

### Non-Federally Funded HMIS ENTRY (excludes SSVF)

	HOH-Household Member 1	Household Member 2	Household Member 3	Household Member 4
<b>PROJECT ENTRY DATE (e.g. 08/24/2014)</b>				
<b>SIGNED ROI DATE:</b> (Release of Information/Client Consent)				
<b># in HouseHold</b> (including self)				
<b>First Name</b>				
<b>Middle Name</b>				
<b>Last Name</b>				
<b>Suffix</b>				
<b>DATE OF BIRTH (e.g.) 10/23/1978)</b>				
<b>SOCIAL SECURITY NUMBER</b>				
<b>GENDER</b>	Male	Female	Male	Female
	Male to Female	Female to Male	Male to Female	Female to Male
<b>VETERAN STATUS</b>	Yes	No	Yes	No
<b>RACE</b>	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
<b>ETHNICITY: Are you Hispanic or Latino?</b>	Yes	No	Yes	No
<b>RELATIONSHIP TO HEAD OF HOUSEHOLD</b>	Self	Partner/Spouse	Self	Partner/Spouse
	Child	Other Relation	Child	Other Relation
	Other:		Other:	
<b>CURRENT ADDRESS (ALL PERSONS)</b>				
Street				
City, State, Zip Code				
<b>County</b>				
<b>LAST PERMANENT ADDRESS</b>				
Street				
City, State, Zip Code				
<b>Move in / Move out dates</b>	/ / / /	/ / / /	/ / / /	/ / / /
<b>MAILING ADDRESS (if different from current)</b>				
Street				
City, State, Zip Code				
<b>CONTACT INFO</b>				
<b>CLIENT</b>				
<b>EMAIL</b>				
Cell Phone / Home Phone				

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#### HUD UNIVERSAL DATA for ALL PERSONS

DISABLING CONDITION	Yes	No	Yes	No	Yes	No	Yes	No
ENTERING FROM STREETS OR EMERGENCY SHELTER?	Yes	No	Yes	No	Yes	No	Yes	No
Residence Prior to Program Entry - Residence Type: <i>(Where did you sleep last night)</i>	Emergency shelter or hotel/motel voucher	Hotel/motel paid for without assistance	Emergency shelter or hotel/motel voucher	Hotel/motel paid for without assistance	Emergency shelter or hotel/motel voucher	Hotel/motel paid for without assistance	Emergency shelter or hotel/motel voucher	Hotel/motel paid for without assistance
	Hospital or other residential non psychiatric	Foster care home/Foster care group home	Hospital or other residential non psychiatric	Foster care home/Foster care group home	Hospital or other residential non psychiatric	Foster care home/Foster care group home	Hospital or other residential non psychiatric	Foster care home/Foster care group home
	Place not meant for human habitation	Long-term care facility or nursing home	Place not meant for human habitation	Long-term care facility or nursing home	Place not meant for human habitation	Long-term care facility or nursing home	Place not meant for human habitation	Long-term care facility or nursing home
	Owned by client, w/ subsidy	Jail/prison/juvenile detention	Owned by client, w/ subsidy	Jail/prison/juvenile detention	Owned by client, w/ subsidy	Jail/prison/juvenile detention	Owned by client, w/ subsidy	Jail/prison/juvenile detention
	Owned by client WITH ongoing subsidy	Permanent housing for formerly homeless	Owned by client WITH ongoing subsidy	Permanent housing for formerly homeless	Owned by client WITH ongoing subsidy	Permanent housing for formerly homeless	Owned by client WITH ongoing subsidy	Permanent housing for formerly homeless
	Safe Haven / Relocation	Staying in family member's room	Safe Haven / Relocation	Staying in family member's room	Safe Haven / Relocation	Staying in family member's room	Safe Haven / Relocation	Staying in family member's room
	Psychiatric hospital/facility	Rental by client WITH ongoing subsidy	Psychiatric hospital/facility	Rental by client WITH ongoing subsidy	Psychiatric hospital/facility	Rental by client WITH ongoing subsidy	Psychiatric hospital/facility	Rental by client WITH ongoing subsidy
	Rental by client WITH VASH	Rental by client WITH GDP TIP	Rental by client WITH VASH	Rental by client WITH GDP TIP	Rental by client WITH VASH	Rental by client WITH GDP TIP	Rental by client WITH VASH	Rental by client WITH GDP TIP
	Staying or living at a friend's	Substance abuse treatment or detox center	Staying or living at a friend's	Substance abuse treatment or detox center	Staying or living at a friend's	Substance abuse treatment or detox center	Staying or living at a friend's	Substance abuse treatment or detox center
	Transitional housing for homeless	Other:	Transitional housing for homeless	Other:	Transitional housing for homeless	Other:	Transitional housing for homeless	Other:
Prior Living Situation - Length of Stay:	1 day or less	week	1 day or less	week	1 day or less	week	1 day or less	week
(How long have you been staying there?)	More than 1 week, less than 1 month	1 year or longer	More than 1 week, less than 1 month	1 year or longer	More than 1 week, less than 1 month	1 year or longer	More than 1 week, less than 1 month	1 year or longer
Approximate Date Homelessness Started:	/ /		/ /		/ /		/ /	
# times on streets/emergency shelter in past 3 years <i>(occasions must be separated by at least 7 nights)</i>	_____ times in the past 3 years		_____ times in the past 3 years		_____ times in the past 3 years		_____ times in the past 3 years	
_____ years	_____ months in the past 3 years		_____ months in the past 3 years		_____ months in the past 3 years		_____ months in the past 3 years	