

OR-500 HUD UDEs for All Other Projects [not emergency shelter] (2016)
 BASIC ENTRY Services Only project types (replacing BASIC-Lite and Extreme Lite)

SP Client ID#:

Entry Date: _____ Provider/Project Name: _____ Provider # _____

CLIENT Name (first, middle, last, suffix):	Name Data Quality
	<input type="checkbox"/> Full Name <input type="checkbox"/> Partial, Street or Code Name <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Social Security Number (SSN)	SSN Data Quality
	<input type="checkbox"/> Full SSN <input type="checkbox"/> Partial SSN <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
U.S. Military Veteran →	
Only mark yes if: Served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or was called into active duty by National Guard or as a Reservist.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	

Household Type				
<input type="checkbox"/> Single Individual	<input type="checkbox"/> Female Single Parent	<input type="checkbox"/> Non-custodial Caregiver(s)		
<input type="checkbox"/> Couple with no Children	<input type="checkbox"/> Male Single Parent	<input type="checkbox"/> Grandparent(s) and Child		
	<input type="checkbox"/> Two Parent Family	<input type="checkbox"/> Foster Parent(s)	<input type="checkbox"/> Other	
Relationship to Head of Household (HoH)				
<input type="checkbox"/> Self (head of household) <i>Primary Applicant</i>	HoH's spouse/partner	HoH's Child	HoH's Other Relative	HoH's Non-Relation
	<input type="checkbox"/> Wife <input type="checkbox"/> Husband	<input type="checkbox"/> Daughter <input type="checkbox"/> Son	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other relative	<input type="checkbox"/> Non-relative
	<input type="checkbox"/> Significant Other	<input type="checkbox"/> Step-child	<input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild	<input type="checkbox"/> Unrelated Care-giver

CLIENT DEMOGRAPHICS

Date of Birth (DOB)	Age	Gender	
<input type="checkbox"/> Full DOB	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Female	Client: <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<input type="checkbox"/> Approx or partial DOB	<input type="checkbox"/> Refused	<input type="checkbox"/> Male	
		<input type="checkbox"/> Trans F to M <input type="checkbox"/> Trans M to F <input type="checkbox"/> Doesn't identify as M, F or Transgender	

Race ✓ one or more and circle primary			Ethnicity		
<input type="checkbox"/> Asian	<input type="checkbox"/> Native American/Indian	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> Doesn't Know	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	<input type="checkbox"/> Refused	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Refused	
<input type="checkbox"/> Native Hawaiian / Pacific Islander					

Does the client have a disabling condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
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Client's Current Residence	Client Location is always
<input type="checkbox"/> Eugene <input type="checkbox"/> Springfield <input type="checkbox"/> Rural LC (non-Metro) <input type="checkbox"/> Other OR County <input type="checkbox"/> Outside OR	OR-500 Eug/Spgfld/Lane Co. CoC

LIVING SITUATION Residence Prior to Project Entry Date (generally: Where did you stay last night?)

Transitional/Permanent	<input type="checkbox"/> Hotel or motel paid for by client <u>without</u> voucher <input type="checkbox"/> Owned by client, no housing subsidy <input type="checkbox"/> Owned by client, with housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless (ie: Emerald, Camas, 1 st Pl., Housing+, LIFT, Shankle, SPC, Vet LIFT) <input type="checkbox"/> Residential project/halfway house w/ no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, Apt. or house <input type="checkbox"/> Staying or living in a friend's room, apt. or house	<input type="checkbox"/> Rental by client, no housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy (must be Vet) <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other on-going housing subsidy (i.e.: Section 8, SSVF, Rapid Rehousing, or other Rent Assist Projects) <input type="checkbox"/> Transitional housing for homeless persons (Connections, VA-GPD) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
	Length of Stay in above Situation	
	<input type="checkbox"/> One week or less <input type="checkbox"/> More than a week, less than a month	<input type="checkbox"/> One to three months <input type="checkbox"/> More than 3 months- less than a year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused
	If in Transitional/Permanent Housing, skip to next page- <u>Household Income Levels</u> and Mark "Is Client Homeless" as NO	

