# New Hampshire Continua of Care
# PATH Street Outreach
# Program Entry Form for HMIS

HUD requires this form to be completed for each client entering your project.

Please refer to the ***2014 HUD HMIS Data Standards Version 5.1,*** available on the NH-HMIS website: www.nh-hmis.org for an explanation of the data elements in this form.

**Date form completed:** _____

**Outreach worker for New Hampshire**:_____

**Outreach worker for City/Town:** _____

**Client First, MI, Last Name, Suffix**:_____

**Client Name Data Quality:**

- ☐ Full name reported
- ☐ Partial, street name, or code name reported
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

**Alias:** _____

**Client ID Number:** _____ **Household ID Number (optional)**: _____

*Client ID # is generated by the HMIS system.* *Household ID # is generated by the HMIS system.*

## Client Record Creation:

**Social Security number (SSN):** _____-____-_____

**Social Security Number Data Quality:**

- ☐ Full SSN reported
- ☐ Client doesn't know/doesn't have SSN
- ☐ Partial SSN reported
- ☐ Client refused
- ☐ Data not collected

## Veteran Status:

Respond "Yes," to ***Veteran Status*** if the person is someone who has served on active duty in the armed forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

Is client a **US Military Veteran**? ☐ Yes ☐ No

If *Yes* to "US Military Veteran," has client ever **received health care benefits** from a VA Center? ☐ Yes ☐ No

Is client **receiving Veterans Services**? ☐ Yes ☐ No

Is client **eligible for Veterans Services**? ☐ Yes ☐ No

If *No* to "eligible for Veterans services," please select **Reason**:

☐ Client not interested ☐ Client doesn't know ☐ Data not collected

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Please select **discharge type** for all persons who answered *Yes* to "US Military Veteran" and are not currently serving:

| | | |
|---|---|---|
| ☐ Honorable | ☐ General under honorable conditions | ☐ Under other than honorable conditions (OTH) |
| ☐ Bad Conduct | ☐ Dishonorable | ☐ Uncharacterized |
| ☐ Client doesn't know | ☐ Client refused | ☐ Data not collected |

**Date of Birth:** ____-____-_____

**Date of Birth Data Quality:**

| | |
|---|---|
| ☐ Full DOB reported | ☐ Client refused |
| ☐ Approximate or partial DOB reported | ☐ Data not collected |
| ☐ Client doesn't know | |

**Race:** (*Client may choose up to five.)*

| | |
|---|---|
| ☐ American Indian or Alaska Native | ☐ White |
| ☐ Asian | ☐ Client doesn't know |
| ☐ Black or African American | ☐ Client refused |
| ☐Native Hawaiian or other Pacific Islander | ☐ Data not collected |

**Ethnicity:** *(Client may choose one.)*

| | |
|---|---|
| ☐ Hispanic/Latino | ☐ Client doesn't know |
| ☐ Non-Hispanic/Non-Latino | ☐ Client refused |
| | ☐ Data not collected |

**Gender:**

| | |
|---|---|
| ☐ Female | ☐ Doesn't identify as male, female or transgender |
| ☐ Male | ☐ Client doesn't know |
| ☐ Transgender female to male | ☐ Client refused |
| ☐ Transgender male to female | ☐ Data not collected |

## Release of Information:

*Click to display the ROI tab and create a Release of Information. For **Release Granted** click Yes or No. A signed statement from client is best practice form of content.*

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## ENTRY ASSESSMENT

*Click to display the Entry/Exit tab, then click the **Add Entry/Exit** button. In the **Entry Data** dialog box, click to open the **Type** drop down menu, then select **PATH**. Click **Save and Continue.***

**Relationship to head of household (HoH):**

*Choose one:*

| | |
|---|---|
| ☐ Self | ☐ HoH's other relation member (other relation to HoH) |
| ☐ Head of household's child | ☐ Other (non-relation member):_____ |
| ☐ Head of household's spouse or partner | ☐ Data not collected |

## Outreach:

**Location of contact:**

- ☐ Place not meant for habitation
- ☐ Service setting, non-residential
- ☐ Service setting, residential

Start Date: ____-____-_____
End Date: ____-____-_____
Date of Contact: ____-____-_____
Time of Contact: (optional): ____-____-_____
Date of Engagement: ____-____-_____

## Entry PATH Status:

**Client became enrolled in PATH?** ❑ Yes ❑ No

**Date of status determination:** ____/____/_____

**If no, reason client is not enrolled:**

- ❑ Client was found ineligible for PATH
- ❑ Client was not enrolled for other reason(s)

