

OEO HYA Youth Supportive Housing (YSH) Entry Form for HMIS: SINGLE Clients: *Also use for additional household members who join later*

Data Collection Instructions:

- Underlined terms have definitions provided at hmismn.org/definitions. Please print a copy to have available.

HMIS Tips:

- Use the General HMIS Instructions & your program’s (funder) Supplemental User 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 “don’t know” or “refused” unless the Client doesn’t know or refused an answer.

Demographics (in HMIS: use ClientPoint Search and Client Profile Tab)

Name: First: _____ Middle: _____ Last: _____ Suffix: _____

Name Data Quality (Use DQ answer choices): _____

Alias: _____ (add SHARED if client consents to statewide data sharing)

Social Security Number (SSN): _____ SSN Data Quality (Use DQ answer choices): _____

U.S. Military Veteran: Has the client ever served in the military? (18+ only) Yes No DK R DNC

Date of Birth (D.O.B.): ____/____/____ D.O.B. Type (Use DQ answer choices): _____

*(D.O.B. Required for ALL clients. If client doesn’t know or refuses to provide DOB, use 01/01/(estimated year of birth) as the birth date.

Data Quality (DQ) Answer Choices:

Full

Approx.- Approximate or Partial

DK- Client doesn’t know

R- Client refused

DNC- Data not collected

(DK, R, and DNC should rarely be used)

Gender: (select as many as apply)

- Female
- Male
- A gender that is not singularly ‘Female’ or ‘Male’
- Transgender
- Questioning
- Client doesn’t know
- Client refused
- Data not collected

Race: (select as many as apply)

- American Indian, Alaska Native, or Indigenous
 - Asian or Asian American
 - Black, African American, or African
 - Native Hawaiian or Pacific Islander
 - White
 - Client doesn’t know
 - Client refused
 - Data not collected
- If client does not identify with any race options above, select “Client refused.”*

Ethnicity:

- Non-Hispanic/Non-Latin(a)(o)(x)
 - Hispanic/Latin(a)(o)(x)
 - Client doesn’t know
 - Client refused
 - Data not collected
- Hispanic/Latin(a)(o)(x) clients must also select a race.*

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
- Client doesn’t know Client refused Data not collected

Agency’s Client ID # (if your agency assigns a unique client ID #) _____

Date of ROI Consent: ____/____/____ (only enter if client consents to statewide data sharing - never override a previously entered date)

If client is joining a household later, please note head of household here:

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

1. Provider: _____ 2. Type: _____ 3. Project Start Date: ____ / ____ / ____ (Month/Day/Year)

Entry Assessment (IN HMIS: Entry/Exit Tab)

Data Collection Instructions

- All answers must be accurate as of the project start date.

HMIS Tips

- Add Entry/Exit. Confirm Provider, Type, and Project Start Date. Save & Continue.
- Entry Assessment will appear in a pop-up window.

Section 1. Client Information

Relationship to Head of Household

- Self (single/head of household)
 Head of household’s spouse or partner
 Other: non-relation member
 Head of household’s child
 Head of household’s other relation member
 Data not collected

a. Covered by health insurance Yes No Client doesn’t know Client refused Data not collected

HMIS Tips: Enter health insurance using the HUD Verification tool. Start date is the project start date. A response is required for each health insurance type (select Yes/No/DNC).

b. Health Insurance

<u>MEDICAID</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC		Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
<u>MEDICARE</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC		Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
<u>State Children’s Health Insurance Program</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC		<u>State Health Insurance for Adults</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Veteran’s Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC		Indian Health Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Employer-Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC

Does the client have a **disability of long duration**? Yes No Client doesn’t know Client refused Data not collected

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.

Disability Type	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?
<u>Mental Health Disorder</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	Project Start Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
<u>Physical</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
<u>Developmental</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		N/A
<u>Chronic Health Condition</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC

Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
Both Alcohol and Drug use disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	N/A

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 £ R £ DNC

Has the client been referred to the Homeless Veteran Registry? £Yes £No £DK £R £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. Have you ever experienced domestic violence?

- Yes
 No
 DK R DNC

b. If yes for domestic violence victim/survivor, when did the experience occur?

