

Collection Point: Entry
Projects/grants: HUD - VASH
Clients who are: Head of Households & Adults

“\*” Required Fields

**1 Client Demographics**

<b>First Name:*</b> _____		<b>Last Name:*</b> _____	
<b>Middle Name:</b> _____		<b>Suffix:</b> _____	
<b>HoH: *</b> _____			

<p><b>Name Data Quality:*</b></p> <input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, or Street Name <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<p><b>Social Security Number:*</b> _____</p> <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or Partial SSN <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<p><b>Birthdate:*</b> _____</p> <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
<p><b>Gender:*</b></p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<p><b>Race:*</b> (Select all that apply)</p> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<p><b>Ethnicity:*</b></p> <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
<p><b>If Female, Pregnancy Status:*</b></p> <input type="checkbox"/> Yes Due Date: _____ <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<p><b>Veteran Status:*</b> (18 &amp; over)</p> <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	<p><b>Relationship to Head of Household:*</b></p> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family Member

**Client Contact Information:**

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**2 Project Enrollment**

<b>Project Start Date:*</b> _____	<b>Case Manager:</b> _____
<b>Housing Move-in Date:</b> _____	<— (Only for Rapid Rehousing projects)

**3 Entry Assessment**

<p><b>Disabling Condition:*</b></p> <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	<p><b>Client Location (The CoC the client is being served in):*</b></p> <input type="checkbox"/> (GA-500) Atlanta <input type="checkbox"/> (GA-501) Balance of State <input type="checkbox"/> (GA-502) Fulton County <input type="checkbox"/> (GA-503) Athens/Clarke County <input type="checkbox"/> (GA-504) Augusta <input type="checkbox"/> (GA-505) Columbus/Russell County <input type="checkbox"/> (GA-506) Marietta/Cobb <input type="checkbox"/> (GA-507) Savannah/Chatham County <input type="checkbox"/> (GA-508) DeKalb County
---	---

**V6 VAMC Station Number:\*** (HoH ONLY) \_\_\_\_\_

From the options below, choose the 'type of situation' that most closely matches where the client was living on the night before the enrollment. Choose **ONLY ONE!** Adult members of the same household may have different prior living situations.

Homeless Situation	Institutional Situation	Transitional & Permanent Housing Situation
<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter. <input type="checkbox"/> Safe Haven	<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"/> Residential or halfway house w no homeless criteria <input type="checkbox"/> Hotel/motel paid for w/o 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 friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP 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 RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant/project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

  

**4.1 | Stay less than 90 days?:\***

No (ask 4.4)     Yes (ask 4.3)

**4.2 | Stay less than 7 days?:\***

No (ask 4.4)     Yes (ask 4.3)

**4.3 | On the night before did you stay on the streets, ES, or SH?:\***

Yes (ask 4.4)  
 No Proceed to section 6 (next page)

4.4   Length of stay in the prior living situation		
<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 2 to 6 nights	<input type="checkbox"/> 1 week or more; but less than 1 month
<input type="checkbox"/> 1 month or more, but less than 90 days	<input type="checkbox"/> 90 days or more, but less than 1 year	<input type="checkbox"/> One year or longer
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

**Approximate date homelessness started:**

Record the actual or approximate date this homeless situation began (i.e. the beginning of the continuous period of homelessness on the streets, in ES, in SH, or moving back and forth between those places)

**(Regardless of where they stayed last night)**  
**Number of times the client has been on the streets, in ES, or SH in the past three years including today**

<input type="checkbox"/> 1 time	<input type="checkbox"/> 2 times
<input type="checkbox"/> 3 times	<input type="checkbox"/> 4 or more times
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Data not collected	

**Total number of months homeless on the street, in ES, or SH in the past three years**

<input type="checkbox"/> One month (this time is the first month)	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
<input type="checkbox"/> More than 12 months		
<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Client Refused
<input type="checkbox"/> Data Not Collected		

**Address Prior To Entry Quality:\***

Full Address Reported

Incomplete or Estimated Address Reported

Client Doesn't Know

Client Refused

Data Not Collected

**Address Prior To Entry:\***

Address:	
City:	
State:	
Zip:	

**Covered by Health Insurance: \***

<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

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

<input type="checkbox"/> Private	<input type="checkbox"/> State Children's Health Insurance Program S-CHIP
<input type="checkbox"/> Private - Employer	<input type="checkbox"/> Military Insurance
<input type="checkbox"/> Private - Individual	<input type="checkbox"/> State Funded
<input type="checkbox"/> Medicare	<input type="checkbox"/> Combined Children's Health Insurance/Medicaid Program
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Indian Health Service (IHS)
<input type="checkbox"/> Health insurance obtained through COBRA	<input type="checkbox"/> Other Public

**Branch of the Military:\***  
(Select Only One)

Army

Air force

Navy

Marines

Coast Guard

Client Doesn't Know

Client Refused

Data Not Collected

**Discharge Status:\***

Honorable

General under honorable conditions

Under other than honorable conditions

Bad Conduct

Dishonorable

Uncharacterized

Client Doesn't Know

Client Refused

Data Not Collected

**Service Entry Date: \***

**Service Exit Date: \***

Yes

No

Client Doesn't Know

Client Refused

Data Not Collected

Select value for each selection:

	Yes	No	Client Doesn't Know	Client Refused	Data Not Collected
Theatre of Operations: World War II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Vietnam War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Persian Gulf War (Operation Desert Storm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Afghanistan (Operation Enduring Freedom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Iraq (Operation Iraqi Freedom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Iraq (Operation New Dawn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre of Operations: Korean War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify whether a client has each individual barrier or not.

