

New Hampshire Continua of Care PROGRAM ENTRY Data Collection Form for HMIS

(Required by HUD for each client entered into your program)
Add Client Profile Information

1. First, Mi. Last Name, Suf: _____	3. SSN Quality (HUD) Full Part Unk Ref <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other
2. SSN: _____	5. Race: (check two if applicable) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander	6. Ethnicity: (choose one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Refused <input type="checkbox"/> Unknown
<input type="checkbox"/> Other <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Unknown <input type="checkbox"/> White	7. Date of Birth: _____ or Age: _____	

Enter Client into Program (Select TYPE HUD- 40118)

Program Entry Date: ____/____/____ Program: _____ Location: _____

8. Residence Prior to Entry: (choose one) <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Permanent Housing <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Substance Abuse Treat. Ctr. <input type="checkbox"/> Medical Hospital	<input type="checkbox"/> Jail, Prison, Juvenile Facility <input type="checkbox"/> Rental House/Property <input type="checkbox"/> Own House/Apartment <input type="checkbox"/> Living with Family <input type="checkbox"/> Living with Friends <input type="checkbox"/> Hotel/Motel w/o Emergency Shelter <input type="checkbox"/> Foster Care/Group Home	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
		9. Are you a natural disaster evacuee? Yes <input type="checkbox"/> No <input type="checkbox"/>
		10. If YES, living situation prior to disaster: <input type="checkbox"/> Homeless immediately prior to disaster <input type="checkbox"/> Living in a HUD Special Needs Housing Unit (SHP-SP, S+C, HOPWA)
		11. Zip code of this area: _____

12. Length of stay in previous place: (choose one) <input type="checkbox"/> One week or less <input type="checkbox"/> More than one week, less than one month <input type="checkbox"/> One to three months <input type="checkbox"/> More than three months, less than one year <input type="checkbox"/> One year or longer	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 10%; text-align: center;">Don't Know</td> <td style="width: 10%; text-align: center;">Refused</td> </tr> <tr> <td>13. Is Client Chronically Homeless</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>14. U.S. Military Veteran</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>15. Domestic Violence Victim</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>16. Disabling Condition</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>17. Zip code of last permanent residence: _____ or City/State: _____</td> <td></td> <td></td> <td style="text-align: center;">Full</td> <td style="text-align: center;">Unk</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">Refused</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="text-align: center; font-size: small;">(Lookup ZIP code at http://zip4.usps.com/zip4/welcome.jsp)</p>		Yes	No	Don't Know	Refused	13. Is Client Chronically Homeless	<input type="checkbox"/>	<input type="checkbox"/>			14. U.S. Military Veteran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Domestic Violence Victim	<input type="checkbox"/>	<input type="checkbox"/>			16. Disabling Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Zip code of last permanent residence: _____ or City/State: _____			Full	Unk				<input type="checkbox"/>	<input type="checkbox"/>				Refused	<input type="checkbox"/>
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			Refused	<input type="checkbox"/>																																					

18. Monthly Household Cash and Non-Cash Income and Sources (Check all that apply)			
<input type="checkbox"/> Earned Income	\$ _____	<input type="checkbox"/> Alimony or Other Spousal Support	\$ _____
<input type="checkbox"/> Unemployment Insurance	\$ _____	<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> SSI	\$ _____	<input type="checkbox"/> No Financial Resources	\$ _____
<input type="checkbox"/> SSDI	\$ _____	<input type="checkbox"/> Food Stamps	\$ _____
<input type="checkbox"/> A Veteran's Disability Payment	\$ _____	<input type="checkbox"/> MEDICAID	\$ _____
<input type="checkbox"/> Private Disability Insurance	\$ _____	<input type="checkbox"/> MEDICARE	\$ _____
<input type="checkbox"/> Worker's Compensation	\$ _____	<input type="checkbox"/> SCHIP	\$ _____
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Special Supp. Nutrition Program for WIC	\$ _____
<input type="checkbox"/> General Assistance	\$ _____	<input type="checkbox"/> VA Medical Services	\$ _____
<input type="checkbox"/> Retirement Income from Social Security	\$ _____	<input type="checkbox"/> TANF Child Care Services	\$ _____
<input type="checkbox"/> Veteran's Pension	\$ _____	<input type="checkbox"/> TANF Transportation Services	\$ _____
<input type="checkbox"/> Pension from Former Job	\$ _____	<input type="checkbox"/> Other TANF-Funded Services	\$ _____
<input type="checkbox"/> Child Support	\$ _____	<input type="checkbox"/> Section 8, Public Housing or Rent Assist.	\$ _____
		Total Monthly Income	\$ _____

19. Extent of Domestic Violence <input type="checkbox"/> Within past 3 months <input type="checkbox"/> 3 to 6 months <input type="checkbox"/> 6 to 12 months <input type="checkbox"/> More than a year ago <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	20. Disability Type: Long Term? Yes No <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Abuse <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dual Diagnosis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Developmental <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> <input type="checkbox"/>	(choose one or more) Yes No <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mental Illness <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical/Medical <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vision Impaired <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Procedure Code: _____
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21. Primary Reason for Homelessness:

- Medical Condition
- Criminal Activity
- Utility Shut-off
- Substandard Housing
- Mortgage Foreclosure
- Loss of Transportation
- Loss of Childcare
- Health Safety Issues
- Domestic Violence Victim
- Underemployment/Low income
- Release from Institution
- No Affordable Housing
- Loss of Public Assistance
- Loss of Job
- Eviction
- Mental Health Issues
- Separation/Divorce
- Substance Abuse
- Other: _____

22. Secondary Reason for Homelessness:

- Medical Condition
- Criminal Activity
- Utility Shut-off
- Substandard Housing
- Mortgage Foreclosure
- Loss of Transportation
- Loss of Childcare
- Health Safety Issues
- Domestic Violence Victim
- Underemployment/Low income
- Release from Institution
- No Affordable Housing
- Loss of Public Assistance
- Loss of Job
- Eviction
- Mental Health Issues
- Separation/Divorce
- Substance Abuse
- Other: _____

Date completed: ___/___/_____ Interviewer Name: _____