**Does the client have a disabling condition?**

| | | |
|---|---|---|
| ☐ Yes | ☐ Client doesn't know | ☐ Date not collected |
| ☐ No | ☐ Client refused | |

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## Entry Disability:

### Disability Type

*Answer the group of questions associated with each applicable disability type, using HUD verification. This information should be collected for all clients, regardless of age.*

**Physical Disability**

Date of information collection: ____/____/_____

| |
|---|
| **Physical Disability?**<br>☐ Yes ☐ No ☐ Client doesn't know<br>☐ Client refused |
| **If "Yes" to Physical Disability, expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?**<br>☐ Yes ☐ No ☐ Client doesn't know<br>☐ Client refused |
| **If "Yes," to Physical Disability, is documentation of the disability and severity on file?** ☐ Yes ☐ No |
| **If "Yes" to Physical Disability, is client currently receiving services or treatment for this disability?**<br>☐ Yes ☐ No ☐ Client doesn't know<br>☐ Client refused |

**Developmental Disability**

Date of information collection: ____/____/_____

| |
|---|
| **Developmental Disability?**<br>☐ Yes ☐ No ☐ Client doesn't know<br>☐ Client refused |
| **If "Yes" to Developmental Disability, is it expected to substantially impair client's ability to live independently?**<br>☐ Yes ☐ No ☐ Client doesn't know<br>☐ Client refused |
| **If "Yes," to Developmental Disability, is documentation of the disability and severity on file?** ☐ Yes ☐ No |
| **If "Yes," to Developmental Disability, is client currently receiving services or treatment for it?**<br>☐ Yes ☐ No ☐ Client doesn't know<br>☐ Client refused |

**Chronic Health Condition**

Date of information collection: ____/____/_____

| |
|---|
| **Chronic Health Condition?**<br>☐ Yes ☐ No ☐ Client doesn't know<br>☐ Client refused |
| **If "Yes", to Chronic Health Condition, is it expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?**<br>☐ Yes ☐ No ☐ Client doesn't know<br>☐ Client refused |
| **If "Yes," to Chronic Health Condition, is documentation of the disability and severity on file?** ☐ Yes ☐ No |
| **If "Yes," to Chronic Health Condition, is client currently receiving services or treatment for it?** |

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| | | |
|---|---|---|
| ☐ Yes | ☐ No | ☐ Client doesn't know |
| ☐ Client refused | | |

**HIV/AIDS**

Date of information collection:____/____/_____

| | | |
|---|---|---|
| **HIV/AIDS?** | | |
| ☐ Yes | ☐ No | ☐ Client doesn't know |
| ☐ Client refused | | |
| **If "Yes", to HIV/AIDS, is it expected to substantially impair client's ability to live independently?** | | |
| ☐ Yes | ☐ No | ☐ Client doesn't know |
| ☐ Client refused | | |
| **If "Yes," to HIV/AIDS, is documentation of the disability and severity on file?** ☐ Yes ☐ No | | |
| **If "Yes," to HIV/AIDS, is client currently receiving services or treatment for it?** | | |
| ☐ Yes | ☐ No | ☐ Client doesn't know |
| ☐ Client refused | | |

**Mental Health Problem**

Date of information collection: ____/____/_____

| | | |
|---|---|---|
| **Mental Health Problem?** | | |
| ☐ Yes | ☐ No | ☐ Client doesn't know |
| ☐ Client refused | | |
| **If "Yes", to Mental Health Problem, is it expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?** | | |
| ☐ Yes | ☐ No | ☐ Client doesn't know |
| ☐ Client refused | | |
| **If "Yes," to Mental Health Problem, is documentation of the disability and severity on file?** ☐ Yes ☐ No | | |
| **If "Yes," to Mental Health Problem, is client currently receiving services or treatment for it?** | | |
| ☐ Yes | ☐ No | ☐ Client doesn't know |
| ☐ Client refused | | |
| **If "Yes", to Mental Health Problem (PATH only), how has it been confirmed?** | | |
| ☐ Unconfirmed; presumptive or self-report | | |
| ☐ Confirmed through assessment and clinical evaluation | | |
| ☐ Confirmed by prior evaluation and clinical records | | |
| **If "Yes," to Mental Health Problem (PATH only), is condition a Serious Mental Illness (SMI)?** | | |
| **If SMI, how has it been confirmed?** | | |
| ☐ No (Not SMI) | | |
| ☐ Unconfirmed; presumptive or self-report | | |
| ☐ Confirmed through assessment and clinical evaluation | | |
| ☐ Confirmed by prior evaluation and clinical records | | |
| ☐ Client doesn't know | | |
| ☐ Client refused | | |

