## FL-507 Central Florida HMIS

# **Emergency Shelter Data Collection Guide – ENTRY ASSESSMENT**

Agency/Program: Assessment Date:									
(Complete a separa	te intake <sub>.</sub>	form <sub>.</sub>	for each adult	and min	or in the h	ousehold).			
CLIENT INFORMATI	<u>ON</u>								
Farallmont CoC	EL E07								
Enrollment CoC:	_FL-507_								
Client Name: First	Client Name: First Middle Last								
Name Data Quality									
☐ Full Name Report		☐ Partial, Street, or Code Name ☐ Client Doesn't ☐					Client Prefers		
		ortec							lot to Answer
	110								
Social Security Nun	nber								
Social Security Nun									
☐ Full SSN Reported			ximate or Part	tial SSN I	Reported	☐ Client Doesn't			Client Prefers
•		• •			•	Know		N	ot to Answer
	<b>.</b>					•			
Relationship to Hea	d of Hou	sehol	d						
□Self		□н	ead of househ	old's spo	ouse or pai	rtner	□Othe	r: nor	n-relation
							membe	·r	
☐ Head of househo	ld's child		Head of house	ehold's c	ther relati	on member			
							1		
Date of Birth	/		_/						
Date of Birth Data									
☐ Full DOB Reporte	red ☐ Approx./Partial DOB Reported ☐ Client Doesn't Know ☐ Client Prefers Not to						Prefers Not to		
						Ans	wer		
<u>'</u>									
Race and Ethnicity									
☐ American Indian, Alaska Native, or Indigenous ☐ Middle Easter or North African ☐ Client Prefers No							lient Prefers Not		
					to Answer				
☐ Asian or Asian American					ive Hawaii	ata Not Collected			
☐ Black, African American, or African ☐ White									
☐ Hispanic/Latina/e/o				☐ Client Doesn't Know					
•									
Additional Race & B	thnicity	Detai	<b>!:</b>						
Gender (Select as m	nany as ap	ply)							
☐ Woman (Girl, if c	hild) 🛘 🗆	Man	(Boy, if child)			cific Identity (	e.g., Two	)-	□Transgender
,			1	Spirit)					
□ Non-Binary □ Questioning □ Different Identity □ Client Doesn't □ Client P					Prefe	ers Not to			
		Know Answer							
If different identity, please specify:									
Veteran Status         □ Yes       □ No       □ Client Doesn't Know       □ Client Prefers Not to Answer									
□Yes □No	∐ Clien	t Doe	sn't Know	⊔ Clien	t Prefers N	ot to Answer			

