FL-507 Central Florida HMIS

Supportive Services Only Data Collection Guide – 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

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

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

Race and Ethnicity

☐ American Indian, Alaska Native, or Indigenous	☐ Middle Easter 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

Veteran Status

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Prefers Not to Answer	☐ Data Not Collected

DISABILITY INFORMATION

Does the client have a Disabling Condition?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Prefers Not to Answer	☐ Data Not Collected

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 <u>times</u> (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 <u>months</u> the client has been on the street in an emergency shelter, or safe haven in the past 3 years:

☐ 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 Prefers Not to Answer

HEALTH INSURANCE INFORMATION

Is the client covered by Health Insurance?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Prefers Not to Answer	☐ Data Not Collected

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

DOMESTIC VIOLENCE INFORMATION

Is Client a Victim/Survivor of Domestic Violence?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Prefers Not to Answer	☐ Data Not Collected

If yes, when did the 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 Know	☐ Client Prefers Not to Answer	☐ Data Not Collected

INCOME INFORMATION

Record income for all adults on separate intake forms.

Does the client have Income from any source?

☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Prefers Not to Answer	☐ Data Not Collected

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
$_____ Temp 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 Know	☐ Client Prefers Not to Answer	☐ Data Not Collected

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: _____