# HMIS Data Collection Template for Project ENTRY – CoC Program

**This form can be used by all CoC-funded project types: Prevention, Street Outreach, Safe Haven, Transitional Housing, Rapid Re-housing, Permanent Supportive Housing, and Services Only.** Some project types are also required to track other information such as contacts, engagement, or move-in date. See [supplemental forms](https://www.hudexchange.info/resource/4038/coc-hmis-data-collection-templates/) for Prevention, Rapid Re-housing, **and Street Outreach projects**.

**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 Clients

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

### PROJECT ENTRY DATE (e.g., 08/24/2014)

The Project Entry 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))

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Last name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suffix |  |  |  |  |  | | | | | | | | | | | | |

### NAME DATA QUALITY

|  |  |
| --- | --- |
|  | 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 DATE OF BIRTH TYPE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Full SSN reported |  |  | Full date of birth reported |
|  | Approximate or partial SSN reported |  |  | Approximate or partial date of birth reported |
|  | Client doesn’t know |  |  | Client doesn’t know |
|  | Client refused |  |  | Client refused |

## Data for All Clients (continued)

### RELATIONSHIP TO 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 |  |  |  |

### 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 the next question (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 |  |

### ETHNICITY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Non-Hispanic / Non-Latino |  |  | Client doesn’t know |
|  | Hispanic / Latino |  |  | Client refused |

### GENDER

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Female |  |  | Doesn’t identify as male, female or transgender |
|  | Male |  |  | Client doesn’t know |
|  | Transgender male to female |  |  | Client refused |
|  | Transgender female to male |  |

## Data for All Clients (continued)

### 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 of non-cash benefit** |
|  |  | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### PHYSICAL DISABILITY

#### Does the client currently have a physical disability?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |



#### [IF YES for physical disability] Is the physical disability expected to be of long-continued and indefinite duration and substantially impair the client’s ability to live independently?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

#### [IF YES for physical disability] Is documentation of the disability and severity on file?

|  |  |  |
| --- | --- | --- |
|  | No |  |
|  | Yes |  |

#### [IF YES for physical disability] Is the client currently receiving services/treatment for this disability?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

## Data for All Clients (continued)

### DEVELOPMENTAL DISABILITY

#### Does the client currently have a developmental disability?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |



#### [IF YES for developmental disability] Is the developmental disability expected to substantially impair the client’s ability to live independently?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

#### [IF YES for developmental disability] Is documentation of the disability and severity on file?

|  |  |  |
| --- | --- | --- |
|  | No |  |
|  | Yes |  |

#### [IF YES for developmental disability] Is the client currently receiving services/treatment for this disability?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

### CHRONIC HEALTH CONDITION

#### Does the client currently have a chronic health condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |



#### [IF YES for chronic health condition] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair the client’s ability to live independently?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

#### [IF YES for chronic health condition] Is documentation of the disability and severity on file?

|  |  |  |
| --- | --- | --- |
|  | No |  |
|  | Yes |  |

#### [IF YES for chronic health condition] Is the client currently receiving services/treatment for this condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

## Data for All Clients (continued)

### HIV/AIDS

#### Does the client currently have HIV/AIDS?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |



#### [IF YES for HIV/AIDS] Is HIV/AIDS expected to substantially impair the client’s ability to live independently?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

#### [IF YES for HIV/AIDS] Is documentation of the disability and severity on file?

|  |  |  |
| --- | --- | --- |
|  | No |  |
|  | Yes |  |

#### [IF YES for HIV/AIDS] Is the client currently receiving services/treatment for this condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

### MENTAL HEALTH PROBLEM

#### Does the client currently have a mental health problem?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |



#### [IF YES for mental health problem] Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs the client’s ability to live independently?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

#### [IF YES for mental health problem] Is documentation of the disability and severity on file?

|  |  |  |
| --- | --- | --- |
|  | No |  |
|  | Yes |  |

#### [IF YES for mental health problem] Is the client currently receiving services/treatment for this condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

