Georgia Department of Community Affairs

Collection Point:	Entry
Projects/grants:	ESG and CoC
Clients who are:	Children (under 18, not HoH)

"*" Required Fields

1 Client Demographics

First Name:* _____ **Last Name:*** _____

Middle Name: _____ **Suffix:** _____ **HoH: *** _____

Name Data Quality:*
- ☐ Full Name Reported
- ☐ Partial, or Street Name
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Social Security Number:*
- ☐ Full SSN Reported
- ☐ Approximate or Partial SSN
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Birthdate:
* Reported
- ☐ Approximate or Partial DOB
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Gender:*
- ☐ Male ☐ Female
- ☐ Transgender Female to Male
- ☐ Transgender Male to Female
- ☐ Gender Non-Conforming (i.e. not exclusively male or female)
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Race:* (Select all that apply)
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Ethnicity:*
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If Female, Pregnancy Status:*
- ☐ Yes Due Date: _____
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Relationship to Head of Household:*
- ☐ Self
- ☐ Spouse
- ☐ Daughter
- ☐ Son
- ☐ Dependent Child
- ☐ Other Family Member
- ☐ Other Non-Family Member

Client Contact Information:
Address: _____ City/State/Zip: _____

Email: _____ Home Phone: _____

2 Project Enrollment

Project Start Date:* _____ **Case Manager:** _____

3 Entry Assessment

Disabling Condition:*
- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

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4 Health Insurance:*

Covered by Health Insurance: *	☐ Yes	☐ No
☐ Client Doesn't Know	☐ Client Refused	☐ Data Not Collected

If client has Health Insurance, check all that apply below:

- ☐ Private
- ☐ Private - Employer
- ☐ Private - Individual
- ☐ Medicare
- ☐ Medicaid
- ☐ Health insurance obtained through COBRA
- ☐ State Children's Health Insurance Program S-CHIP
- ☐ Military Insurance
- ☐ State Funded
- ☐ Combined Children's Health Insurance/Medicaid Program
- ☐ Indian Health Service (IHS)
- ☐ Other Public

5 Barriers/Special Needs:*

Identify whether a client has each individual barrier or not.

Alcohol Abuse*

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

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:

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

Chronic Health Condition*

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

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:

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

Drug Abuse*

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

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:

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

Mental Health*

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

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:

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

Physical Disability*

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

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:

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

Developmental Disability*

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

These two elements don't need to collect "Substantially impedes the individual's ability to live independently."

HIV/AIDS*

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