ Data Not Completed		
Other	☐ Yes ☐ No ☐ Data Not Completed		

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Disability Type	Currently Receiving Services or Treatment	Condition Long Term? (Y/N)	Start Date	Disability Determination (Y/N)	Disability Verification on File (Y/N)	End Date
Alcohol abuse	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Both Alcohol and Drug Abuse	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Drug Abuse	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Chronic Health Condition	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Developmental	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
HIV/AIDS	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Mental Health	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Physical	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Note on Disability:						

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Domestic violence victim/survivor:	☐ Yes ☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
If Yes for domestic violence victim/survive; when experiences occurred:	☐ Within the past 3 months ☐More than 1 year ago	☐ 3-6 months ☐ Client doesn't know	☐ 6-12 months ☐ Client refused	☐ Data Not Collected
If Yes for domestic violence/survivor, are you fleeting:	☐ Yes ☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Have you ever been placed in foster care:	☐ Yes ☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

PSH* Must Add Referral Result & Date of Result - BEYOND THIS POINT

Referral Result:	☐ Successful referral: client accepted	☐ Unsuccessful referral: client rejected	☐ 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:			

Notes: