

FL-507 Central Florida HMIS
VA Transitional Housing Data Collection Form – ENTRY ASSESSMENT

Agency/Program: _____ **Assessment Date:** _____

(Complete a separate intake form for each adult and minor in the household).

CLIENT INFORMATION

Enrollment CoC: FL-507

Client Name: First _____ Middle _____ Last _____

Name Data Quality

☐ Full Name Reported	☐ Partial, Street, or Code Name Reported	☐ Client Doesn't Know	☐ Client Prefers Not to Answer	☐ Data Not Collected
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Social Security Number _____ - _____ - _____

Social Security Number Data Quality

☐ Full SSN Reported	☐ Approximate/Partial SSN Reported	☐ Client Doesn't Know	☐ Client Prefers Not to Answer	☐ Data Not Collected
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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	☐ Approx./Partial DOB Reported	☐ Client Doesn't Know	☐ Client Prefers Not to Answer	☐ Data Not Collected
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Race and Ethnicity

☐ American Indian, Alaska Native, or Indigenous	☐ Middle Eastern or North African	☐ Client Prefers Not to Answer
☐ Asian or Asian American	☐ Native Hawaiian or Pacific Islander	☐ Data Not Collected
☐ Black, African American, or African	☐ White	☐ Client Doesn't Know
☐ Hispanic/Latina/e/o		

Additional Race & Ethnicity Detail: _____

Sex At Birth

☐ Female	☐ Male	☐ Client Doesn't Know	☐ Client Prefers Not to Answer	☐ Data Not Collected
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Veteran Status

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Prefers Not to Answer	☐ Data Not Collected
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VAMC Station Number: (675) Orlando, FL

DISABILITY INFORMATION

Does the client have a Disabling Condition?

Does the client have a Disabling Condition?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Prefers Not to Answer	☐ Data Not Collected
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If yes, check all that apply and indicate whether it is long-continued and indefinite duration and substantially impairs ability to live independently.

Barrier Type	Long-continued/indefinite duration?
☐ Alcohol Use Disorder	☐ Yes ☐ No ☐ Client Prefers Not to Answer ☐ Client Doesn't Know ☐ Data Not Collected
☐ Chronic Health Condition	☐ Yes ☐ No ☐ Client Prefers Not to Answer ☐ Client Doesn't Know ☐ Data Not Collected
☐ Developmental Disability	☐ Yes ☐ No ☐ Client Prefers Not to Answer ☐ Client Doesn't Know ☐ Data Not Collected
☐ Drug Use Disorder	☐ Yes ☐ No ☐ Client Prefers Not to Answer ☐ Client Doesn't Know ☐ Data Not Collected
☐ HIV/AIDS	☐ Yes ☐ No ☐ Client Prefers Not to Answer ☐ Client Doesn't Know ☐ Data Not Collected
☐ Mental Health	☐ Yes ☐ No ☐ Client Prefers Not to Answer ☐ Client Doesn't Know ☐ Data Not Collected
☐ Physical Disability	☐ Yes ☐ No ☐ Client Prefers Not to Answer ☐ Client Doesn't Know ☐ Data Not Collected

HOMELESS HISTORY QUESTIONS

In which County/City/State did you live prior to your current episode of homelessness?

☐ Orange County	☐ Osceola County	☐ Seminole County	☐ Not Applicable
☐ City of Orlando	☐ City of Kissimmee	☐ City of Sanford	☐ Other

County, city, state and zip code (including if other)?

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

HOMELESS SITUATION

☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, or anywhere outside)
☐ Emergency shelter, including hotel/motel paid for with an emergency shelter voucher, host home shelter
☐ Safe Haven (e.g. DV Shelter or Immigration Sanctuary)

INSTITUTIONAL SITUATION

☐ Foster care home or foster care group home
☐ Hospital or other residential non-psychiatric medical facility
☐ Jail, prison, or juvenile detention facility
☐ Long-term care facility or nursing home
☐ Psychiatric Hospital or other psychiatric facility
☐ Substance abuse treatment or detox center
☐ Client Doesn't Know
☐ Client Prefers Not to Answer

TEMPORARY HOUSING SITUATION

☐ Transitional housing for homeless persons (including homeless youth)
☐ Residential project or halfway house with no homeless criteria
☐ Hotel or motel paid for without emergency shelter voucher
☐ Host home (non-crisis)
☐ Staying or living in a friend's room, apartment or house
☐ Staying or living in a family member's room, apartment or house

PERMANENT HOUSING SITUATION

☐ Rental by client, no ongoing housing subsidy
☐ Rental by client, with ongoing housing subsidy
☐ Owned by client, with ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy

Length of Stay in Prior Living Situation

☐ 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
☐ Client Doesn't Know	☐ Client Prefers Not to Answer	

Approximate date homelessness started:

____ / ____ / ____

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 Prefers Not to Answer

Total # of months the client has been on the street in an emergency shelter, or safe haven in the past 3 years:

☐ 1 (this is the 1st	☐ 4 months total	☐ 7 months total	☐ 10 months total	☐ More than 12
☐ 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 Prefers Not to Answer

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HEALTH INSURANCE INFORMATION

Is the client covered by Health Insurance?

☐ Yes	☐ No	☐ Client Doesn't	☐ Client Prefers to Not Answer
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If yes, check all that apply:

☐ Private	☐ Military Insurance
☐ Private -Employer	☐ State Funded
☐ Private - Individual	☐ Combined Children's Health Insurance/Medicaid
☐ Medicare	☐ Indian Health Service (IHS)
☐ Medicaid	☐ Other Public
☐ State Children's Health Insurance Program S - CHIP	☐ Health Insurance Obtained through COBRA

VETERAN INFORMATION (Complete for all Veterans)

Branch of the Military:

☐ Army	☐ Air Force	☐ Navy	☐ Marines	☐ Coast Guard	☐ Space Force	☐ Client Doesn't Know	☐ Client Prefers Not to Answer
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Discharge Status:

☐ Honorable	☐ Under other than honorable conditions	☐ Dishonorable	☐ Client Doesn't Know
☐ General under honorable conditions	☐ Bad conduct	☐ Uncharacterized	☐ Client Prefers Not to Answer

Date entered military service: ____/____/____ Date separated from military service: ____/____/____

Please select Theater(s) of Operation(s):

☐ 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)

SOAR CONNECTION

Connection with SOAR:

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Prefers Not to Answer
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DOMESTIC VIOLENCE INFORMATION

Is Client a Victim/Survivor of Domestic Violence?

☐ Yes	☐ No	☐ Client Doesn't	☐ Client Prefers Not to Answer
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If yes, when did experience occur?

☐ Within the past 3 months	☐ 6 to 12 months ago	☐ Client Doesn't Know
☐ 3 to 6 months ago	☐ More than a year ago	☐ Client Prefers Not to Answer

If yes, is the client currently fleeing domestic violence?

☐ Yes	☐ No	☐ Client Doesn't	☐ Client Prefers Not to Answer
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INCOME INFORMATION

Record income for all adults on separate intake forms.

Does the client have Income from any source?

☐ Yes	☐ No	☐ Client Doesn't	☐ Client Prefers Not to Answer
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If yes, check all that apply and include amount per month:

\$ _____ Earned Income (e.g. employment income)	\$ _____ General Assistance
\$ _____ Unemployment Insurance	\$ _____ Retirement Income from Social Security
\$ _____ Supplemental Security Income (SSI)	\$ _____ Veteran's Pension
\$ _____ Social Security Disability Income (SSDI)	\$ _____ Other Pension
\$ _____ Veteran's Disability Payment	\$ _____ Child Support
\$ _____ Private Disability Insurance	\$ _____ Alimony or Other Spousal Support
\$ _____ Worker's Compensation	\$ _____ Other Income
\$ _____ Temporary Assistance for Needy Families (TANF)	

Total Monthly Income: \$ _____

NON-CASH BENEFIT INFORMATION

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

☐ Yes	☐ No	☐ Client Doesn't	☐ Client Prefers Not to Answer
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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 Women, Infants and Children (WIC)	☐ Other Source: _____

EMPLOYMENT AND EDUCATION INFORMATION

Employed?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
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If no, why not?

☐ Looking for work	☐ Unable to work	☐ Not looking for work
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If yes, what type of employment?

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

Translation Assistance Needed?

☐ Yes	☐ No	☐ Client Doesn't	☐ Client Prefers Not to Answer
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If yes, preferred language?

☐ American Sign Language	☐ Spanish	☐ Client Prefers Not to Answer
☐ English	☐ Different Preferred Language	☐ Data Not Collected
☐ French	☐ Client Doesn't Know	

If different preferred language, please specify: _____