FL-507 Central Florida HMIS

SSVF Homelessness Prevention Data Collection Guide – ENTRY ASSESSMENT

Agency/Program: _____ Assessment Date: _____

Section 1: Complete for All Household Members (Adults and Minors)

CLIENT INFORMATION **Client Location** (CoC code): ___FL-507____

Client Name: First _____ Middle _____ Last _____

Name Data Quality

☐ Full Name Reported	☐ Partial, Street, or Code Name Reported	☐ Client Doesn't Know	☐ Client Refused

Social Security Number _____ -_____ - _____

Social Security Number Data Quality

☐ Full SSN Reported	☐ Approximate or Partial SSN Reported	☐ Client Doesn't Know	☐ Client Refused

Veteran Status

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Relationship to Head of Household

☐ Self	☐ Head of household's spouse or partner	☐ Other: non-relation member
☐ Head of household's child	☐ Head of household's other relation member	

Date of Birth _____ / _____ / _____

Date of Birth Data Quality

☐ Full DOB Reported	☐ Approximate or Partial DOB Reported	☐ Client Doesn't Know	☐ Client Refused

Gender (Select as many as apply)

☐ Female	☐ A gender that is not singularly "Female" or "Male"	☐ Questioning	☐ Client Refused
☐ Male	☐ Transgender	☐ Client Doesn't Know	

Race

☐ American Indian, Alaska Native, or Indigenous	☐ White
☐ Asian or Asian American	☐ Client Doesn't Know
☐ Black, African American, or African	☐ Client Refused
☐ Native Hawaiian or Pacific Islander	

Ethnicity

☐ Hispanic/Latin(a)(o)(x)
☐ Non-Hispanic/Latin(a)(o)(x)
☐ Client Doesn't Know
☐ Client Refused

DISABILITY INFORMATION

Does the client have a Disabling Condition?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

If yes, check all that apply and indicate whether it is long-continued and indefinite duration and substantially impairs ability to live independently.

Disability Type	Long-continued/indefinite duration?	
☐ Alcohol abuse	☐ Yes	☐ No
☐ Chronic health condition	☐ Yes	☐ No
☐ Developmental	☐ Yes	☐ No
☐ HIV/AIDS	☐ Yes	☐ No
☐ Mental Health Disorder	☐ Yes	☐ No
☐ Physical	☐ Yes	☐ No
☐ Substance Use Disorder	☐ Yes	☐ No

HEALTH INSURANCE INFORMATION

Is the client covered by Health Insurance?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

If yes, check all that apply

☐ _____ Medicaid	☐ _____ COBRA
☐ _____ Medicare	☐ _____ Private Pay Health Insurance
☐ _____ State Children's Health Insurance	☐ _____ State Health Insurance for Adults
☐ _____ VA Medical Services	☐ _____ Indian Health Services Program
☐ _____ Employer-Provided Health Insurance	☐ _____ Other: _____

Connection with SOAR?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Clients' Last Permanent Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Address Data Quality:

☐ Full Address Reported	☐ Incomplete or Estimated Address	☐ Client Doesn't Know	☐ Client Refused

Last Permanent Address's Start Date: _____

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Section 2: Complete for Head of Household and All Adults

HOMELESS HISTORY QUESTIONS

Living Situation (Check where the client stayed last night):

HOMELESS SITUATION	TRANSITIONAL OR PERMANENT HOUSING SITUATION
☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, or anywhere outside)	☐ Rental by client with VASH subsidy
☐ Emergency shelter, including hotel/motel paid for with an emergency shelter voucher	☐ Rental by client with GPD TIP subsidy
☐ Safe Haven (ie Domestic violence shelter or Immigration sanctuary)	☐ Owned by client, no ongoing housing subsidy
INSTITUTIONAL SITUATION	☐ Rental by client, no ongoing housing subsidy
☐ Jail, prison, or juvenile detention facility	☐ Rental by client with other ongoing housing subsidy
☐ Long-term care facility or nursing home	☐ Owned by client with ongoing housing subsidy
☐ Substance abuse treatment or detox center	☐ Permanent housing for formerly homeless person
☐ Foster care home or foster care group home	☐ Staying or living in a friend's room, apartment, or house
☐ Psychiatric Hospital or other psychiatric facility	☐ Hotel or motel paid for without emergency shelter voucher
☐ Hospital or other residential non-psychiatric medical facility	☐ Residential project or halfway house with no homeless criteria

How long did the client stay there (the place they stayed last night)?

☐ One night or less	☐ One week or more, but less than one month	☐ 90 days or more, but less than one year
☐ Two to six nights	☐ One month or more, but less than 90 days	☐ One year or longer

Since what date has the client been literally homeless (streets or shelter) continuously with no gaps?:
_____ / _____ / _____

Regardless of where they stayed last night, total # of times (episodes) the client has been on the streets or in an emergency shelter in the past 3 years including today:

☐ One time	☐ Three times	☐ Client doesn't know
☐ Two times	☐ Four or more times	☐ Client refused

Total # of months the client has been on the street or in an emergency shelter in the past 3 years (round up):

☐ 1 (this is the 1st month)	☐ 4 months total	☐ 7 months total	☐ 10 months total	☐ More than 12 months
☐ 2 months total	☐ 5 months total	☐ 8 months total	☐ 11 months total	☐ Client doesn't know
☐ 3 months total	☐ 6 months total	☐ 9 months total	☐ 12 months total	☐ Client refused

COC LOCAL FIELDS

Answer regardless of living situation:

What county were you in when this episode of homelessness began?

