

HOPWA - HMIS Entry Form

Project Level Data Collected at Project Entry - Head of Household and Other Adults

Respond to the following questions for the head of household and each additional adult in the household. If the household is composed of an unaccompanied child or two or more minors, data must be collected about the minor that has been designated as the head of household. The Project Entry Date will serve as the information date for all data elements collected. All data must be accurate as of this date, regardless of the date collected. A separate form is only needed to be completed for other adult member of the household if their information at project entry is different from the Head of Household.

Client Name: _____ **Client ID#:** _____

Project Name: _____ **Project Entry Date:** _____

Head of Household Other Adult Same for all household members

Client Location – CoC Code (Head of Household):

ID - 500

Head of Household resides in **Ada county**
at time of project entry.

ID – 501

Head of Household resides in **any other county**
in Idaho besides Ada county at time of project entry

1. Residence Prior to Project Entry. Where was the client living immediately prior to project start?

1.a. Literally Homeless Situations

- Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway/airport, anywhere outside)
- Emergency Shelter (including a hotel, motel, or campground paid for with emergency shelter voucher)
- Safe Haven
- Interim Housing

• *If Client is in a Literally Homeless situation (1.a.), skip to Question 4*

1.b. Institutional Situations

- 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 psychiatric facility
- Substance abuse treatment facility or detox center

1.c. Transitional & Permanent Housing Situations

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client with ongoing housing subsidy
- Permanent housing for formerly homeless persons (such as CoC Project/HUD Legacy programs/HOPWA PH)
- Rental by client, no ongoing housing subsidy
- Rental by client with VASH housing subsidy
- Rental by client with GDP TIP subsidy
- Rental by client with other ongoing housing subsidy
- Residential project or halfway house with no homeless criteria
- Staying or living in a family member's room, apartment, or house

- Staying or living in a friends room, apartment, or house
- Transitional housing for homeless persons (including homeless youth)
- Other (specify): _____
- Doesn't know
- Refused

2. Length of Stay in above situation. How long were they in the place identified above?

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month, but less than 90 days
- 90 days or more, but less than 1 year
- 1 year or longer
- Doesn't know
- Refused

- *If Client is in an Institutional Situation (1.b.) and Length of Stay (2.) is one night or more but less than 90 days, proceed to Question 3. If Length of Stay is 90 Days or longer or Client doesn't know or refuses to disclose, skip to Question 7.*
- *If client is in a Transitional or Permanent Housing Situation (1.c.) and Length of Stay (2.) is six nights or less, proceed to Question 3. If Length of Stay is one week or longer or Client doesn't know or refuses to disclose, skip to Question 7.*

3. On the night before did the client stay on the streets, emergency shelter or safe haven? (Institutional Situations or Transitional & Permanent Housing Situations ONLY).

- Yes No Doesn't know Prefer not to disclose

- *If answer is "No", "Doesn't know" or "Prefer not to disclose", STOP and skip to Question 7. If "Yes", continue to question 4.*

4. Enter the date the client started being homeless on the streets, in shelter or in Safe Haven this time. If this is the client's first day on the streets, shelters, or safe havens, enter today's date.

Month/Day/Year: _____

5. Number of times the client has been homeless on the streets, in shelter, or in Safe haven in the past three years.

- One time (this time) Two times Three times Four or more times
 Doesn't know Prefer not to disclose

6. Total number of months the client has been homeless on the streets, in shelter or in a Safe Haven in the past three years?

- One month or less (you may also choose this if this is the first time the client has been homeless)
- Between 2 and 12 months. **Enter the total number of months:** _____
- More than 12 months
- Doesn't know Prefer not to disclose