

Collection Point: Entry
Projects/grants: RHY (Except Street Outreach)
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):*

<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	

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

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

<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		

6 Health Insurance:*

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

[BCP clients only] **7 R2 CBP Status:***

Data collection for this element is required before project exit. Based on first answer, complete follow-up question.

Youth Eligible for RHY Services?:*	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date Status Determined:*
	If "No"	If "Yes"	
Reason why services are not funded by BCP grant?:*			Runaway Youth?:*
<input type="checkbox"/> Out of age range <input type="checkbox"/> Ward of the State - Immediate Reunification <input type="checkbox"/> Ward of the Criminal Justice System - Immediate Reunification <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know

8 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.

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

Income from any source:	<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:*	<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

Income Sources:

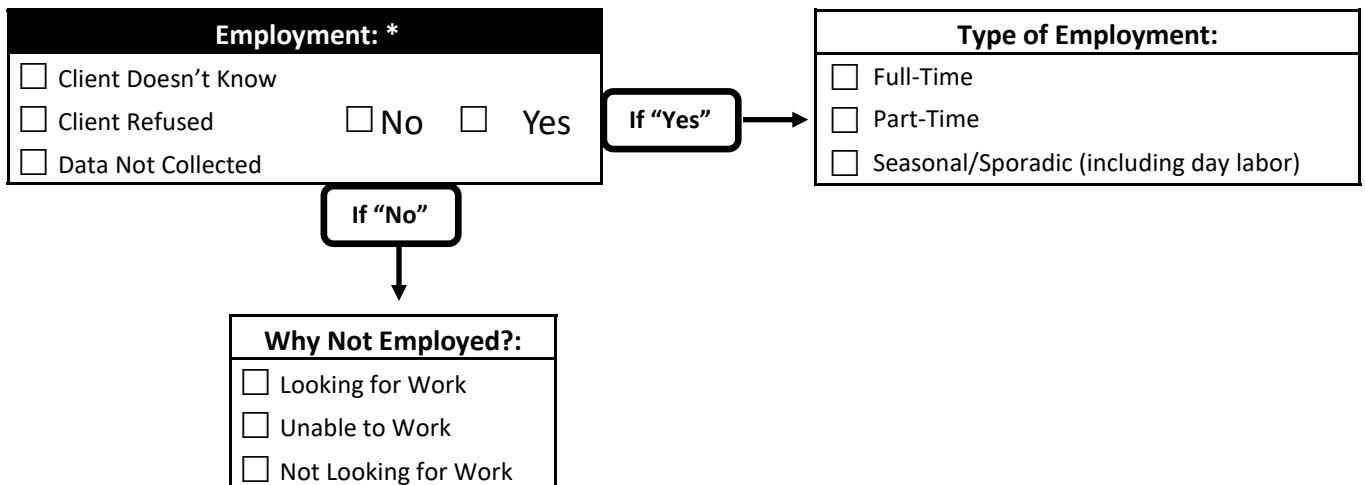
If client has income, check all that apply below, and record MONTHLY amount:

<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: _____)



(If client is 18 years old or older, proceed to step 12 on next page)

Highest Grade Completed:*

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

School Status:*

- | | |
|-------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Attending school regularly | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Expelled |
| <input type="checkbox"/> Graduated from high school | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Obtained GED | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Dropped out | <input type="checkbox"/> Data not collected |

Step 12: Adult Education:* (For clients aged 18 and over)

Highest Grade Completed:* (Select only one)

- | | |
|-------------------------------------------------|----------------------------------------------|
| <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:* (Select only one)

- | | |
|-------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Attending school regularly | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Expelled |
| <input type="checkbox"/> Graduated from high school | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Obtained GED | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Dropped out | <input type="checkbox"/> Data not collected |

Secondary Education:* (Select all that apply)

- | | |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Associates Degree | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> Bachelors Degree | <input type="checkbox"/> Other Graduate/Professional Degree |
| <input type="checkbox"/> Masters Degree | <input type="checkbox"/> Vocation Certification/Certificate of Advanced Training or Skilled Artisan |

General Health Status:*

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Doesn't Know
- Client Refused
- Data Not Collected

Dental Health Status:*

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Doesn't Know
- Client Refused
- Data Not Collected

Mental Health Status:*




- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Doesn't Know
- Client Refused
- Data Not Collected

Sexual Orientation:*				
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Questioning / Unsure	<input type="checkbox"/> Other (Describe below)	<input type="checkbox"/> Client refused
<input type="checkbox"/> Gay	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Data not collected

Referral Source:*		
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Hotline	<input type="checkbox"/> School
<input type="checkbox"/> Individual: Parent/Guardian/Relative/Friend/Other	<input type="checkbox"/> Child Welfare/CPS	<input type="checkbox"/> Other Organization
<input type="checkbox"/> Outreach Project - # of Times Approached:* _____	<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Temporary Shelter	<input type="checkbox"/> Law Enforcement/ Police	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Residential Project	<input type="checkbox"/> Mental Hospital	<input type="checkbox"/> Data Not Collected

Critical Issues:*(Select status for each one)		
Unemployment - Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental Health Issues - Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical Disability - Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcohol or other drug abuse - Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insufficient Income to support youth - Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incarcerated Parent of Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(Select status for each one)

Child Welfare/Foster Care Agency <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	 If "Yes", answer this:	Number of years: <input type="checkbox"/> Less than one year  Number of months: _____ <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 3 to 5 or more years
Juvenile Justice System <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		Number of years: <input type="checkbox"/> Less than one year  Number of months: _____ <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 3 to 5 or more years