More living situations options on next page

Continued living situations options from previous page

Homeless	<input type="checkbox"/> Place not meant for habitation (street, car, camp, etc)		<input type="checkbox"/> Interim Housing (Situation where a CH person has been referred to PH project, but is not yet in the unit and is staying elsewhere)	
	<input type="checkbox"/> Emergency Shelter, including motel vouchers and Egan			
	➡ Length of Stay in above Situation			
Homeless	<input type="checkbox"/> One week or less		<input type="checkbox"/> One to three months	
	<input type="checkbox"/> More than a week, less than a month		<input type="checkbox"/> More than 3 months- less than a year	
		<input type="checkbox"/> One year or longer		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Refused
➡ If in a Homeless situation, go to next section- <u>Length of Time Homeless (LOT)</u> and Mark "Is Client Homeless" as YES				

Institutional	<input type="checkbox"/> Foster care home or foster care group home		<input type="checkbox"/> Long-term care facility or nursing home	
	<input type="checkbox"/> Hospital (non-psychiatric)		<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	
	<input type="checkbox"/> Jail, prison or juvenile detention facility		<input type="checkbox"/> Hotel or motel paid for by client <u>without</u> a voucher	
		<input type="checkbox"/> Substance abuse treatment facility or detox center		
➡ Length of Stay in above Situation				
<u>Less than 90 Days</u>			<u>90 Days or more</u>	
<input type="checkbox"/> One night or less			<input type="checkbox"/> 90 days or more, but less than one year	
<input type="checkbox"/> Two to six nights			<input type="checkbox"/> One year or longer	
<input type="checkbox"/> More than a week, less than a month			<input type="checkbox"/> Client Doesn't Know	
<input type="checkbox"/> One month or more, but less than 90 days			<input type="checkbox"/> Refused	
➡ <u>Less than 90 Days?</u>			➡ <u>90 Days or more?</u>	
<ul style="list-style-type: none"> If Entered Institution from Streets or Emergency Shelter = YES then go to next section- LOT Homeless and Mark "Is Client Homeless" as YES If Entered Institution from Streets or Emergency Shelter = NO then skip to Household Income Level and Mark "Is Client Homeless" as NO 			Skip to <u>Household Income Level</u> Mark "Is Client Homeless" as NO	

LENGTH of TIME HOMELESS (Only complete if Prior Residence Situation is Homeless or Institution - Less than 90 Days)

➡ Approximate date homelessness started:	mm/dd/yyyy
➡ Number of times you have been on the streets or in an emergency shelter in past 3 years including today.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
➡ Total number of months homeless on the street or in an emergency shelter in the past 3 years.	<input type="checkbox"/> 1 (This time is the 1 st 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 mos <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

HOUSEHOLD INCOME LEVEL

This info is the same for every member of the household

➡ HH Monthly INCOME	➡ % of Area Median Family Income (AMI)	➡ Federal Poverty Level of Family Income (FPL)
\$	<input type="checkbox"/> 0-30% <input type="checkbox"/> 30-50% <input type="checkbox"/> 50-80% <input type="checkbox"/> Over 80%	<input type="checkbox"/> Up to 50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> 101-125%
	Use Lane County Eugene Springfield AMI table	<input type="checkbox"/> 126-150% <input type="checkbox"/> 151% and over <input type="checkbox"/> Level unknown

➡ LC Client Contact Information (please enter in ClientPoint Client Profile) ANSWER FOR HEAD of HOUSEHOLD			
Permanent Mailing Address:			Email:
Residential Address (If different from mailing):			
Contact Number:	<input type="checkbox"/> Cell:	<input type="checkbox"/> Voice:	<input type="checkbox"/> Other:

INTAKE WORKER SIGNATURE CERTIFIES THAT THE INTAKE WORKER HAS VERBALLY INFORMED THE CLIENT THAT THIS DATA WILL BE SHARED WITH PARTICIPATING PROVIDERS IN THE LANE COUNTY HOMELESS AND CLIENT MANAGEMENT INFORMATION SYSTEM (HMIS/CMIS)- SERVICEPOINT – and has DOCUMENTED VERBAL OR WRITTEN CONSENT FROM THE CLIENT		APPLICANT SIGNATURE CERTIFIES THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE AND THAT YOU UNDERSTAND THAT YOUR INFORMATION MAY BE SHARED WITH PARTICIPATING LANE COUNTY PROVIDERS IN SERVICEPOINT(HMIS/CMIS)	
➡ Intake Worker Printed Name	➡ Intake Worker Signature	➡ Applicant Signature	➡ Date