<p><b>Alcohol Abuse*</b></p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<p><b>➔</b> If "Yes", answer this:</p>	<p><b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b></p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<p><b>Chronic Health Condition*</b></p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<p><b>➔</b> If "Yes", answer this:</p>	<p><b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b></p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<p><b>Drug Abuse*</b></p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<p><b>➔</b> If "Yes", answer this:</p>	<p><b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b></p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<p><b>Mental Health*</b></p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<p><b>➔</b> If "Yes", answer this:</p>	<p><b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b></p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<p><b>Physical Disability*</b></p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<p><b>➔</b> If "Yes", answer this:</p>	<p><b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?:</b></p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<p><b>Developmental Disability*</b></p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected	<p><b>↔</b> These two elements don't need to collect "Substantially impedes the individual's ability to live independently."</p>	<p><b>HIV/AIDS*</b></p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected

10 Domestic Violence:\*

<p><b>Has the client been a victim of Domestic Violence?:*</b></p>	<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
		<p><b>If "No" go to Section 11</b> Hint: Next Page!</p>	
<p><b>When did the experience occur?</b></p> <input type="checkbox"/> Within the past three months <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Three to six months ago (excluding 6 months exactly) <input type="checkbox"/> Client Refused <input type="checkbox"/> Six months to one year ago (excluding 1 year exactly) <input type="checkbox"/> Data Not Collected <input type="checkbox"/> One year ago or more			
<p><b>Is the client currently fleeing?:</b>    <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</p>			

**11 Income and Non-Cash Benefits:\***

<b>Income from any source:</b>	<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	
	<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	

**Non-Cash Benefits from Any Source:\***

**Income Sources:**

**If client has income, check all that apply below, and record MONTHLY amount:**

<input type="checkbox"/> Earned Income (i.e., employment income) \$* _____	<input type="checkbox"/> General Assistance \$* _____
<input type="checkbox"/> Unemployment Insurance \$* _____	<input type="checkbox"/> Retirement income from Social Security \$* _____
<input type="checkbox"/> Supplemental Security Income (SSI) \$* _____	<input type="checkbox"/> Veteran's Pension \$* _____
<input type="checkbox"/> Social Security Disability Insurance (SSDI) \$* _____	<input type="checkbox"/> Other Pension \$* _____
<input type="checkbox"/> Veteran's Disability Payment \$* _____	<input type="checkbox"/> Child Support \$* _____
<input type="checkbox"/> Private Disability Insurance \$* _____	<input type="checkbox"/> Alimony or other spousal support \$* _____
<input type="checkbox"/> Worker's Compensation \$* _____	<input type="checkbox"/> Other: _____ \$* _____
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) \$* _____	

**Non-Cash Benefit Sources:**

**If client receives non-cash benefits, check all that apply below:**

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) \$ _____	<input type="checkbox"/> TANF Transportation Services
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Other TANF-funded Services
<input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> Other Source (Specify: _____)

**12 Education Status:\***

**Highest Grade Completed:\***

<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> High school diploma
<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> GED
<input type="checkbox"/> Grades 7-8	<input type="checkbox"/> Some College
<input type="checkbox"/> 9th Grade	<input type="checkbox"/> Don't Know
<input type="checkbox"/> 10th Grade	<input type="checkbox"/> Refused
<input type="checkbox"/> 11th Grade	<input type="checkbox"/> Data not collected
<input type="checkbox"/> 12th Grade, No diploma	

**School Status:\***

<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelors Degree
<input type="checkbox"/> Masters Degree	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> Other Graduate / Professional Degree	
<input type="checkbox"/> Vocational Certification / Certificate of advance training or skilled artisan	

**13 Voucher Tracking (HoH ONLY):\***

**Voucher Change:\*(Select Only One)**

<input type="checkbox"/> Referral package forwarded to PHA	<input type="checkbox"/> Voucher was administratively absorbed by new PHA
<input type="checkbox"/> Voucher denied by PHA	<input type="checkbox"/> Voucher was converted to Housing Choice Voucher
<input type="checkbox"/> Voucher issued by PHA	<input type="checkbox"/> Veteran exited - voucher was returned
<input type="checkbox"/> Voucher revoked or expired	<input type="checkbox"/> Veteran exited - family maintained the voucher
<input type="checkbox"/> Voucher in use - veteran moved into housing	<input type="checkbox"/> Veteran exited - prior to ever receiving a voucher
<input type="checkbox"/> Voucher was ported locally	<input type="checkbox"/> Other: (describe)