



LANE COUNTY HMIS **YHDP ENTRY FORM**

HMIS DATA PRIVACY SCRIPT READ AND ACKNOWLEDGED? YES NO

Agency	Project Name	Client ID #	Project Start Date Date Conditions Are Met
			/ /

HEAD OF HOUSEHOLD (HoH) NAME (first, middle initial, last, suffix) **EXISTING HOUSEHOLD INFO**

<input type="checkbox"/> full <input type="checkbox"/> partial	Is this form adding client(s) to an existing household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, HMIS Client ID (HoH) _____
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SOCIAL SECURITY NUMBER (HoH)

Client Doesn't know Client Refused

VETERAN STATUS (HoH)

<input type="checkbox"/> Yes	Served active duty in the US military
<input type="checkbox"/> No	Did not serve active duty in the US military

DATE OF BIRTH (HoH)

Don't Leave Blank

 full approx. or partial

DATE OF ENGAGEMENT (same date as project entry)

Don't Leave Blank

RACE & ETHNICITY (HoH) Check all that apply.

<input type="checkbox"/> American Indian, Alaska Native or Indigenous	<input type="checkbox"/> White
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Hispanic/Latina/e/o	
<input type="checkbox"/> Middle Eastern or North African	Additional Race / Ethnicity Detail:
<input type="checkbox"/> Native Hawaiian or Pacific Islander	

GENDER (HoH) Check all that apply.

<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Transgender
<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Questioning
<input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Different Identity	
If Different Identity, please specify:	

PREFERRED LANGUAGE

<input type="checkbox"/> English	<input type="checkbox"/> Arabic	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Spanish	<input type="checkbox"/> French	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> German	<input type="checkbox"/> Korean	<input type="checkbox"/> Other
<input type="checkbox"/> Chinese	<input type="checkbox"/> Russian	<input type="checkbox"/> Client Doesn't know
<input type="checkbox"/> Japanese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Client prefers not to answer

TRANSLATION ASSISTANCE NEEDED?

<input type="checkbox"/> No
<input type="checkbox"/> Yes
If Yes, which Language:

HEAD OF HOUSEHOLD CONTACT INFO

Name	Housing status	Email	Address	Contact #
				<input type="checkbox"/> Cell Phone <input type="checkbox"/> Message Phone

Housing Status selections: Unsheltered or Emergency Shelter, Doubled up, Transitional Housing Project, Housed

ADDITIONAL HOUSEHOLD MEMBERS

Name	SSN	DOB Don't leave Blank	Relationship to HoH	Race(s) Choose from below	Hispanic Latino Y/N	Gender Choose from below	Veteran Y/N

Race selections: American Indian, Alaska Native or Indigenous, Asian or Asian American, Black, African American or African, Middle Eastern or North African, Native Hawaiian or Other Pacific Islander, White, Client Doesn't know, Client prefers not to answer

Gender selections: Woman (Girl, if child), Man (Boy, if child), Culturally Specific Identity (e.g., Two-Spirit), Different Identity, Non-Binary, Transgender, Questioning, Client Doesn't Know, Client prefers not to answer

HOUSEHOLD TYPE

<input type="checkbox"/> Adult Only
<input type="checkbox"/> Adult(s) and Child(ren)
<input type="checkbox"/> Child(ren) Only

HOUSEHOLD SIZE AND INCOME same for every HH member

Household Size:	Household Income:
Level of Family Income:	Percent of Median Family Income:
<input type="checkbox"/> Up to 50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%	<input type="checkbox"/> 0-30% <input type="checkbox"/> 30-50%
<input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150% <input type="checkbox"/> 151-175%	<input type="checkbox"/> 50-80% <input type="checkbox"/> Over 80%
<input type="checkbox"/> 176-200% <input type="checkbox"/> 201-250% <input type="checkbox"/> Over 250%	

Client current Residence (city)	_____	Enrollment CoC*	OR-500
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PRIOR LIVING SITUATION (where did client stay last night)

Complete separately for each adult if adults were living in different living situations.

Homeless Situations		
<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		
Institutional Situations		
<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 or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Substance abuse treatment facility or detox center	
Temporary and Permanent Housing Situations		
<input type="checkbox"/> Residential project or halfway house with no homeless criteria	<input type="checkbox"/> Rental by client, no ongoing housing subsidy	
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with ongoing housing subsidy	
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> If Yes, Rental Subsidy Type:	
<input type="checkbox"/> Host Home (non-crisis)	<input type="checkbox"/> GPD TIP <input type="checkbox"/> VASH <input type="checkbox"/> HCV Voucher	
<input type="checkbox"/> Staying or living in a friend's room, apartment or house	<input type="checkbox"/> RRH/equivalent <input type="checkbox"/> PSH <input type="checkbox"/> Public housing unit	
<input type="checkbox"/> Staying or living in a family member's room, apartment or house	<input type="checkbox"/> Family Unification Program (FUP)	
<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Foster Youth to Independence Initiative (FYI)	
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Other	

DID THE CLIENT STAY LESS THAN 90 DAYS?

<input type="checkbox"/> No (Skip to next section.)	<input type="checkbox"/> Yes
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LENGTH OF STAY IN INSTITUTION

<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

LENGTH OF STAY IN LITERALLY HOMELESS SITUATION

<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 1 week or more, but less than 1 month	<input type="checkbox"/> 90 days or more, but less than 1 year
<input type="checkbox"/> 2 to 6 nights	<input type="checkbox"/> 1 month or more, but less than 90 days	<input type="checkbox"/> 1 year or longer

DID THE CLIENT STAY LESS THAN 7 DAYS?

