HMIS ENTRY FORM for ODH Youth ES, RRH, and SO

HMIS DATA PRIVACY NOTICE, ACKNOWLEDGEMENT, AND ROI PROCESS COMPLETED?  YES  NO

HEAD OF HOUSEHOLD (HoH) NAME (first, middle initial, last, suffix)
If two or more youth under 18 present together with no children, each youth should be entered in their own household.

|  |
| --- |
|   full  partial |

SOCIAL SECURITY NUMBER (HoH) VETERAN STATUS (HoH)

|  |  |  |  |
| --- | --- | --- | --- |
| - - |  |  **Yes** | Served active duty in the US military |
|  |  |  **No** | Did not serve active duty in the US military |

DATE OF BIRTH (HoH) PROJECT START DATE (date of first stay in bed)

|  |  |  |
| --- | --- | --- |
| / / |  full  approx. or partial | / / |

ADDITIONAL HOUSEHOLD MEMBERS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | SSN | DOB | Relationshipto HoH | Race(s)Choose from below | HispanicLatinoY/N | GenderChoose from below | VeteranY/N |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Race selections: American Indian or Alaskan Native (AI / AN), Black / African American (B), Native Hawaiian / Other Pacific Islander (NH), Asian (A), White (W)

Gender selections: Male, Female, Transgender female to male (Transgender man), Transgender male to female (Transgender woman), Gender non-conforming

CLIENT LOCATION (HoH) COUNTY WHERE SERVED

|  |  |  |
| --- | --- | --- |
|  OH-504 Mahoning County CoC |  |  |
|  OH-507 Ohio Balance of State CoC |  |  |
|  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

IF NOT VACCINATED FOR COVID-19 (Ohio Balance of State CoC Clients)

|  |  |
| --- | --- |
| Client Name | Would the client consent to a COVID-19 vaccine at no cost?  |
|  |  Yes |  |
|  No | Concerns: |
|  |  Yes |  |
|  No | Concerns: |
|  |  Yes |  |
|  No | Concerns: |
|  |  Yes |  |
|  No | Concerns: |
|  |  Yes |  |
|  No | Concerns: |

IF CLIENT IS FULLY OR PARTIALLY VACCINATED FOR COVID-19 (Ohio Balance of State CoC Clients)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client Name | Date Vaccine Dose Administered\* | Manufacturer\* | Contact InfoClient phone number or email address | Vaccination Documentation |
|  | / / |  Moderna Pfizer |  |  Healthcare provider Self-report Vaccine card |
|  | / / |  Moderna Pfizer |  |  Healthcare provider Self-report Vaccine card |
|  | / / |  Moderna Pfizer |  |  Healthcare provider Self-report Vaccine card |

RACE (HoH) Check all that apply. GENDER (HoH)

|  |  |  |
| --- | --- | --- |
|  American Indian or Alaskan Native (AI / AN) |  |  Male |
|  Black / African American (B) |  |  Female |
|  Native Hawaiian / Other Pacific Islander (NH) |  |  Transgender female to male (Transgender man) |
|  Asian (A) |  |  Transgender male to female (Transgender woman) |
|  White (W) |  |  Gender non-conforming |

ETHNICITY (HoH)

|  |
| --- |
|  Non-Hispanic / Non-Latino |
|  Hispanic / Latino |

HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS

|  |  |
| --- | --- |
| Name | Disability of long duration that substantially limits the client's ability to live on their own |
|  |  Physical  Developmental  Chronic health condition  Mental health HIV/AIDS  Drug abuse  Alcohol abuse  Alcohol and drug abuse |
|  |  Physical  Developmental  Chronic health condition  Mental health HIV/AIDS  Drug abuse  Alcohol abuse  Alcohol and drug abuse |
|  |  Physical  Developmental  Chronic health condition  Mental health HIV/AIDS  Drug abuse  Alcohol abuse  Alcohol and drug abuse |
|  |  Physical  Developmental  Chronic health condition  Mental health HIV/AIDS  Drug abuse  Alcohol abuse  Alcohol and drug abuse |

(See Next Page)

PRIOR LIVING SITUATION

Complete separately for the HoH and each youth 18-24 if living situations were different.

|  |  |  |  |
| --- | --- | --- | --- |
| County of Residence Prior | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Client Name(If different than HoH) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Homeless Situations |
|  Place not meant for habitation |
|  Emergency shelter, including hotel or motel paid for **with** emergency shelter voucher, or RHY-funded Host Home shelter |
|  Safe Haven |
| Institutional Situations |
|  Foster care home or foster care group home |  Long-term care facility or nursing home |
|  Hospital or other residential non-psychiatric medical facility |  Psychiatric hospital or other psychiatric facility |
|  Jail, prison, or juvenile detention facility |  Substance abuse treatment facility or detox center |
| Temporary and Permanent Housing Situations |
|  Residential project or halfway house with no homeless criteria |  Permanent housing (other than RRH) for formerly homeless persons |
|  Hotel or motel paid for **without** emergency shelter voucher |  Rental by client, with RRH or equivalent subsidy |
|  Transitional housing for homeless persons (including homeless youth) |  Rental by client, with HCV voucher (tenant or project based) |
|  Host Home (non-crisis) |  Rental by client in a public housing unit |
|  Staying or living in a friend’s room, apartment or house |  Rental by client, no ongoing housing subsidy |
|  Staying or living in a family member’s room, apartment or house |  Rental by client, with other ongoing housing subsidy |
|  Rental by client, with GPD TIP subsidy |  Owned by client, with housing subsidy |
|  Rental by client, with VASH housing subsidy |  Owned by client, no housing subsidy |