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**Substance Abuse**

Date of information collection: ____/____/_____

| **Substance Abuse?** | | |
|---|---|---|
| ☐ No | ☐ Alcohol abuse | ☐ Drug abuse |
| ☐ Both alcohol and drug abuse | ☐ Client doesn't know | ☐ Client refused |
| **If "Yes", to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for "Substance Abuse," is it expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?** | | |
| ☐ Yes | ☐ No | ☐ Client doesn't know |
| ☐ Client refused | | |
| **If "Yes," to Alcohol abuse, Drug abuse or Both alcohol and drug abuse for "Substance Abuse Problem," is documentation of the disability and severity on file?** ☐ Yes ☐ No | | |
| **If "Yes," to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for "Substance Abuse Problem," is client currently receiving services or treatment for it?** | | |
| ☐ Yes | ☐ No | ☐ Client doesn't know |
| ☐ Client refused | | |
| **If "Yes," to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for "Substance Abuse Problem," how has it been confirmed?** | | |
| ☐ Unconfirmed; presumptive or self-report | | |
| ☐ Confirmed through assessment and clinical evaluation | | |
| ☐ Confirmed by prior evaluation and clinical records | | |

## Living Situation:

*Indicate the client's residence as of the day before project entry.*

**Was client in a Homeless Situation?** ☐ Yes ☐ No

*(If "Yes," then select type from table below, the answer follow-up questions. If "No," then skip to Institutional Situation section.)*

| | |
|---|---|
| ☐ A place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | ☐ An emergency shelter, including hotel or motel paid for with emergency shelter voucher |
| ☐ Safe Haven | ☐ Interim Housing |

**Was client in an Institutional Situation?** ☐ Yes ☐ No

*(If "Yes," then select type from table below, then answer follow-up questions. If "No," then skip to Transitional and Permanent Housing section.)*

| | |
|---|---|
| ☐ 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 facility or detox center |

**Was client in a Transitional or Permanent Housing situation?** ☐ Yes ☐ No

| | |
|---|---|
| ☐ Hotel or motel paid for without emergency shelter voucher | ☐ Residential project or halfway house with no homeless criteria |
| ☐ Owned by client, no ongoing housing subsidy | ☐ Staying or living in a family member's room, apartment or house |

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| | |
|---|---|
| ☐ Owned by client, with ongoing housing subsidy | ☐ Staying or living in a friend's room, apartment or house |
| ☐ Permanent housing for formerly homeless persons (such as a CoC project, HUD legacy program, or HOPWA PH) | ☐ Transitional housing for homeless persons (including homeless youth) |
| ☐ Rental by client, no ongoing housing subsidy | ☐ Client doesn't know |
| ☐ Rental by client, with VASH subsidy | ☐ Client refused |
| ☐ Rental by client, with GPD TIP subsidy | ☐ Data not collected |
| ☐ Rental by client, with other ongoing housing subsidy | |

**Length of stay in prior living situation?**

☐ One night or less
☐ Two to six nights
☐ One week or more, but less than one month
☐ One month or more, but less than 90 days
☐ Data not collected
☐ 90 days or more, but less than one year
☐ One year or longer
☐ Client doesn't know
☐ Client refused

**Approximate date homelessness started**:_____

**Regardless of where they stayed last night, how many times has the client been on the streets, in ES, or SH in the past three years including today?**

☐ One time ☐ Two times ☐ Three times ☐ Four or more times
☐ Client doesn't know ☐ Client refused ☐ Data not collected

**What is the client's total number of months homeless on the street, in ES or SH in the past three years?**

| | |
|---|---|
| ☐ One month (This is the first month.) | ☐ Nine months |
| ☐ Two months | ☐ Ten months |
| ☐ Three months | ☐ Eleven months |
| ☐ Four months | ☐ Twelve months |
| ☐ Five months | ☐ More than twelve months |
| ☐ Six months | ☐ Client doesn't know |
| ☐ Seven months | ☐ Client refused |
| ☐ Eight months | ☐ Data not collected |

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## Entry Health Insurance:

*In ServicePoint, click to select the Entry/Exit tab*.