☐ Orange County	☐ Osceola County	☐ Seminole County	☐ Other	☐ N/A

If other county, please specify COUNTY and STATE:

_____

INCOME INFORMATION

Record each adult's income on their own intake form. If a minor child has income, include it on the HoH's intake.

Does the client have Income from any source?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Total Monthly Income: $_____

If yes, indicate the amount for each applicable source:

$_____ Alimony or other spousal support	$_____ SSI
$_____ Child support	$_____ SSDI
$_____ Earned income	$_____ TANF
$_____ General Assistance	$_____ Unemployment Insurance
$ _____ Other: _____	$_____ VA non-service connected disability pension
$_____ Pension or retirement income	$_____ VA service connected disability compensation
$_____ Private disability insurance	$_____ Worker's Compensation
$_____ Retirement income from social security	

Household Income as a Percentage of AMI:

☐ Less than 30%	☐ 30% to 50%	☐ Greater than 50%

NON-CASH BENEFIT INFORMATION

Does the client have Non-Cash Benefits from any source?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

If yes, check all that apply and include amount per month:

$___☐___ SNAP	$___☐___ TANF Child Care Services	$___☐___ Other TANF-Funded Services
$___☐___ WIC	$___☐___ TANF Transportation Services	$___☐___ Other: _____

VETERAN INFORMATION (Complete for all Veterans)

Date entered military service: _____ Date separated from military service: _____

Theater of Operations:

☐ World War II	☐ Afghanistan (Operation Enduring Freedom)
☐ Korean War	☐ Iraq Freedom (Operation Iraqi Freedom)
☐ Vietnam War	☐ Iraq Dawn (Operation New Dawn)
☐ Persian Gulf War (Operation Desert Storm)	☐ Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)

Branch of the Military:

☐ Army	☐ Navy	☐ Coast Guard	☐ Air Force	☐ Marines	☐ Client Doesn't Know	☐ Client Refused

Discharge Status:

☐ Honorable	☐ Under other than honorable conditions	☐ Dishonorable	☐ Client Doesn't Know
☐ General under honorable conditions	☐ Bad conduct	☐ Uncharacterized	☐ Client Refused

EDUCATION AND EMPLOYMENT INFORMATION

Last Grade Completed

☐ Less than Grade 5	☐ School does not have grade levels	☐ Graduate Degree
☐ Grades 5 - 6	☐ GED	☐ Vocational Certification
☐ Grades 7 - 8	☐ Some College	☐ Client doesn't know
☐ Grades 9 - 11	☐ Associate's Degree	☐ Client refused
☐ Grade 12/High school diploma	☐ Bachelor's Degree	

Employed?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

If no, why not?

☐ Looking for work	☐ Unable to work	☐ Not looking for work

If yes, what type of employment?

☐ Full-time	☐ Part-time	☐ Seasonal/sporadic (including day labor)

Section 3: Complete for Head of Household Only

VAMC Station Number: _____

Clients' Last Permanent Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Address Data Quality:

☐ Full Address Reported	☐ Incomplete or Estimated Address	☐ Client Doesn't Know	☐ Client Refused

Last Permanent Address's Lease Start Date: _____

SSVF HP Targeting Criteria

Is Homelessness Prevention Targeting Screener required?

☐ Yes	☐ No (If no, end data collection for HP Targeting Criteria here).

1. Housing loss expected within…

☐ 1-6 days	☐ 7-13 days	☐ 14-21 days	☐ More than 21 days

2. Current housing income

☐ $0 (i.e., not employed, not receiving cash benefits, no other current income)	☐ 1-14% of AMI for household size	☐ 15-30% of AMI for household size	☐ More than 30% of AMI for household size

3. History of Literal Homelessness (street/shelter/transitional Housing) (any adult)

☐ Most recent episode occurred within the last year	☐ Most recent episode occurred more than a year ago	☐ None

4. Head of Household is not a current leaseholder

☐ Yes	☐ No

5. Head of Household has never been a leaseholder

☐ Yes	☐ No

6. Currently at risk of losing, a tenant-based housing subsidy or housing in a subsidized building or unit?

☐ Yes	☐ No

7. Rental evictions within the past 7 years (any adult)

☐ No prior rental evictions	☐ 1 prior rental eviction	☐ 2 or more prior rental evictions

8. Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)

☐ Yes	☐ No

9. Incarcerated as an adult (any adult)

☐ Not incarcerated	☐ Incarcerated once	☐ Incarcerated two or more times

10. Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)

☐ Yes	☐ No

11. Registered sex offender (any household members)

☐ Yes	☐ No

12. Head of Household with disabling condition (physical health, mental health, substance abuse) that directly affects ability to secure/maintain housing

☐ Yes	☐ No

13. Currently pregnant (any household member)

☐ Yes	☐ No

14. Single parent with minor child(ren)

☐ Yes	☐ No

15. Household includes one or more young children (age six or under), or a child who requires significant care

☐ No	☐ Youngest child is under 1 year old	☐ Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care

16. Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)

☐ Yes	☐ No

17. Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population

☐ Yes	☐ No

18. HP applicant total points: _____

19. Targeting threshold score: _____

Please complete one form for each household member at Entry.