**MN Core Entry Form for HMIS: HOUSEHOLDS** *(Collect information about all household members)*

|  |  |
| --- | --- |
| **Data Collection Instructions:*** ***Underlined terms*** *have definitions available at* [*hmismn.org/definitions*](https://www.hmismn.org/definitions)*. Print a copy to have available.*
 | **HMIS Tips:*** *Use the General HMIS Instructions, your program’s (funder) Supplemental User Guide, and the Households How-To Guide for complete data entry instruction.*
* *EDA to Entry provider. Set backdate when prompted after searching for a client. Date should match project start date.*
* *If information is missing, follow-up with the client or staff person responsible for gathering information to complete the missing information. DO NOT enter “Client doesn’t know” or “Client prefers not to answer” unless the client does not know or doesn’t prefer to answer.*
 |

Demographics and Household Set-up (in HMIS: use Client Search, Profile Tab, Household Tab)

**Data Quality (DQ) Options:**

Full- Full

Approx- Partial/Approximate

DK- Client doesn’t know

X- Client prefers not to answer

DNC- Data not collected

**Gender Options (select as many as apply):**

1. Woman (Girl, if child)

2. Man (Boy, if child)

3. Culturally Specific Identity (e.g., Two-Spirit)

4. Transgender

5. Non-Binary

6. Questioning

7. Different Identity

DK- Client doesn’t know

X- Client prefers not to answer

DNC- Data not collected

**Race Options (select as many as apply):**

1. American Indian, Alaska Native, or Indigenous

2. Asian or Asian American

3. Black, African American, or African

4. Hispanic/Latina/e/o

5. Middle Eastern or North African

6. Native Hawaiian or Pacific Islander

7. White

DK- Client doesn’t know

X- Client prefers not to answer

DNC- Data not collected

**Veteran Status:**

(Has the client served in the U.S. Armed Forces?) Answer Choices:

**Yes, No, DK, X, DNC**

Complete table below. Enter head of household (HoH) in first line.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **First Name** | **Middle Name** | **Last Name** | **Suffix** | **Name DQ** | **HMIS ID#** |
| **1** | HoH:  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
|  |
|  | **Relationship to HoH** (daughter, husband, significant other etc.) | **Social Security Number (SSN)** | **SSN DQ** | **Veteran Status (18+only)** | **Date of Birth\*** | **DOB DQ** | **Gender****(from list)** | **Race and Ethnicity (from list)** |
| **1** | HoH: Self |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |
| *\*DOB required for ALL clients. If client doesn’t know or prefers not to provide DOB, use 01/01/(estimated year of birth) as the DOB. Record quality as* ***“full” or “approx.”*** |

**Household Type:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Couple with no children
* Two parent family
 | * Female single parent
* Male single parent
 | * Foster parent(s)
* Non-custodial caregiver(s)
 | * Grandparent(s) and child
* Other
 |

Joined Household Date *(project start date)*: \_\_\_\_\_ /\_\_\_\_\_/ \_\_\_\_\_ (Month/Day/Year)

*(Required for All Clients. If information is not the same for all household members, note in margins or use Entry form for Singles.)*

**If Native American, of which tribe are you an enrolled member?**

□ Not enrolled member of any tribe

□ Lower Sioux Indian Community in the State of Minnesota

□ Mdewakanton Sioux Indians

□ Minnesota Chippewa Tribe - Bois Forte

□ Minnesota Chippewa Tribe - Fond du Lac

□ Minnesota Chippewa Tribe - Grand Portage

□ Minnesota Chippewa Tribe - Leech Lake

□ Minnesota Chippewa Tribe - Mille Lacs Band

□ Minnesota Chippewa Tribe - White Earth

□ Prairie Island Indian Community in the State of Minnesota

□ Red Lake Band of Chippewa Indians

□ Shakopee Mdewakanton Sioux Community of Minnesota

□ Upper Sioux Community

□ Other

□ Not applicable

□ Client doesn’t know □ Client prefers not to answer □ Data not collected

Date of ROI Consent: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (only enter ifclient consents to statewide data sharing - *never override a previously entered date*)

Entry Assessment (in HMIS: use Entry/Exit Tab)

|  |
| --- |
| 1. Provider: 2. Type: 3. Project Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year) |

Household Data Sharing Assessment Questions Required for all Adults and Heads of Household. If information is not the same for all household members, note in margins or use Entry form for Singles.

|  |  |
| --- | --- |
| **Data Collection Instructions*** *All answers must be accurate as of the project start date.*
 | **HMIS Tips*** *Click “Add Household Data” first to complete Household Data Sharing Assessment.*
* *In Household Data Sharing Assessment, check boxes next to other household members’ names to copy answers over to their records.*
 |

Extent of homelessness by Minnesota’s definition on the day before project start date:

* Not currently homeless
* First time homeless AND less than one year without home
* Multiple times homeless, but not meeting long-term homeless definition
* Long term: homeless at least 1 year OR at least 4 times in the past 3 years

Location of the client’s last permanent address

State of Prior Residence: □ DK □ X □ DNC

County of Prior Residence (MN only): □ DK □ X □ DNC City of Prior Residence (MN only): □ DK □ X □ DNC

**County where resides** *(Head of Household)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enrollment CoC** *(Head of Household)*

* MN-500 Hennepin
* MN-501 Ramsey
* MN-502 Southeast
* MN-503 SMAC
* MN-504 Northeast
* MN-505 Central
* MN-506 Northwest
* MN-508 West Central
* MN-509 St. Louis
* MN-511 Southwest

Individual Assessment Questions for Household Members

|  |
| --- |
| **HMIS Tips:** *Complete the remaining required questions for EACH household member.  (green checkmark) indicates a household member’s record has been updated.* |

|  |
| --- |
| **Current Living Situation Question Series** *(Adults and Heads of Household (if information is not the same for all members, note in margins) (SO or ES – NbN clients only)* |
| **Date of Contact :** \_\_\_\_\_**/**\_\_\_\_\_**/**\_\_\_\_\_\_\_\_\_\_ **Location details:** |
| **Current Living Situation (Pick ONLY ONE under Literally Homeless, Institutional, Temporary Housing, Permanent Housing, OR Other):** |
| *Literally Homeless Situations* | *Institutional Situations* | *Temporary Housing Situations* | *Permanent Housing Situations* |
| * Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
* Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter
* Safe Haven
 | * 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
 | * Transitional housing for homeless persons (including homeless youth)
* Residential project or halfway house with no homeless criteria
* Hotel or motel paid for without emergency shelter voucher
* Host Home (non-crisis)
* Staying or living in a friend’s room, apartment, or house
* Staying or living in a family member’s room, apartment, or house

  | * Owned by client, no ongoing housing subsidy
* Owned by client, with ongoing housing subsidy
* Rental by client, no ongoing housing subsidy
* Rental by client, with ongoing housing subsidy

**If “Rental by client, with ongoing housing subsidy”, select the specific subsidy:** * GPD TIP housing subsidy
* VASH housing subsidy
* RRH or equivalent subsidy
* HCV voucher (tenant or project based) (not dedicated)
* Public housing unit
* Rental by client, with other ongoing housing subsidy
* Housing Stability Voucher
* Family Unification Program Voucher (FUP)
* Foster Youth to Independence Initiative (FYI)
* Permanent Supportive Housing
* Other permanent housing (other than RRH) for formerly homeless persons
 |
| *Other* |
| * Other
* Worker unable to determine
* Client doesn’t know
* Client prefers not to answer
* Data not collected
 |
| **Skip questions A - E.** | **Continue to Question A.** | **Continue to Question A.** | **Continue to Question A.** |
| **A. Is client going to have to leave their current Prior Living Situation within 14 days?** □ Yes □ No □ DK □ X □ DNC |
| *If* **“Yes”** to question **A**, please answerquestions **B – E**: |
| **B. Has a subsequent residence been identified?** □ Yes □ No □ DK □ X □ DNC |
| **C. Does individual or family have resources or support networks to obtain other permanent housing?** □ Yes □ No □ DK □ X □ DNC |
| **D. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?** □ Yes □ No □ DK □ X □ DNC |
| **E. Has the client moved 2 or more times in the past 60 days**? □ Yes □ No □ DK □ X □ DNC |

*Street Outreach or ES – Night by Night clients only:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Head of Household Name** | **Date of Engagement** | **Non-HoH Adult Household Member Name** | **Date of Engagement** |
|  |  / / |  |  / / |

**Section 1. Client Information**

**Relationship to Head of Household** *(All Clients)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Household Member Name** | **Self** | **HoH’s Child** | **HoH’s Spouse/Partner** | **HoH’s Other relation member** | **Other: non-relation member** | **Data not collected** |
| 1. HoH:  | ⮽ | □ | □ | □ | □ | □ |
| 2. |  | □ | □ | □ | □ | □ |
| 3. |  | □ | □ | □ | □ | □ |
| 4. |  | □ | □ | □ | □ | □ |
| 5. |  | □ | □ | □ | □ | □ |
| 6. |  | □ | □ | □ | □ | □ |