**Date of information collection:** _____/_____/_____
**Covered by health insurance?** ❑ No ❑ Yes ❑ Client doesn't know ❑ Client refused ❑ Data not collected

| | |
|---|---|
| MEDICAID | ❑ No ❑ Yes |
| MEDICARE | ❑ No ❑ Yes |
| State Children's Health Insurance Program (or use local name) | ❑ No ❑ Yes |
| Veteran's Administration (VA) Medical Services | ❑ No ❑ Yes |
| Employer-Provided Health Insurance | ❑ No ❑ Yes |
| Health insurance obtained through COBRA | ❑ No ❑ Yes |
| Private Pay Health Insurance | ❑ No ❑ Yes |
| State Health Insurance for Adults | ❑ No ❑ Yes |
| Indian Health Services Program | ❑ No ❑ Yes |
| Other (or use local name) | ❑ No ❑ Yes |
| **If "other," please specify:** | |

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## Income and Sources:

*In ServicePoint, click to select the Entry/Exit tab.*

- Ask client whether they receive income from EACH source listed rather than asking them to state the sources of income they receive.
- Record income for HOH and adult household members.
- Updates are required for persons aging into adulthood. Income or Benefits received by a minor child should be assigned to the HOH.

| | | |
|---|---|---|
| **Date of information collection: ____/____/_____**<br>**Income from any source?**<br><br>If "Yes," to "income from any source," please check "No" or "Yes" for each income source in the list below, and add amount. | ☐ No<br>☐ Yes<br>☐Client doesn't know | ☐ Client refused<br>☐ Data not collected |
| **Monthly Income (cash) Source:** | | **Amount:** |
| Earned Income (i.e., employment income) | ☐ No ☐ Yes | **$** |
| Unemployment Insurance | ☐ No ☐ Yes | **$** |
| Supplemental Security Income (SSI) | ☐ No ☐ Yes | **$** |
| Social Security Disability Income (SSDI) | ☐ No ☐ Yes | **$** |
| VA Service-Connected Disability Compensation | ☐ No ☐ Yes | **$** |
| VA Non-Service-Connected Disability Compensation | ☐ No ☐ Yes | **$** |
| Private disability insurance | ☐ No ☐ Yes | **$** |
| Worker's compensation | ☐ No ☐ Yes | **$** |
| TANF | ☐ No ☐ Yes | **$** |
| Retirement Income from Social Security | ☐ No ☐ Yes | **$** |
| Pension/retirement income from former job | ☐ No ☐ Yes | **$** |
| Child support | ☐ No ☐ Yes | **$** |
| Alimony or other spousal support | ☐ No ☐ Yes | **$** |
| Other source (specify below) | ☐ No ☐ Yes | **$** |
| **If "other source," please specify source:** | | |
| **Monthly Income Total: $_____** | | |

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## Non-Cash Benefits:

| | | |
|---|---|---|
| **Date of information collection: ____/____/_____**<br>**Non-Cash Benefit from any source?**<br><br>If "Yes," to "non-cash benefit from any source," please check "No" or "Yes" for each income source in the list below, and add amount. | ☐ No<br>☐ Yes | ☐ Client refused<br>☐Client doesn't know |
| **Monthly Non-Cash Benefit Source:** | | **Amount:** |
| Supplemental Nutrition Assistance Program (SNAP) | ☐ No ☐ Yes | **$** |
| Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ☐ No ☐ Yes | **$** |
| TANF child care services (or use local name) | ☐ No ☐ Yes | **$** |
| TANF transportation services (or use local name) | ☐ No ☐ Yes | **$** |
| Other TANF-funded services (or use local name) | ☐ No ☐ Yes | **$** |
| Section 8, public housing or other ongoing rental assistance | ☐ No ☐ Yes | **$** |
| Other source | ☐ No ☐ Yes | **$** |
| Temporary rental assistance | ☐ No ☐ Yes | **$** |
| Other source (specify below) | ☐ No ☐ Yes | **$** |
| **If "other source," please specify source:** | | |
| **Monthly Income Total: $_____** | | |

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## Services Provided:

Services Provided – PATH Funded

- *The data in this element are transactional data; each time the service is delivered a record of the date of service and the service element must be maintained.*
- *If a service benefits the entire household, it must be recorded for the Head of Household.*

Date of information collection: ____/____/_____

**Type of PATH FUNDED Service Provided:**

| | |
|---|---|
| Re-engagement | ☐Yes ☐No |
| Screening | ☐Yes ☐No |
| Clinical assessment | ☐Yes ☐No |
| Habilitation/rehabilitation | ☐Yes ☐No |
| Community mental health | ☐Yes ☐No |
| Substance use treatment | ☐Yes ☐No |
| Case management | ☐Yes ☐No |
| Residential supportive services | ☐Yes ☐No |
| Housing minor renovation | ☐Yes ☐No |
| Housing moving assistance | ☐Yes ☐No |
| Housing eligibility determination | ☐Yes ☐No |
| Security deposits | ☐Yes ☐No |
| One-time rent for eviction prevention | ☐Yes ☐No |

## Referrals Provided:

### Referrals Provided – PATH

- *The data in this element are transactional data; each time there is a referral a record of the referral must be recorded.*
- *Multiple types of the same referral may be made over the course of project enrollment. Each referral should have an outcome response.*

Date of information collection: ____/____/_____

**Type of Referral:**

| | | |
|---|---|---|
| Community mental health | ☐Yes ☐No | ☐Attained<br>☐Not attained<br>☐Unknown |
| Substance use treatment | ☐Yes ☐No | ☐Attained<br>☐Not attained<br>☐Unknown |
| Primary health/dental care | ☐Yes ☐No | ☐Attained<br>☐Not attained<br>☐Unknown |

| | | |
|---|---|---|
| Job training | ☐Yes ☐No | ☐Attained<br>☐Not attained<br>☐Unknown |
| Educational services | ☐Yes ☐No | ☐Attained<br>☐Not attained<br>☐Unknown |
| Housing services | ☐Yes ☐No | ☐Attained<br>☐Not attained<br>☐Unknown |
| Temporary housing | ☐Yes ☐No | ☐Attained<br>☐Not attained<br>☐Unknown |
| Permanent housing | ☐Yes ☐No | ☐Attained<br>☐Not attained<br>☐Unknown |
| Income assistance | ☐Yes ☐No | ☐Attained<br>☐Not attained<br>☐Unknown |
| Employment assistance | ☐Yes ☐No | ☐Attained<br>☐Not attained<br>☐Unknown |
| Medical insurance | ☐Yes ☐No | ☐Attained<br>☐Not attained<br>☐Unknown |

## Domestic Violence:

| | |
|---|---|
| Domestic Violence Victim/Survivor?<br>☐ No ☐ Yes ☐ Client doesn't know<br>☐ Client refused ☐ Data not collected | (If *Yes*,) when did experience last occur?<br>☐ Within past 3 months ☐ Client doesn't know<br>☐ 3-6 months ago ☐ Client refused<br>☐ 6-12 months ago ☐ Data not collected<br>☐ More than a year |
| (If *Yes*,) is client currently fleeing?<br>☐ No ☐ Yes ☐ Client doesn't know<br>☐ Client refused ☐ Data not collected | |

## Connection with SOAR:

**Does client have a connection with SOAR**?

| | | |
|---|---|---|
| ☐No | ☐Yes | |
| ☐Client doesn't know | ☐Client refuses | ☐Data not collected |

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## Information Required by BHHS

### Housing Status:

*Housing status as of the night before project entry.*

Homelessness and at-risk of homelessness status

☐ **Category 1** – Homeless (lacks fixed, regular, and adequate nighttime residence)
☐ **Category 2** – At imminent risk of losing housing (will lose primary nighttime residence in 14 days)
☐ **Category 3** – Homeless only under other federal statutes (unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition)
☐ **Category 4** – Fleeing domestic violence (when client or household does NOT meet any other criteria but is homeless solely because they are fleeing domestic violence)
☐ **At-risk of homelessness** (for clients being served by Homelessness Prevention or Coordinated Assessment projects)
☐ **Stably housed** ☐ **Client doesn't know**
☐ **Client refused** ☐ **Data not collected**

| **Client Location:** | **Date of information collection: ____/____/_____** |
|---|---|
| Choose applicable HUD-assigned CoC code(s): | ☐ NH-500 Balance of State/Concord<br>☐ NH-501 Manchester<br>☐ NH-502 Nashua |

**Zip code of last permanent address:_____**

*Where client last lived for 90 days or more.*

**Zip Code Data Quality:**

☐ Full or partial ☐ Client doesn't know ☐ Client refused

### Employment Status:

| | |
|---|---|
| **Is the client employed?** | ❑ No<br>❑ Yes<br>❑ Client doesn't know<br>❑ Client refused |
| **(If *yes*) what is their type of employment?** | ❑ Full-time<br>❑ Part-time |

### Homeless Status:

First time homeless? ☐Yes ☐No Is client chronically homeless? ☐Yes ☐No

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## Head of Household:

*Fill out this section to help identify a client's common household members. This information is entered at client program entry.*

**Is this person the head of a household? (Households can have only one HoH):** ☐ Yes ☐ No

**If *Yes* to HoH, please list other members of the household and their relationship to the head of household.**

| First Name | Last Name | Relationship to HoH* |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

*Choose from following:

- Self (head of household)
- Head of household's child
- Head of household's spouse or partner
- Head of household's other relation member (other relation to head of household)
- Other: non-relation member

Important! Please complete the Intake Entry Form for each person listed above.