Georgia Department of Community Affairs

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

"*" 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:*
- ☐ Full DOB 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

Veteran Status:* (18 & over)
- ☐ Yes ☐ 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

Client Location (The CoC the client is being served in):*
- ☐ (GA-500) Atlanta
- ☐ (GA-501) Balance of State
- ☐ (GA-502) Fulton County
- ☐ (GA-503) Athens/Clarke County
- ☐ (GA-504) Augusta
- ☐ (GA-505) Columbus/Russell County
- ☐ (GA-506) Marietta/Cobb
- ☐ (GA-507) Savannah/Chatham County
- ☐ (GA-508) DeKalb County

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4 Prior Living Situation*

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
☐ Place not meant for habitation	☐ Foster care home or foster care group home	☐ Residential or halfway house w no homeless criteria
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter.	☐ Hospital or other residential non-psychiatric medical facility.	☐ Hotel/motel paid for w/o emergency shelter voucher
☐ Safe Haven	☐ Jail, prison, or juvenile detention facility	☐ Transitional Housing for Homeless Persons (including homeless youth)
	☐ Long-term care facility or nursing home	☐ Host Home (non-crisis)
	☐ Psychiatric Hospital or Other Psychiatric Facility	☐ Staying or living in a friend's room, apartment or house
	☐ Substance Abuse Treatment Facility or Detox Center	☐ Staying or living in a family member's room, apartment or house
		☐ Rental by client, with GPD TIP subsidy
		☐ Rental by client, with VASH housing subsidy
		☐ Permanent housing (other than RRH) for formerly homeless persons
		☐ Rental by client, with RRH or equivalent subsidy
		☐ Rental by client, with HCV voucher (tenant/project based)
		☐ Rental by client in a public housing unit
		☐ Rental by client, with no ongoing housing subsidy
		☐ Rental by client, with other ongoing housing subsidy
		☐ Owned by client, with ongoing housing subsidy
		☐ Owned by client, no ongoing housing subsidy
		☐ Client Doesn't Know
		☐ Client Refused
		☐ 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

☐ 1 night or less	☐ 2 to 6 nights	☐ 1 week or more; but less than 1 month
☐ 1 month or more, but less than 90 days	☐ 90 days or more, but less than 1 year	☐ One year or longer
☐ Client Doesn't Know	☐ Client Refused	☐ Data Not Collected

5 History of Homelessness

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

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

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

☐ One month (this time is the first month)				☐ 2	☐ 3
☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9
☐ 10	☐ 11	☐ 12	☐ More than 12 months		
☐ Client Doesn't Know		☐ Client Refused			
☐ Data Not Collected					

THIS IS THE END OF THE STREAMLINE WORKFLOW; PROCEED TO NEXT PAGE IF CONDUCTING FULL INTAKE

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6 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

7 Barriers/Special Needs:*

Identify whether a client has each individual barrier or not.
Please select a status for each barrier, and if "Yes" is selected, answer follow-up question on the right.

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

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8	Income and Non-Cash Benefits:*

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

Non-Cash Benefits from Any Source:*	☐ Yes	☐ No	☐ Client doesn't know
	☐ Client refused	☐ Data not collected	

Income Sources:

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

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

Non-Cash Benefit Sources:

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

☐ Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) $ _____	☐ TANF Transportation Services
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐ Other TANF-funded Services
☐ TANF Child Care Services	☐ Other Source (Specify:_____)