Health Insurance *(All Clients)*

|  |
| --- |
| **HMIS Tips:** *Enter health insurance using the HUD Verification tool. Start date is the program entry date. A response is required for each health insurance type.* |
| **Household Member Name** | **Covered by health insurance** | **Medicaid (MA)** | **Medicare** | **State Children’s Health Ins.** | **VA Medical Services** | **Employer-Provided Health Ins.** | **Health Ins. through COBRA** | **State Health Ins. for Adults** | **Private Pay Health Ins.** | **Indian Health Services Program** | **Other** |
| 1. | □Yes □No □DK □X □DNC | □Yes□No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC |
| 2. | □Yes □No □DK □X □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes□No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC |
| 3. | □Yes □No □DK □X □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC |
| 4. | □Yes □No □DK □X □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC |
| 5. | □Yes □No □DK □X □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC |
| 6. | □Yes □No □DK □X □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC | □Yes □No □DNC |

**a. Does the client have a disability of long duration?** *(All Clients)*

|  |  |
| --- | --- |
| **Household Member Name** | **Disability of Long Duration?**  |
| 1. | □Yes □No□DK □X □DNC |
| 2. | □Yes □No□DK □X □DNC  |
| 3. | □Yes □No□DK □X □DNC |
| 4. | □Yes □No□DK □X □DNC |
| 5. | □Yes □No□DK □X □DNC |
| 6. | □Yes □No□DK □X □DNC |
| **b. Disabilities** *(All Clients)* |
| **HMIS Tips:** *Enter disabilities using HUD Verification. Disability Determination is “Yes” if the client has the disability during the time period. Start date is the project start date.* |
| **Household Member Name** (repeat client name if multiple disabilities are present) | **Disability (record # from list below)** | **Disability determination**  | **Start Date** | **If Yes, Expected to be of long, continued and indefinite duration, and substantially impedes ability to live independently, and of such a nature that such ability could be improved by more suitable housing conditions?** |
|  |  | □Yes □No □DK □X □DNC | Project Strat Date | □Yes □No □DK □X □DNC |
|  |  | □Yes □No □DK □X □DNC | □Yes □No □DK □X □DNC |
|  |  | □Yes □No □DK □X □DNC | □Yes □No □DK □X □DNC |
|  |  | □Yes □No □DK □X □DNC | □Yes □No □DK □X □DNC |
|  |  | □Yes □No □DK □X □DNC | □Yes □No □DK □X □DNC |
|  |  | □Yes □No □DK □X □DNC | □Yes □No □DK □X □DNC |
| 1. Mental Health Disorder
2. Physical Disability
3. Developmental Disability
 | 1. Chronic Health Condition
2. Alcohol Use Disorder
3. Drug Use Disorder
 | 1. Both Alcohol and Drug Use Disorder
2. HIV/AIDS
 |

 *(Required for all Adults. If information is not the same for all adult household members, note in margins.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Did you serve on Active Duty, or in the National Guard or Reserves? *(18+ only)*** | * No
* Yes, Active Duty (including National Guard and Reserves)
 | * Yes, Yes, National Guard, but never activated/deployed
* Yes, Reserves, but never activated/deployed
 | * Both Guard and Reserves, but never activated/deployed
* DK □ X □ DNC
 |
| Has the client been referred to the Homeless Veteran Registry? | □Yes □No □ DK □ X □ DNC |
| \*The Homeless Veteran Registry can be found here: <https://mn.gov/mdva/resources/homelessnessandprevention/homelessveteranregistry.jsp> *Anyone who served in the U.S. Armed Forces, Reserves, or National Guard can join the Registry, regardless of the type of discharge. If you are a Veteran and choose to join, a team of housing and service professionals will work together to help you access housing and services that meet your needs. Participation is voluntary. You do not have to join and choosing not to participate will not affect your eligibility for services.* |

|  |  |  |
| --- | --- | --- |
| **a. Is the client a victim/survivor of domestic violence?***(All Adults and Heads of Household)* | **b. If yes for Domestic violence victim/survivor, when did the experience occur?** | **c.** **If yes for domestic violence victim/survivor, is the client currently fleeing?** |
| **HoH/Adult Household Member Name** |  | No | DK | X | DNC | Within the past 3 months | 3-6 months ago | 6-12 months ago | More than 1 year ago | DK | X | DNC | Yes | No | DK | X | DNC |
|  1. | Yes |
| □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
|  2. | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
|  3. | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |

**Section 2. Resources**

Monthly Income *(All Adults and Heads of Household)*

|  |  |
| --- | --- |
| **Data Collection Instructions**: *Collect income information for all household members. Income received on behalf of minors should be recorded on the parent's/guardian's record.* | **HMIS Tips:** *Enter income using the HUD Verification tool. Start date is the program entry date. A response is required for each income type (select Yes/No/DNC).*  |
| **HoH/Adult Household Member Name** | **Income from any source** | **Start Date** | **Source 1 (enter # from List Below)** | **Monthly Amount** | **Start Date** | **Source 2 (enter # from List Below)** | **Monthly Amount** | **Total Monthly Income from ALL Sources** |
|  1. | □Yes □No □DK □X □DNC | Project start date |  | $ | Project start date |  | $ | $ |
|  2. | □Yes □No □DK □X □DNC |  | $ |  | $ | $ |
|  3. | □Yes □No □DK □X □DNC |  | $ |  | $ | $ |
| 1. Earned Income
2. Unemployment insurance
3. SSI
4. SSDI
5. VA Service Connected Disability Compensation
 | 1. Private disability insurance
2. Worker’s compensation
3. TANF (MFIP)
4. General Assistance
5. Retirement income from Social Security
 | 1. VA Non-Service Connected Disability Pension
2. Pension or retirement income from a former job
3. Child support
4. Alimony or other spousal support
5. Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

Non-Cash Benefits *(All Adults and Heads of Household)*

|  |  |
| --- | --- |
| **Data Collection Instructions**: *Record non-cash benefits for each adult and head of household. Non-cash benefits generally apply to all members of the household who benefit, even indirectly.* | **HMIS Tips:** *Enter non-cash benefits using the HUD Verification tool. Start date is the program entry date. A response is required for each non-cash benefit type (select Yes/No/DNC).* |
| **HoH/Adult Household Member Name** | **Non-cash benefit from any source** | **Source 1 (enter # from List Below)** | **Start Date** | **Source 2 (enter # from List Below)** | **Start Date** |
|  1. | □Yes □No □ DK □ X □ DNC |   | Project start date |   | Project start date |
|  2. | □Yes □No □ DK □ X □ DNC |   |   |
|  3. | □Yes □No □ DK □ X □ DNC |   |   |
| 1. Supplemental Nutrition Assistance Program (Food Stamps)
2. Special supplemental nutrition program (WIC)
3. TANFChild Care Services
 | 1. TANF transportation services
2. Other TANF-Funded Services
3. Other Source (specify)
 |

**Section 3. Housing Situation**

*(Required for all Adults and Heads of Household. If information is not the same for all household members, note in margins or use Entry form for Singles.)*

The responses are intended to reflect the client's last living situation *immediately* prior to the Project Start Date. For projects that do not provide lodging, the 'prior' living situation may be the same as the client's current living situation.

|  |
| --- |
| **1. Prior Living Situation (Type of Residence) (Pick ONLY ONE under Literally Homeless, Institutional, Temporary, OR Permanent Housing)** |
| *Literally Homeless Situations* | *Institutional Situations* | *Temporary Housing Situations* | *Permanent Housing Situations* |
| * Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
* Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter
* Safe Haven

*--Other--* * DK□ X □ DNC
 | * 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
 | * Transitional housing for homeless persons (including homeless youth)
* Residential project or halfway house with no homeless criteria
* Hotel or motel paid for without emergency shelter voucher
* Host Home (non-crisis)
* Staying or living in a friend’s room, apartment, or house
* Staying or living in a family member’s room, apartment, or house
 | * Owned by client, no ongoing housing subsidy
* Owned by client, with ongoing housing subsidy
* Rental by client, no ongoing housing subsidy
* Rental by client, with ongoing housing subsidy

***If “Rental by client, with ongoing housing subsidy”, select the specific subsidy:*** * GPD TIP housing subsidy
* VASH housing subsidy
* RRH or equivalent subsidy
* HCV voucher (tenant or project based) (not dedicated)
* Public housing unit
* Rental by client, with other ongoing housing subsidy
* Housing Stability Voucher
* Family Unification Program Voucher (FUP)
* Foster Youth to Independence Initiative (FYI)
* Permanent Supportive Housing
* Other permanent housing (other than RRH) for formerly homeless persons
 |
| **2. Length of Stay in Previous Place*** 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
* 90 days or more, but less than one year
* One year or longer
* DK □ X □ DNC
 |  |
| **3.** **Approximate date this episode of homelessness started** \_\_\_\_\_**/**\_\_\_\_\_**/**\_\_\_\_\_\_\_\_\_\_ |
| **4. Regardless of where they stayed last night - Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years (including today)**□ 1 time □ 2 times □ 3 times □ 4 or more times □ Client doesn’t know □ Client prefers not to answer |
| **5. Total number of months homeless on the street, in emergency shelter, or Safe Haven in the past three years**□ 1 month (this time is the first) □ 2 months □ 3 months □ 4 months □ 5 months □ 6 months □ 7 months □ 8 months □ 9 months □ 10 months □ 11 months □ 12 months □ More than 12 months □ Client doesn’t know □ Client prefers not to answer |

**(If HIPAA) Include client in database research?** *(Head of Household)* □ Yes □ No

***Underlined terms*** *have definitions provided at* [*hmismn.org/definitions*](https://www.hmismn.org/definitions)*. Please print a copy to have available.*