- Within the past 3 months
 3-6 months ago
 6-12 months ago
 More than 1 year ago
 DK R DNC

c. If yes for domestic violence victim/survivor, are you currently fleeing?

- Yes
 No
 DK R DNC

Section 2. Resources

a. Income from any source Yes No Client doesn't know Client refused Data not collected

HMIS Tips: Enter income using the HUD Verification tool. Start date is the project start date. "Receiving income source" will remain "yes," even if income ends.

b. Monthly Income:		Monthly amount	Monthly amount
Earned Income	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	General Assistance <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$
Unemployment Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	Retirement Income From Social Security <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$
SSI	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	VA Non-Service Connected Disability Pension <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$
SSDI	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	Pension or retirement income from another job <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$
VA Service Connected Disability Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	Child Support <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$
Private Disability Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	Alimony or Other Spousal Support <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$
Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	Other (specify) _____ <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$
TANF	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC	\$	

c. Total monthly income: \$ _____ .00

a. **Non-cash benefit from any source** Yes No Client doesn't know Client refused Data not collected

HMIS Tips: Enter non-cash benefits using the HUD Verification tool. Start date is the project start date. "Receiving benefit" will remain "Yes" even if benefit ends. Do not record an amount for non-cash benefits in HMIS.

b. Non-Cash Benefits

Supplemental Nutrition Assistance Program (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	TANF Transportation services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Special Supplemental Nutrition Program for WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	Other TANF-Funded services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
TANF Child Care Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	Other Source (specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC

Section 3. Housing Situation

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

The responses are intended to reflect from 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, OR Temporary and Permanent Housing)

Literally Homeless Situations	Institutional Situations	Temporary and Permanent Housing Situations
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent Housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy
<input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> DK £ R £ DNC		

2. Length of Stay in Previous Place (*Literally homeless situations*)

- 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 £ R £ DNC

Move to question 3.

2A. Length of Stay in Previous Place (*Institutional situations*)

- 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 £ R £ DNC

2B. Length of Stay in Previous Place (*Temporary and permanent situations*)

- 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 £ R £ DNC

If selected an **unshaded** response, you are done with this series of questions and should move to the next question outside of this series (i.e., skip questions 3-5).

2A/B. If selected one of the **shaded** responses (indicating less than 90 days in institutional setting, or less than 7 days in temporary or permanent housing): **On the night before did you stay on the streets, emergency shelter, or Safe Haven?**

- Yes (Move to question 3)
- No (Done. Move to the next question outside of this series.)

3. Approximate date of most recent episode of homelessness ____/____/____

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 refused

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 refused

How long since client had permanent place to live (permanent address)? *Place last lived 90 or more days; not shelter or time-limited housing*

- | | | |
|---|--|--|
| <input type="checkbox"/> 0 (Prevention/Current Residence) | <input type="checkbox"/> Less than 1 month | <input type="checkbox"/> 1 – 3 months |
| <input type="checkbox"/> 3 – 6 months | <input type="checkbox"/> 6 – 12 months | <input type="checkbox"/> 1 – 2 years |
| <input type="checkbox"/> 3 – 5 years | <input type="checkbox"/> 6 – 8 years | <input type="checkbox"/> 9 years or more |

Location of the client's last permanent address

State of Prior Residence: _____ DK R DNC

County of Prior Residence (MN only): _____ DK R DNC

City of Prior Residence (MN only): _____ DK R DNC

County where resides: _____

CoC of Service

- | | |
|---|--|
| <input type="checkbox"/> MN-500 Hennepin | <input type="checkbox"/> MN-505 Central |
| <input type="checkbox"/> MN-501 Ramsey | <input type="checkbox"/> MN-506 Northwest |
| <input type="checkbox"/> MN-502 Southeast | <input type="checkbox"/> MN-508 West Central |
| <input type="checkbox"/> MN-503 SMAC | <input type="checkbox"/> MN-509 St. Louis |
| <input type="checkbox"/> MN-504 Northeast | <input type="checkbox"/> MN-511 Southwest |

(If HIPAA) Include client in database research? Yes No

Housing Move-in Date: ____/____/____ (Month/Day/Year)

(For clients with a Project Start Date in a **permanent housing project** only, enter the date a client or household moves into the housing unit)(Heads of Household (Including Singles and Youth Heads of Household))

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