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| Logo  Description automatically generated | **FY24 CARES COLLABORATIVE HMIS EMERGENCY SHELTER** **INTAKE** (Universal Data Elements) |

*Instructions: Fill out one form per client/household member at project entry, along with the CCHMIS Client Inclusion Disclosure and Release of Information. Starred (\*) questions require a response.*

All of the data entered on this form must be information that has been asked of and provided by the client. It is required that you ask each client each question that is on the form, however a client can decline to provide an answer or may not know the answer. In this case there are specific response options that must be selected to indicate so. There is the response option of data not collected, however this should never be selected as again you are required to ask clients each question.

**UNIVERSAL DATA ELEMENTS**

Questions below are required for: All Clients & Household Members

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| \*Project Entry Date | | \*First Name | | | | | \*Last Name | |
| \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | |  | | | | |  | |
| \*Name Data Quality | | | | | | | | |
| qFull Name Reported qPartial Name, Street Name, or Code Name Reported | | | | | | | | q*Doesn’t Know*  q*Prefers Not to Answer*  q*Not Collected* |
| \*Social Security Number – **If Unknown or Client Prefers Not to Answer enter 999-99-9999** | | | \*Social Security Number Data Quality | | | | | |
| \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | qFull SSN Reported qApproximate or Partial SSN Reported | | | | | q*Doesn’t Know*  q*Prefers Not to Answer*  q*Not Collected* |
| \*Which gender or genders do you identify with? (Select all that apply) | | | | | | | | |
| qWoman (Girl if child)  qTransgender  qDifferent Identity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | qMan (Boy if child)  qNon-binary | | qCulturally Specific Identity (e.g., Two-Spirit)  qQuestioning | | q*Doesn’t Know*  q*Prefers Not to Answer*  q*Not Collected* |
| \*What is your Date of Birth? | \*Birthdate Data Quality | | | | | | | |
| \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | qFull DOB Reported  q Approximate or Partial DOBA Reported | | | | | | | q*Doesn’t Know*  q*Prefers Not to Answer*  q*Not Collected* |
| \*Which races and ethnicities do you identify as? (Select all that apply) | | | | | | | | |
| qAmerican Indian, Native Alaskan, or Indigenous qBlack, African American, African  qMiddle Eastern or North African  qWhite | | | | | qAsian or Asian American  qHispanic/Latina/e/o  qNative Hawaiian or Pacific Islander | | | q*Doesn’t Know*  q*Prefers Not to Answer*  q*Not Collected* |
| Would you like to add any additional information regarding your race/ethnic identity? | | | | | | | | |
| Additional Information: | | | | | | | | |
| \*Have you ever served in the United States Military? | | | | | | | | |
| qNo qYes | | | | | | | q*Doesn’t Know* q*Prefers Not to Answer* q*Not Collected* | |
| \*Do you have a disabling condition? *Select* ***YES*** *if you have any condition that (1) It is expected to be long-continuing or forever; (2) Substantially impedes your ability to live independently; AND (3) Could be improved by having access to more suitable housing conditions.* | | | | | | | | |
| qNo qYes | | | | | | | q*Doesn’t Know* q*Prefers Not to Answer* q*Not Collected* | |

**(Continue on Next Page)**

**UNIVERSAL DATA ELEMENTS Continued…**

Questions below are required for: All Adults & Heads of Household

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| **PRIOR LIVING SITUATION** | | | |
| \*Where did you sleep last night? **(Select the best match to the person’s response – does not need to be exact!)** | | | |
| HOMELESS SITUATIONS  qPlace not meant for habitation/’the streets’ (public or private places not intended for regular sleeping: e.g., a vehicle, abandoned building, bus/train station, airport, or anywhere outside)  qEmergency Shelter, including hotel or motel paid for with an emergency shelter voucher  qSafe Haven | | INSTITUTIONAL SITUATIONS  qFoster care home or foster care group home  qHospital or other residential non-psychiatric medical facility  qJail, prison, or juvenile detention facility  qLong-term care facility or nursing home  qPsychiatric hospital or other psychiatric facility  qSubstance use treatment facility or detox center | |
| TEMPORARY HOUSING SITUATIONS  qTransitional housing for homeless persons (including homeless youth)  qResidential project or halfway house with no homeless criteria  qHotel or motel paid for without emergency shelter voucher  qHost Home (non-crisis)  qMoved from one HOPWA funded project to HOPWA TH  qStaying or living in a friend’s room, apartment, or house  qStaying or living in a family member’s room, apartment, or house | | PERMANENT HOUSING SITUATIONS  qStaying or living in a friend’s room, apartment, or house  qStaying or living in a family member’s room, apartment, or house  qMoved from one HOPWA funded project to HOPWA PH  qRental by client no ongoing housing subsidy  qRental by client with ongoing housing subsidy  qOwned by client no ongoing housing subsidy  qOwned by client with ongoing housing subsidy | |
| **\*IF RENTAL OR OWNED WITH ONGOING SUBSIDY, What type of subsidy are you receiving?** | | | |
| qGPD TIP housing subsidy  qHCV voucher  qFamily Unification Program Voucher qOther permanent housing dedicated to formerly homeless persons | qVASH housing subsidy  qPublic housing unit  qFoster Youth to Independence Initiative | | qRRH or equivalent subsidy  qEmergency Housing Voucher  qPermanent Supportive Housing |
| Poor Data/Unknown Options – ***USE ONLY IF NECESSARY***: q*Doesn’t Know* q*Prefers Not to Answer* q*Not Collected* | | | |
| \* How long have you been staying where you spent last night? | | | |
| q1 night or less  q1 month or more, but less than 90 days | q2 to 6 nights  q90 days or more, but less than 1 year | | q1 week or more, but less than 1 month q1 year or longer |
| \*About what date did you become homeless just before coming here? | | | |
| \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | | | |
| \*How many times have you experienced homelessness in the last 3 years? | | | |
| q1 q2 q3 q4 or more | | | |
| \*In the last 3 years about how many total months have you experienced homelessness? (round up to the full month) | | | |
| q1 month (this is the first time) q2 q3 q4 q5 q6 q7 q8 q9 q10 q11 q12 qMore than 12 | | | |
| \*Zip Code of Last Permanent Address | | | |
| \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ *or* City *or* State | | | |

**(End)**