## FL-507 Central Florida HMIS

# **Emergency Shelter Data Collection Guide – ENTRY ASSESSMENT**

#### **DISABILITY INFORMATION**

	Does the client have a Disabling Condition?						
□Yes	□ No □ Client Doesn't Know □ Client Prefers Not to Answer						
	If yes, check all that apply and indicate whether it is long-continued and indefinite duration and						
	substantially impairs ability to live independently.						
					/indefinite duration?  ☐ Client Prefers Not to Answ		
☐ Alcohol Use Disorder			□Yes	□No			
☐ Chronic Health Condition ☐				□No	☐ Client Prefers Not to Answ	wer □ Client Doesn't Know	
☐ Developmental Disability ☐ Y				□ No	☐ Client Prefers Not to Answ		
☐ Drug Use Disorder			□Yes	□No	☐ Client Prefers Not to Answ	wer □ Client Doesn't Know	
□ HIV/AIDS			□Yes	□No	☐ Client Prefers Not to Answ		
	☐ Mental Health		□Yes	□No	☐ Client Prefers Not to Answ	wer □ Client Doesn't Know	
	☐ Physical Disability			□No	☐ Client Prefers Not to Answ	wer □ Client Doesn't Know	
In which County/City/State did you live prior to your current episode of homelessness?  Orange County Osceola County Osceola County Osceola County Osceola County							
□City	of Orlando	☐ City of	Kissimm	ee	☐ City of Sanford	□Other	
Prior Living Situation (Check where the client stayed last night):  HOMELESS SITUATION  TEMPORARY HOUSING SITUATION							
Prior Liv	-			tayed <u>las</u>	<u>-</u>	HOUSING SITUATION	
□Place	not meant for hab	itation (e.g.,	<u>N</u> , a vehicle		<u>-</u>		
□ Place abando	HOMELES not meant for hab ned building, or an	oitation (e.g., ywhere outs	<u>N</u> , a vehicle side)	e, an	<u>TEMPORARY I</u>	for homeless persons	
□ Place abandor	HOMELES not meant for hab ned building, or an gency shelter, inclu	itation (e.g., ywhere outs uding hotel/	<b>N</b> , a vehicle side) motel pai	e, an	TEMPORARY I  ☐ Transitional housing (including homeless you ☐ Residential project of	for homeless persons	
☐ Place abandon ☐ Emerg with an	HOMELES not meant for hab ned building, or an gency shelter, inclu emergency shelter	itation (e.g., ywhere outs uding hotel/ voucher, ho	<u>N</u> , a vehicle side) motel pai ost home	e, an	TEMPORARY I  ☐ Transitional housing (including homeless you homeless criteria	g for homeless persons buth) or halfway house with no	
☐ Place abandon ☐ Emerguith an ☐ Safe I	HOMELES not meant for hab ned building, or an gency shelter, inclu emergency shelter Haven (e.g. DV She	itation (e.g., ywhere outs uding hotel/ voucher, ho	<u>N</u> , a vehicle side) motel pai ost home	e, an	TEMPORARY I  ☐ Transitional housing (including homeless you homeless criteria ☐ Hotel or motel paid	for homeless persons outh)	
☐ Place abandon ☐ Emerg with an	HOMELES not meant for hab ned building, or an gency shelter, inclu emergency shelter Haven (e.g. DV She ry)	ss SITUATIO vitation (e.g., ywhere outs uding hotel/ r voucher, ho elter or Immi	N , a vehicle side) motel pai ost home gration	e, an	TEMPORARY I  ☐ Transitional housing (including homeless you homeless criteria ☐ Hotel or motel paid shelter voucher	for homeless persons buth) or halfway house with no for without emergency	
☐ Place abandor ☐ Emerging with an ☐ Safe I Sanctua	HOMELES not meant for hab ned building, or an gency shelter, inclu emergency shelter Haven (e.g. DV She ry) INSTITUTIO	itation (e.g., ywhere outs uding hotel/or voucher, he lter or Immi	N , a vehicle side) motel pai ost home gration	e, an	TEMPORARY I  ☐ Transitional housing (including homeless you homeless criteria ☐ Hotel or motel paid shelter voucher ☐ Host home (non-cris	for homeless persons buth) or halfway house with no for without emergency	
☐ Place abandor ☐ Emerging with an ☐ Safe I Sanctua	HOMELES not meant for hab ned building, or an gency shelter, inclu emergency shelter Haven (e.g. DV She ry)	itation (e.g., ywhere outs uding hotel/or voucher, he lter or Immi	N , a vehicle side) motel pai ost home gration	e, an	TEMPORARY I  ☐ Transitional housing (including homeless you homeless criteria ☐ Hotel or motel paid shelter voucher ☐ Host home (non-cris	for homeless persons buth) or halfway house with no for without emergency	
☐ Place abandon ☐ Emera with an ☐ Safe I Sanctua	HOMELES not meant for hab ned building, or an gency shelter, inclu emergency shelter Haven (e.g. DV She ry) INSTITUTIO	itation (e.g., ywhere outsuding hotel/or voucher, hearter or Immi	N , a vehicle side) motel pai ost home gration ION up home	e, an id for shelter	TEMPORARY I  ☐ Transitional housing (including homeless you homeless criteria ☐ Hotel or motel paid shelter voucher ☐ Host home (non-crise ☐ Staying or living in a house	for homeless persons buth) or halfway house with no for without emergency	
☐ Place abandor ☐ Emerging with an ☐ Safe I Sanctua ☐ Foste ☐ Hospifacility	HOMELES not meant for hab ned building, or an gency shelter, inclu emergency shelter Haven (e.g. DV She ry) INSTITUTIO r care home or fos	itation (e.g., ywhere outs uding hotel/or voucher, he leter or Immi	N , a vehicle side) motel pai ost home gration ION up home	e, an id for shelter	TEMPORARY I	for homeless persons buth) or halfway house with no for without emergency sis) friend's room, apartment or	
