

OR-500 HUD UDEs for All Other Projects (2016) for Meals on Wheels

SP Client ID#:

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

➤ MOW Dispatch Location			
<input type="checkbox"/> ARC	<input type="checkbox"/> Florence	<input type="checkbox"/> NorthWest Neighbors	<input type="checkbox"/> Springfield
<input type="checkbox"/> Cottage Grove	<input type="checkbox"/> Food for Lane Co.	<input type="checkbox"/> Oakridge	<input type="checkbox"/> Veneta
<input type="checkbox"/> Creswell	<input type="checkbox"/> Junction City	<input type="checkbox"/> Olive Plaza	

➤ 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 → <small>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.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
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➤ 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)				
Self <small>(head of household) Primary Applicant</small>	HoH's spouse/partner	HoH's Child	HoH's Other Relative	HoH's Non-Relation
<input type="checkbox"/>	<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

➤ Date of Birth (DOB)	Age	➤ Gender	Client:
<input type="checkbox"/> Full DOB	<input type="checkbox"/> Doesn't Know	<input type="checkbox"/> Female	<input type="checkbox"/> Doesn't Know
<input type="checkbox"/> Approx or partial DOB	<input type="checkbox"/> Refused	<input type="checkbox"/> Male	<input type="checkbox"/> Refused
		<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"/> Hispanic/ Latino
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Doesn't Know
<input type="checkbox"/> Native American/Indian	<input type="checkbox"/> Refused
<input type="checkbox"/> White	<input type="checkbox"/> Refused

➤ 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 <i>is always</i>
<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

➤ Residence Prior to Project Entry Date	<input type="checkbox"/> Data Not Collected
➤ Length of Stay in above Situation	<input type="checkbox"/> Data Not Collected
➤ Is Client Homeless?	<input type="checkbox"/> No

➤ 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% <small>Use Lane County Eugene Springfield AMI table</small>	<input type="checkbox"/> Up to 50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150% <input type="checkbox"/> 151% and over <input type="checkbox"/> Level unknown

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