LENGTH OF STAY IN LITERALLY HOMELESS SITUATION

|  |  |  |
| --- | --- | --- |
|  1 night or less |  1 week or more, but less than 1 month |  90 days or more, but less than 1 year |
|  2 to 6 nights |  1 month or more, but less than 90 days |  1 year or longer |

LENGTH OF TIME HOMELESS

Include time on the streets, in emergency shelter, and in safe haven.

|  |  |
| --- | --- |
| Including this and any previous sheltered stays or unsheltered episodes, what is the approximate date that the client became homeless? (month / day / year) | / / |
| Including today, what is the number of times the client has been on the street, in ES or SH in the past 3 years? (Institutional stays of less than 90 days are not a break. Stays less than 7 days in other places are not a break.) |  1  2  3  4 or more |
| What is the total number of months the client has been homeless on the street, in ES or SH in past 3 years? |  1  2  3  4  5  6  7  8  9  10  11  12 or more |

ARE ANY CLIENTS IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME?  YES  NO

Income for a child is recorded as income for the youth 18-24 who receives the funds.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Source | Amount | Recipient(s) | Source | Amount | Recipient(s) |
|  Alimony or other spousal support | $ |  |  Social Security Income (SSI) | $ |  |
|  Cash assistance / TANF  | $ |  |  Social Sec Disability Income (SSDI) | $ |  |
|  Child support | $ |  |  Unemployment | $ |  |
|  Earned income | $ |  |  VA Service Connected Disability Compensation | $ |  |
|  Pension from a former job | $ |  |  VA Non-Service Connected Disability Pension | $ |  |
|  Retirement from Social Security | $ |  |  Workers’ Compensation | $ |  |
|  Private Disability Insurance | $ |  |  General Assistance | $ |  |
|  Other sources \_\_\_\_\_\_\_\_\_ | $ |  |  Other sources \_\_\_\_\_\_\_\_\_ | $ |  |
| **TOTAL MONTHLY INCOME** (Record separately for HoH and each youth 18-24.) | $ |

ARE ANY CLIENTS IN THE HOUSEHOLD CURRENTLY RECEIVING NON-CASH BENEFITS?  YES  NO

Income for a child is recorded as income for the youth 18-24 who receives the funds.

|  |  |  |  |
| --- | --- | --- | --- |
| Source | Recipient(s) | Source | Recipient(s) |
|  SNAP (Food Stamps) |  |  TANF child care services |  |
|  WIC |  |  TANF transportation services |  |
|  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  Other TANF-funded services |  |

DOES ANYONE IN THE HOUSEHOLD HAVE HEALTH INSURANCE?  YES  NO

|  |  |  |  |
| --- | --- | --- | --- |
| Source | Recipient(s) | Source | Recipient(s) |
|  Medicaid |  |  Employer-provided Health Insurance |  |
|  Medicare  |  |  Health insurance obtained through COBRA |  |
|  State Children’s Health Insurance Program (SCHIP) |  |  Private Pay Health Insurance |  |
|  Veterans Administration (VA) Medical Services |  |  State Health Insurance for Adults |  |
|  Indian Health Services Program |  |  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

RFERRAL SOURCE (HoH)

|  |  |
| --- | --- |
|  Self-referral |  Child welfare / CPS |
|  Individual: parent / guardian / relative / friend / foster parent / other individual |  Juvenile justice |
|  Outreach project Number of times approached prior to entry \_\_\_\_ |  Law enforcement / police |
|  Temporary shelter |  Mental hospital |
|  Residential project |  School |
|  Hotline |  Other organization |

DATE OF BCP STATUS DETERMINATION (HoH)

|  |
| --- |
| / / |

IS THE YOUTH ELIGIBLE FOR RHY SERVICES?

|  |  |
| --- | --- |
|  **Yes** |   Client is a runaway youth |
|  **No** |   Out of age range Ward of the state - immediate reunification Ward of the criminal justice system - immediate reunification Out of age range |

SEXUAL ORIENTATION (HoH)

|  |  |
| --- | --- |
|  Heterosexual |  Bisexual |
|  Gay |  Questioning / Unsure |
|  Lesbian |  |

LAST GRADE COMPLETED (HoH)

|  |  |
| --- | --- |
|  Less than grade 5 |  GED |
|  Grades 5-6 |  Some college |
|  Grades 7-8 |  Associate’s degree |
|  Grades 9-11 |  Bachelor’s degree |
|  Grade 12 / High school diploma |  Graduate degree |
|  School program does not have grade levels |  Vocational certification |

SCHOOL STATUS (HoH)

|  |  |
| --- | --- |
|  Attending school regularly |  Dropped out |
|  Attending school irregularly |  Suspended |
|  Graduated high school |  Expelled |
|  Obtained GED |  |

IS THE CLIENT EMPLOYED? (HoH)

|  |  |
| --- | --- |
|  **Yes** |  Full-time Part-time Seasonal / Sporadic |
|  **No** |  Looking for work Unable to work Not looking for work |

HEALTH STATUS (HoH)

|  |  |  |
| --- | --- | --- |
| General Health Status | Dental Health Status | Mental Health Status |
|  Excellent |  Excellent |  Excellent |
|  Very good |  Very good |  Very good |
|  Good |  Good |  Good |
|  Fair |  Fair |  Fair |
|  Poor |  Poor |  Poor |

IS THE CLIENT PREGNANT? (HoH)

|  |  |
| --- | --- |
|  **Yes** | Due date / / |
|  **No** |  |

WAS THE CLIENT FORMERLY A WARD OF CHILD WELFARE OR A FOSTER CARE AGENCY? (HoH)

|  |  |
| --- | --- |
|  **Yes** |  Less than 1 year ( \_\_\_\_ months)  1-2 years  3-5+ years |
|  **No** |  Looking for work  Unable to work  Not looking for work |

WAS THE CLIENT FORMERLY A WARD OF THE JUVENILE JUSTICE SYSTEM? (HoH)

|  |  |
| --- | --- |
|  **Yes** |  Less than 1 year ( \_\_\_\_ months)  1-2 years  3-5+ years |
|  **No** |  Looking for work  Unable to work  Not looking for work |

FAMILY CRITICAL ISSUES (HoH)

|  |  |
| --- | --- |
| Is a family member experiencing **unemployment**? |  Yes  No |
| Is a family member experiencing **mental health issues**? |  Yes  No |
| Is a family member experiencing **physical disability**? |  Yes  No |
| Is a family member experiencing **alcohol or substance abuse**? |  Yes  No |
| Does a family member have **insufficient income to support youth**? |  Yes  No |
| Is a **parent incarcerated**? |  Yes  No |

ARE THE HOH OR YOUTHS 18-24 AFFECTED BY DOMESTIC VIOLENCE?  YES  NO

|  |  |
| --- | --- |
| Name | Extent of Domestic Violence |
|  |  Within the past 3 months  Within the past 6-12 months Within the past 3-6 months  More than 1 year ago**Currently Fleeing?  Yes  No** |
| Name | Extent of Domestic Violence |
|  |  Within the past 3 months  Within the past 6-12 months Within the past 3-6 months  More than 1 year ago**Currently Fleeing?  Yes  No** |

CURRENT LIVING SITUATION

Complete for HoH and each youth 18-24 in the household. End Date and Information Date are the same date.

|  |  |  |
| --- | --- | --- |
| Start Date | End Date | Information Date / Date of Contact |
| / / | / / | / / |
| Homeless Situations |
|  Place not meant for habitation |
|  Emergency shelter, including hotel or motel paid for **with** emergency shelter voucher, or RHY-funded Host Home shelter |
|  Safe Haven |
| Institutional Situations |
|  Foster care home or foster care group home |  Long-term care facility or nursing home |
|  Hospital or other residential non-psychiatric medical facility |  Psychiatric hospital or other psychiatric facility |
|  Jail, prison, or juvenile detention facility |  Substance abuse treatment facility or detox center |

**(table continued on next page)**

|  |
| --- |
| Temporary and Permanent Housing Situations |
|  Residential project or halfway house with no homeless criteria |  Permanent housing (other than RRH) for formerly homeless persons |
|  Hotel or motel paid for **without** emergency shelter voucher |  Rental by client, with RRH or equivalent subsidy |
|  Transitional housing for homeless persons (including homeless youth) |  Rental by client, with HCV voucher (tenant or project based) |
|  Host Home (non-crisis) |  Rental by client in a public housing unit |
|  Staying or living in a friend’s room, apartment or house |  Rental by client, no ongoing housing subsidy |
|  Staying or living in a family member’s room, apartment or house |  Rental by client, with other ongoing housing subsidy |
|  Rental by client, with GPD TIP subsidy |  Owned by client, with housing subsidy |
|  Rental by client, with VASH housing subsidy |  Owned by client, no housing subsidy |
| Other |
|  Other (HUD) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Worker unable to determine |
|  Client doesn’t know |
|  Client refused |
|  Data not collected |
| Location Details |  |
| Living Situation Verified ByAgency or Organization Name |  |
| Is the client going to have to leave their current living situation within 14 days? |
|  **Yes** | Has a subsequent residence been identified? |  Yes  No |
| Does the individual or family have resources or support networks to obtain other permanent housing? |  Yes  No |
| Has the client had a lease or ownership interest in a permanent housing unit the last 60 days? |  Yes  No |
| Has the client moved two or more times in the last 60 days? |  Yes  No |
|  **No** |

HOUSING MOVE-IN DATE

Complete for PSH and RRH only. The move-in date is usually not known at entry.

|  |
| --- |
| / / |