☐ Place abandon ☐ Emera with an ☐ Safe I Sanctua ☐ Foste ☐ Hospi facility ☐ Jail, p	HOMELES not meant for hab ned building, or an gency shelter, inclu emergency shelter Haven (e.g. DV She ry) INSTITUTIO r care home or fos	sistination (e.g., ywhere outsuding hotel/or voucher, hearter or Imminate of the care grown tial non-psidetention facilitation facilita	N , a vehicle side) motel pai ost home gration ION up home ychiatric	e, an id for shelter	TEMPORARY I  ☐ Transitional housing (including homeless you homeless criteria ☐ Hotel or motel paid shelter voucher ☐ Host home (non-crise of the staying or living in a house of the staying or living in a apartment or house of the staying or living in a partment or house of the staying or living in a partment or house of the staying or living in a partment or house of the staying or living in a partment or house of the staying or living in a partment or house of the staying or living in a partment or house of the staying or living in a partment or house of the staying or living in a partment or house of the staying or living in a partment or house of the staying or living in a partment or house of the staying or living in a partment or house of the staying or living in a partment or house of the staying or living in a partment or house of the staying or living in a partment or house of the staying or living in a partment or house of the staying or living in a partment or house of the staying of the staying or living in a partment or house of the staying of the staying or living in a partment or house of the staying of the staying of the staying or living in a partment or house of the staying of the st	for homeless persons buth) or halfway house with no for without emergency sis) friend's room, apartment or family member's room,	
☐ Place abandor ☐ Emerging with an ☐ Safe I Sanctua ☐ Foste ☐ Hospifacility ☐ Jail, p ☐ Long-	HOMELES not meant for hab ned building, or an gency shelter, inclu emergency shelter Haven (e.g. DV She ry) INSTITUTIO r care home or fos ital or other reside	itation (e.g., ywhere outsuding hotel/r voucher, helter or Immi  NAL SITUAT ter care grountial non-pseudor nursing hotel	N , a vehicle side) motel pai ost home gration ION up home ychiatric cility	e, an id for shelter	TEMPORARY II  ☐ Transitional housing (including homeless you homeless criteria ☐ Hotel or motel paid shelter voucher ☐ Host home (non-crise in a house ☐ Staying or living in a apartment or house ☐ Rental by client, no	for homeless persons buth) or halfway house with no for without emergency sis) friend's room, apartment or family member's room,	
□ Place abandon □ Emerg with an □ Safe I Sanctua □ Foste □ Hospi facility □ Jail, p □ Long- □ Psych	HOMELES not meant for hab ned building, or an gency shelter, inclu emergency shelter Haven (e.g. DV She ry)  INSTITUTIO r care home or fos ital or other reside rison, or juvenile d term care facility of	os SITUATIO  itation (e.g., ywhere outs  uding hotel/ r voucher, he elter or Immi  NAL SITUAT  ter care grountial non-ps  letention factor nursing hotel or nursing hotel other psychia	N. , a vehicle side) motel painst home gration  ION up home ychiatric cility ome	e, an id for shelter	TEMPORARY II  ☐ Transitional housing (including homeless you homeless criteria ☐ Hotel or motel paid shelter voucher ☐ Host home (non-criteria) ☐ Staying or living in a house ☐ Staying or living in a apartment or house ☐ Rental by client, no ☐ Rental by client, with	for homeless persons buth) or halfway house with no for without emergency sis) friend's room, apartment or family member's room, HOUSING SITUATION ongoing housing subsidy	
□ Place abandor □ Emerg with an □ Safe I Sanctua □ Foste □ Hospi facility □ Jail, p □ Long- □ Psych □ Subst	HOMELES not meant for hab ned building, or an gency shelter, inclu emergency shelter Haven (e.g. DV She ry) INSTITUTIO r care home or fos ital or other reside rison, or juvenile d term care facility o	os SITUATIO  itation (e.g., ywhere outs  uding hotel/ r voucher, he elter or Immi  NAL SITUAT  ter care grountial non-ps  letention factor nursing hotel or nursing hotel other psychia	N. , a vehicle side) motel painst home gration  ION up home ychiatric cility ome	e, an id for shelter	TEMPORARY I  ☐ Transitional housing (including homeless you homeless criteria ☐ Hotel or motel paid shelter voucher ☐ Host home (non-crise in a house) ☐ Staying or living in a apartment or house ☐ Rental by client, no ☐ Rental by client, wit ☐ Owned by client, wit	for homeless persons buth) or halfway house with no for without emergency sis) friend's room, apartment or family member's room, HOUSING SITUATION ongoing housing subsidy h ongoing housing subsidy	

## FL-507 Central Florida HMIS

# **Emergency Shelter Data Collection Guide – ENTRY ASSESSMENT**

Length of St	ay in Prior L	iving Situ	ation								
☐ One night	or less	☐ One week or more, but less than			s than		☐ 90 days or more, but less than one year				
		one month									
☐ Two to six	nights	☐ One month or more, but less than				☐ One year or longer					
		90 days									
☐ Client Do	esn't Know	☐ Client Prefers Not to Answer									
						ı					
Approximat	e date home	elessness	started:								
/_	/										
_			_			pisod	es) the client has be	en on t	ne streets or in		
☐ One time	ey onerter in	er in the past 3 years including today:				Client Doesn't Know					
☐ Two time:	<u> </u>		r or more time				ers Not to Answer				
							213 1100 00 7 11101101				
Total # of m	onths the cl	ient has b	een on the st	reet in	an emei	rgenc	y shelter, or safe hav	en in t	he past 3 years:		
□1 (this is t	he 1st mont	h)	months total	□7 m	nonths to	otal	☐ 10 months total	□М	ore than 12 month		
☐2 months	total	□5 n	months total	□8 m	nonths to	otal	☐ 11 months total	□Cli	ient doesn't know		
☐3 months	total	□6 n	nonths total	□9 m	nonths to	otal	☐ 12 months total	□Cli	ient Prefers Not to		
								Ansv	ver		
HEALTH INS	URANCE INF	ORMATIO	<u>ON</u>								
la tha aliant	annered but	مدا طفاه داد									
☐ Yes	Covered by □		t Doesn't Knov	,   D	Cliont Dr	ofors :	to Not Answer				
⊔ res	□ NO	Clien	t Doesii t Kilov	w   L	LITERIT PIE	eieis	to Not Answer				
If was chack	all that app	lv·									
□ Private	an that app	ıy.			ПМі	litary	Insurance				
	Employer					☐ State Funded					
☐ Private -Employer ☐ Private - Individual						☐ Combined Children's Health Insurance/Medicaid					
☐ Medicare						□ Indian Health Service (IHS)					
☐ Medicaid						☐ Other Public					
- Weddedd						☐ Health Insurance Obtained through COBRA					
	narch 3 rical	tii iiisarai	nee i rogram s	Cilii	1 - 110	uitii i	nsarance Ostanica ti	mougn	CODIVI		
DOMESTIC	/IOLENCE IN	FORMAT	ION								
Is Client a V	ictim/Surviv	or of Don	nestic Violenc	e?							
□Yes	□No	□Clien	t Doesn't Knov	w $\square$	Client Pre	efers	Not to Answer				
If yes, when	did experier	nce occurî	?								
☐ Within th	e past 3 mon	ths	□ 6 to 12 mc	nths ag	go [	□Clie	nt Doesn't Know				
□3 to 6 mo	nths ago		☐ More than	a year	ago [	Clie	nt Prefers Not to Ans	wer			
		•			•			'			
If yes, is the	client currer	tly fleein	g domestic vic	olence?	)			•			
□Yes	☐Yes ☐ No ☐ Client Doesn't Know ☐ Client Prefers Not to Answer										

# FL-507 Central Florida HMIS Emergency Shelter Data Collection Guide – ENTRY ASSESSMENT

#### **INCOME INFORMATION**

Record income for all adults on separate intake forms.

Does the client have Income from any source?						
☐ Yes ☐ No ☐ Client	t Doesn't Know Client Prefers Not to Answer					
If yes, check all that apply and incl	ude amount per month	ո:				
\$ Earned Income (e.g. e	mployment income)	\$	General Assistance			
\$ Unemployment Insura	nce	\$	Retirement Income from Social Security			
\$ Supplemental Security	Income (SSI)	\$	Veteran's Pension			
\$ Social Security Disabili	ty Income (SSDI)	\$	Other Pension			
\$Veteran's Disability Pa	yment	\$	Child Support			
\$ Private Disability Insur	ance	\$	Alimony or Other Spousal Support			
\$ Worker's Compensation	on	\$	Other Income			
\$ Temporary Assistance	for Needy Families (TA	NF)				
Total Monthly Income: \$  NON-CASH BENEFIT INFORMATION  Does the client have Non-Cash Benefits from any source?						
	-	ent Prefers Not to	Answer			
If yes, check all that apply and include amount per month:  □ Supplemental Nutrition Assistance Program (SNAP) □ Veteran's Administration Medical Services □ Medicaid □ TANF Child Care Services □ Medicare □ TANF Transportation Services □ State Children's Health Insurance Program □ Other TANF-funded Services □ Special Supplemental Nutrition Program for □ Other Source:  Women, Infants and Children (WIC)						
TRANSLATION ASSISTANCE  Translation Assistance Needed?						
□Yes □No □Clien	t Doesn't Know ☐ Clie	ent Prefers Not to	Answer			
If yes, preferred language?						
☐ American Sign Language	□Spanish		☐ Client Prefers Not to Answer			
□English	☐ Different Prefer		e □ Data Not Collected			
□ French	☐ Client Doesn't K	(now				
If different preferred language, plo	ease specify:					