



COORDINATED ENTRY HMIS DATA ENTRY FORM

Date: ___/___/_____

Client Record

Client Name: First _____ Middle _____ Last _____

Name Quality: Full Partial Don't Know Refused

Social Security Number: _____ - _____ - _____ SSN Quality: Full Partial Doesn't Know Refused

U.S. Military/Veteran: Yes No

Client Demographics

Date of Birth: ___/___/_____

DOB Type: Full DOB Reported Partial Doesn't Know Refused

Gender:

Female Male Trans Female (MTF or Male to Female) Trans Male (FTM or Female to Male)

Gender Non-Conforming Doesn't Know Refused

Race:

American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian/Pacific Islander White Doesn't Know Refused

Ethnicity:

Hispanic/Latino Non-Hispanic/Latino Doesn't Know Refused

Relationship to Head of Household:

Self Child Spouse Partner Other Relation Other: Non-relation

Client Location: VT-501 Burlington/Chittenden County CoC

Client Contact Information

Current Address: _____

Mailing Address: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Phone: _____



Disabilities

Does the client have a disabling condition? Yes No Doesn't Know Refused

If yes, continue below and if not, skip this section.

Alcohol Abuse: Yes No Doesn't Know Refused

Drug Abuse: Yes No Doesn't Know Refused

Chronic Health Condition: Yes No Doesn't Know Refused

Developmental: Yes No Doesn't Know Refused

Mental Health Problem: Yes No Doesn't Know Refused

Physical: Yes No Doesn't Know Refused

HIV/AIDS: Yes No Doesn't Know Refused

Health Insurance Information

Health insurance received from any source in last 30 days? Yes No Don't Know Refused

If yes, continue below and if not, skip this section.

Medicaid: Yes No Doesn't Know Refused

Medicare: Yes No Doesn't Know Refused

State Children Health Insurance Program: Yes No Doesn't Know Refused

VA Medical Services: Yes No Doesn't Know Refused

Employer – Provided Health Insurance: Yes No Doesn't Know Refused

COBRA: Yes No Doesn't Know Refused

Private Pay Health Insurance: Yes No Doesn't Know Refused

State Health Insurance for Adults: Yes No Doesn't Know Refused

Indian Health Services Program: Yes No Doesn't Know Refused

Other: Yes No Doesn't Know Refused



Income

Is there income received from any source in the past 30 days? Yes No Doesn't Know Refused

If yes, continue below and if not, skip this section.

Alimony/Other Spousal Support: Yes No Doesn't Know Refused \$_____

Child Support: Yes No Doesn't Know Refused \$_____

Earned Income: Yes No Doesn't Know Refused \$_____

General Assistance: Yes No Doesn't Know Refused \$_____

Other: Yes No Doesn't Know Refused \$_____

Pension or Retirement Income: Yes No Doesn't Know Refused \$_____

Private Disability Insurance: Yes No Doesn't Know Refused \$_____

Social Security: Yes No Doesn't Know Refused \$_____

SSDI: Yes No Doesn't Know Refused \$_____

SSI: Yes No Doesn't Know Refused \$_____

TANF/ReachUP: Yes No Doesn't Know Refused \$_____

Unemployment Insurance: Yes No Doesn't Know Refused \$_____

VA Non-service Disability Pension: Yes No Doesn't Know Refused \$_____

VA Service Connected Disability: Yes No Doesn't Know Refused \$_____

Workers Compensation: Yes No Doesn't Know Refused \$_____

Total Amount: _____



Non-Cash Benefits

Does the client receive any non-cash benefits? Yes No Doesn't Know Refused

If yes, continue below and if not, skip this section.

SNAP/3 Squares: Yes No Doesn't Know Refused

WIC: Yes No Doesn't Know Refused

TANF Childcare Services: Yes No Doesn't Know Refused

TANF Transportation Services: Yes No Doesn't Know Refused

Other TANF-Funded Services: Yes No Doesn't Know Refused

Other Source: Yes No Doesn't Know Refused

Domestic Violence

Has the client experienced domestic violence? Yes No Doesn't Know Refused

If yes, when did the experience occur (in months/years): _____

If yes, are they currently fleeing: Yes No Doesn't Know Refused



Client Residence

Residence Prior to Program Entry:

<input type="checkbox"/> Place not meant for habitation	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Emergency Shelter including Hotel with voucher	<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Rental by client, with VASH housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Permanent housing (non-RRH) for formerly homeless persons (such as SHP, S+C, or SRO)
<input type="checkbox"/> Hospital/medical facility (non-psychiatric)	<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Rental by client, with HCV voucher (also NED/FUV)
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Rental by client in a public housing unit
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Rental by client, no housing subsidy
<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Residential or halfway house w/o homeless criteria	<input type="checkbox"/> Owned by client, no housing subsidy
<input type="checkbox"/> Hotel without voucher	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Transitional housing	<input type="checkbox"/> Do not know <input type="checkbox"/> Refused
<input type="checkbox"/> Host home	
<input type="checkbox"/> Staying or living in a friend's room, apartment or house	

Length of Stay in Previous Place:

- | | |
|--|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> Two or 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"/> Doesn't Know |
| <input type="checkbox"/> One month or more, but less than 90 month | <input type="checkbox"/> Refused |

Is Client entering from the streets or Emergency Shelter: Yes No Don't Know Refused

If yes, approximate date homelessness started: ___/___/___

Note: The above date is the start of current episode of literal homelessness (outside or emergency shelter only)

Regardless of where they stayed last night - Number of times the client has been on the streets or in Emergency Shelter in the past three years including today: _____

Total number of months homeless on the street or in Emergency Shelter in the past three years: _____

Length of Time Homeless - Status Documented? Yes No Doesn't Know Refused