## Data for All Clients (continued)

### SUBSTANCE ABUSE PROBLEM

#### Does the client currently have a substance abuse problem?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Both alcohol and drug abuse |
|  | Alcohol abuse |  |  | Client doesn’t know |
|  | Drug abuse |  |  | Client refused |



#### [IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs client’s ability to live independently?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No |  | |  | Client doesn’t know |
|  | Yes | |  |  | Client refused |

#### [IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is documentation of the disability and severity on file?

|  |  |  |
| --- | --- | --- |
|  | No |  |
|  | Yes |  |

#### [IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is client currently receiving services/treatment for this condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

### DISABLING CONDITION

A disabling condition is any of the above-indicated disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, or substance abuse problem) 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.

#### Does the client currently have a disabling condition?

|  |  |  |
| --- | --- | --- |
|  | No |  |
|  | Yes |  |
|  | Client doesn’t know |  |
|  | Client refused |  |

## Data for Head of household and other Adults

Respond to the following questions for any adult in the household. If the household is composed of an unaccompanied child, that child is the head of household. If the household is composed of two or more minors, data must be collected about the minor that has been designated as the head of household. A separate form should be included for each adult member of the household.

### HOUSING STATUS

Housing status is *only* required to be collected by CoC Program-funded projects in those CoCs that are approved by HUD to serve clients who meet the definition of Homeless under Category 3 (homeless under other federal statutes). CoCs without the approval to serve clients who are homeless under Category 3 may still opt to have projects collect the Housing Status data element, but are not required to do so by HUD.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Category 1 – Homeless |  |  | At-risk of homelessness\* |
|  | Category 2 – At imminent risk of losing housing |  |  | Stably housed |
|  | Category 3 – Homeless only under other federal statutes |  |  | Client doesn’t know |
|  | Category 4 – Fleeing domestic violence |  |  | Client refused |

*\*At project entry, the category of* At-risk of homelessness *is only a valid response for clients being served by Homelessness Prevention or Coordinated Assessment projects.*

### LIVING SITUATION PRIOR TO PROJECT ENTRY

Separate, [supplemental forms are provided](https://www.hudexchange.info/resource/4038/coc-hmis-data-collection-templates/) to complete this data element. Note that Street Outreach, Emergency Shelter, and Safe Haven projects have a separate form from all other project types.

*Projects may modify this form to paste in the content from the appropriate supplemental form for their project type.*

### VETERAN STATUS

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.

#### Is the client a veteran?

|  |  |
| --- | --- |
|  | No |
|  | Yes |
|  | Client doesn’t know |
|  | Client refused |

### DOMESTIC VIOLENCE

**Is client a domestic violence victim/survivor?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |



#### [IF YES] When did the experience occur?

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

#### [IF YES] Is the client currently fleeing?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

## Data for Head of household and other Adults (continued)

### INCOME AND SOURCES

Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household’s information (income from employment of a minor can be excluded from the household income).

#### 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.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | | **$** |  |  |  |  | **.** | 0 | 0 |
| Social Security Disability Income (SSDI) | No |  | |  | | | | | | | |
| Yes |  | | **$** |  |  |  |  | **.** | 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 |

## Data for Head of household and other Adults (continued)

### NON-CASH BENEFITS

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.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |



#### [IF YES] Answer ‘Yes’ or ‘No’ for each non-cash benefit source. (Answer ‘No’ for benefits that have been terminated, even if they were received in the past.)

|  |  |  |
| --- | --- | --- |
|  | |  |
| **No** | **Yes** | **Source of non-cash benefit** |
|  |  | Supplemental Nutrition Assistance Program (SNAP) |
|  |  | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |
|  |  | TANF Child Care services *(or use local name)* |
|  |  | TANF transportation services *(or use local name)* |
|  |  | Other TANF-Funded Services *(or use local name)* |
|  |  | Section 8, Public Housing, or other ongoing rental assistance |
|  |  | Temporary rental assistance |
|  |  | Other source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |