

**TVCoC 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	Female	Male	Female
	Male to Female	Female to Male	Male to Female	Female to Male	Male to Female	Female to Male	Male to Female	Female to Male
<b>VETERAN STATUS</b>	Yes	No	Yes	No	Yes	No	Yes	No
<b>RACE</b>	<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> American Indian or Alaskan				
	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian				
	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White				
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American				
	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Native Hawaiian or Pacific Islander				
<b>ETHNICITY: Are you Hispanic or Latino?</b>	Yes	No	Yes	No	Yes	No	Yes	No
<b>RELATIONSHIP TO HEAD OF HOUSEHOLD</b>	Self	Partner/Spouse	Self	Partner/Spouse	Self	Partner/Spouse	Self	Partner/Spouse
	Child	Other Relation	Child	Other Relation	Child	Other Relation	Child	Other Relation
	Other:		Other:		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 CLIENT</b>								
	<b>EMAIL</b>							
	Cell Phone / Home Phone							

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<b>HUD UNIVERSAL DATA for ALL PERSONS</b>								
<b>DISABLING CONDITION</b>	Yes	No	Yes	No	Yes	No	Yes	No
<b>Residence Prior to Program Entry - Residence Type:</b> <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:
<b>Prior Living Situation - Length of Stay:</b>	1 day or less	week	1 day or less	week	1 day or less	week	1 day or less	week
<i>(How long have you been staying there?)</i>	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
<b>Approximate Date Homelessness Started:</b>	/ /		/ /		/ /		/ /	
<b>Number of occasions the client has been on the streets or emergency shelter in the past 3 years</b>	_____ times in the past 3 years		_____ times in the past 3 years		_____ times in the past 3 years		_____ times in the past 3 years	
	<b>(occasions must be separated by at least 7 nights)</b>							
<b>Number of TOTAL months homeless on the street or in emergency shelter in the past 3 years</b>	_____ months in the past 3 years		_____ months in the past 3 years		_____ months in the past 3 years		_____ months in the past 3 years	

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**PROGRAM DATA ASSESSMENT for ALL ADULTS**

<b>Non Cash Benefits?</b>	Yes	No	Yes	No	Yes	No	Yes	No
<b>Non Cash Benefits List:</b>	WIC	SNAP	WIC	SNAP	WIC	SNAP	WIC	SNAP
	Section 8	TANF	Section 8	TANF	Section 8	TANF	Section 8	TANF
	Other:		Other:		Other:		Other:	
<b>HEALTH INSURANCE</b>	Yes	No	Yes	No	Yes	No	Yes	No
<b>LAST GRADE COMPLETED (EDUCATION)</b>								
<b>SUBSTANCE ABUSE PROBLEM</b>	No	Alcohol Abuse	No	Alcohol Abuse	No	Alcohol Abuse	No	Alcohol Abuse
	Substance Abuse	Both Alcohol & Substance	Substance Abuse	Both Alcohol & Substance	Substance Abuse	Both Alcohol & Substance	Substance Abuse	Both Alcohol & Substance
Expected to substantially impair ability to live independantly:	Yes	No	Yes	No	Yes	No	Yes	No
Documentation of disability and severity on file:	Yes	No	Yes	No	Yes	No	Yes	No
Currently receiving services/treatment for this condition:	Yes	No	Yes	No	Yes	No	Yes	No
<b>MENTAL HEALTH CONDITION</b>	Yes	No	Yes	No	Yes	No	Yes	No
Expected to substantially impair ability to live independantly:	Yes	No	Yes	No	Yes	No	Yes	No
Documentation of disability and severity on file:	Yes	No	Yes	No	Yes	No	Yes	No
Currently receiving services/treatment for this condition:	Yes	No	Yes	No	Yes	No	Yes	No
<b>DEVELOPMENTAL DISABILITY</b>	Yes	No	Yes	No	Yes	No	Yes	No
Expected to substantially impair ability to live independantly:	Yes	No	Yes	No	Yes	No	Yes	No
Documentation of disability and severity on file:	Yes	No	Yes	No	Yes	No	Yes	No
Currently receiving services/treatment for this condition:	Yes	No	Yes	No	Yes	No	Yes	No
<b>CHRONIC HEALTH CONDITION</b>	Yes	No	Yes	No	Yes	No	Yes	No
Expected to substantially impair ability to live independantly:	Yes	No	Yes	No	Yes	No	Yes	No
Documentation of disability and severity on file:	Yes	No	Yes	No	Yes	No	Yes	No
Currently receiving services/treatment for this condition:	Yes	No	Yes	No	Yes	No	Yes	No
<b>HIV/AIDS</b>	Yes	No	Yes	No	Yes	No	Yes	No
Expected to substantially impair ability to live independantly:	Yes	No	Yes	No	Yes	No	Yes	No
Documentation of disability and severity on file:	Yes	No	Yes	No	Yes	No	Yes	No
Currently receiving services/treatment for this condition:	Yes	No	Yes	No	Yes	No	Yes	No

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<b>PHYSICAL DISABILITY</b>	Yes	No	Yes	No	Yes	No	Yes	No
Expected to substantially impair ability to live independently:	Yes	No	Yes	No	Yes	No	Yes	No
Documentation of disability and severity on file:	Yes	No	Yes	No	Yes	No	Yes	No
Currently receiving services/treatment for this condition:	Yes	No	Yes	No	Yes	No	Yes	No

**HEALTH INSURANCE ASSESSMENT for ALL ADULTS**

<b>HEALTH INSURANCE</b>	Yes	No	Yes	No	Yes	No	Yes	No
	Medicaid	Medicare	Medicaid	Medicare	Medicaid	Medicare	Medicaid	Medicare
	State Childrens	State Adult	State Childrens	State Adult	State Childrens	State Adult	State Childrens	State Adult
	Veterans	Employer Provided	Veterans	Employer Provided	Veterans	Employer Provided	Veterans	Employer Provided
	Private Pay	COBRA	Private Pay	COBRA	Private Pay	COBRA	Private Pay	COBRA
	Other:		Other:		Other:		Other:	

**FINANCIAL ASSESSMENT for ALL ADULTS**

<b>Percent of AMI</b>	Less than 30%	30%	Less than 30%	30%	Less than 30%	30%	Less than 30%	30%
	31-50%	51% - 100%	31-50%	51% - 100%	31-50%	51% - 100%	31-50%	51% - 100%
<b>AREA MEDIUM INCOME (COUNTY SERVED):</b>								
<b>Income from any source</b>	Yes	No	Yes	No	Yes	No	Yes	No
Earned Income (Employment Income)								
Unemployment Insurance								
Supplimental Security Income (SSI)								
Social Security Disability Income (SSDI)								
VA Service-Connected Disability Compensation								
Private Disability Insurance								
TANF								
General Public Assistance								
Retirement Income from SS								
VA Non-Service Disabiliy								
Pension or retirement income from a former job								
Child support								
Alimony or other spousal support								
Other income								
Workers Compensation								
<b>TOTAL INCOME:</b>								