<input type="checkbox"/> No (Skip to next section.)	<input type="checkbox"/> Yes
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LENGTH OF STAY IN HOUSING SITUATION

<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 2 to 6 nights
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On the previous night, did the client stay on the streets, in an Emergency Shelter, or in a Safe Haven?

<input type="checkbox"/> No (Skip to next section.)
<input type="checkbox"/> Yes

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.)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 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?	<input type="checkbox"/> 1 <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 or more

IF LITERALLY HOMELESS, where were you living when you lost your housing? (town/city)	_____
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ARE ANY ADULTS IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME? YES NO

Income for a child is recorded as income for the adult who receives the funds.

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
<input type="checkbox"/> Alimony or other spousal support	\$		<input type="checkbox"/> Social Security Income (SSI)	\$	
<input type="checkbox"/> Cash assistance / TANF	\$		<input type="checkbox"/> Social Sec Disability Income (SSDI)	\$	
<input type="checkbox"/> Child support	\$		<input type="checkbox"/> Unemployment	\$	
<input type="checkbox"/> Earned income	\$		<input type="checkbox"/> VA Service Connected Disability Compensation	\$	
<input type="checkbox"/> Pension from a former job	\$		<input type="checkbox"/> VA Non-Service Connected Disability Pension	\$	
<input type="checkbox"/> Retirement from Social Security	\$		<input type="checkbox"/> Workers' Compensation	\$	
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Other sources _____	\$		<input type="checkbox"/> Other sources _____	\$	
TOTAL MONTHLY INCOME (Record separately for each adult.)				\$	

ARE ADULTS IN THE HOUSEHOLD CURRENTLY RECEIVING NON-CASH BENEFITS? YES NO

Income for a child is recorded as income for the adult who receives the funds.

Source	Recipient(s)	Source	Recipient(s)
<input type="checkbox"/> SNAP (Food Stamps)		<input type="checkbox"/> TANF child care services	
<input type="checkbox"/> WIC		<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other TANF-funded services	

DOES ANYONE IN THE HOUSEHOLD HAVE HEALTH INSURANCE?

YES NO

Source	Recipient(s)	Source	Recipient(s)
<input type="checkbox"/> Medicaid		<input type="checkbox"/> Employer-provided Health Insurance	
<input type="checkbox"/> Medicare		<input type="checkbox"/> Health insurance obtained through COBRA	
<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> Veterans Administration (VA) Medical Services		<input type="checkbox"/> State Health Insurance for Adults	
<input type="checkbox"/> Indian Health Services Program		<input type="checkbox"/> Other _____	

HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS

Name	Disability of long duration that substantially limits the client's ability to live on their own
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Mental health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Drug abuse <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Alcohol and drug abuse
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Mental health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Drug abuse <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Alcohol and drug abuse
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Mental health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Drug abuse <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Alcohol and drug abuse
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Mental health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Drug abuse <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Alcohol and drug abuse

YHDP QUESTIONS

EDUCATION:

Current School Enrollment & Attendance
<input type="checkbox"/> Not currently enrolled in any school or educational course
<input type="checkbox"/> Currently enrolled but NOT attending regularly (when school or the course is in session)
<input type="checkbox"/> Currently enrolled and attending regularly (when school or the course is in session)
<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Prefers Not to Answer

Most Recent Educational Status:	
<input type="checkbox"/> K12: Graduated from high school	<input type="checkbox"/> Higher education: Pursuing a credential but not attending
<input type="checkbox"/> K12: Obtained GED	<input type="checkbox"/> Higher education: Dropped Out
<input type="checkbox"/> K12: Dropped Out	<input type="checkbox"/> Higher education: Obtained a credential / degree
<input type="checkbox"/> K12: Suspended	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> K12: Expelled	<input type="checkbox"/> Client Prefers Not to Answer

HEALTH

General Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
Dental Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
Mental Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
Pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Projected Birth Date: ____/____/____

SEXUAL ORIENTATION

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Questioning / Unsure	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay
<input type="checkbox"/> Client Doesn't know	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Other		

Formerly a Ward of Child Welfare / Foster Care Agency?	Formerly a Ward of Juvenile Justice System?
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, Number of Years: <input type="checkbox"/> Less Than One Year <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 3-5 or more Years If less than one year, Number of Months (circle): 1 2 3 4 5 6 7 8 9 10 11	If Yes, Number of Years: <input type="checkbox"/> Less Than One Year <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 3-5 or more Years If less than one year, Number of Months (circle): 1 2 3 4 5 6 7 8 9 10 11

DO NOT ask any DV Questions of someone who is accompanied by another Adult

ARE ANY ADULTS AFFECTED BY DOMESTIC VIOLENCE?

YES NO

Name	Extent of Domestic Violence
	<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> Within the past 6-12 months <input type="checkbox"/> Within the past 3-6 months <input type="checkbox"/> More than 1 year ago Currently Fleeing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Extent of Domestic Violence
	<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> Within the past 6-12 months <input type="checkbox"/> Within the past 3-6 months <input type="checkbox"/> More than 1 year ago Currently Fleeing? <input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT LIVING SITUATION

Complete separately for each adult if adults were living in different living situations.

Homeless Situations	
<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	
Institutional Situations	
<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 or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Substance abuse treatment facility or detox center
Temporary and Permanent Housing Situations	
<input type="checkbox"/> Residential project or halfway house with no homeless criteria	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
Is the Client going to have to leave their current living situation within 14 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused	