**MN Core Entry Form for HMIS: SINGLE Clients: Also use for additional household members who join later**

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| --- | --- |
| **Data Collection Instructions:*** ***Underlined terms*** *have definitions provided at* [*hmismn.org/definitions*](https://www.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 prefers not to answer” unless the Client doesn’t know or prefers not to answer.*
 |

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

Name: First: Middle: Last: Suffix:

Name Data Quality (Use DQ answer choices):

**Data Quality (DQ) Answer Choices:**

Full

Approx.- Approximate or Partial

DK- Client doesn’t know

X- Client prefers not to answer

DNC- Data not collected

*(DK, X, and DNC should rarely be used)*

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□ X□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 prefers not to provide DOB, use 01/01/(estimated year of birth) as the birth date.

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| **Gender:** (select as many as apply)□ Woman (Girl, if child)□ Man (Boy, if child)□ Culturally Specific Identity (e.g., Two-Spirit)□ Transgender□ Non-Binary□ Questioning□ Different Identity*If* ***Different Identity****, please specify:* □ Client doesn’t know□ Client prefers not to answer□ Data not collected | **Race and Ethnicity:** (select as many as apply)□ American Indian, Alaska Native, or Indigenous□ Asian or Asian American□ Black, African American, or African□ Hispanic/Latina/e/o□ Middle Eastern or North African□ Native Hawaiian or Pacific Islander□ White***Additional Race and Ethnicity Detail:*** □ Client doesn’t know□ Client prefers not to answer□ Data not collected | **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 |

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

Date of ROI Consent: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (only enter ifclient 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)

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

Entry Assessment (IN HMIS: Entry/Exit Tab)

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| 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 child
 | * Head of household’s spouse or partner
* Head of household’s other relation member
 | * Other: non-relation member
* Data not collected
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| a. Covered by health insurance □ Yes □ No □ Client doesn’t know □ Client prefers not to answer □ 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 |
| MEDICAID | □ Yes □ No □ DNC |  | Health Insurance obtained through COBRA | □ Yes □ No □ DNC |
| MEDICARE | □ Yes □ No □ DNC |  | Private Pay Health Insurance | □ Yes □ No □ DNC |
| State Children’s Health Insurance Program | □ Yes □ No □ DNC |  | State Health Insurance for Adults | □ Yes □ No □ DNC |
| Veteran’s Administration (VA) Medical Services | □ Yes □ No □ DNC |  | Indian Health Services Program | □ Yes □ No □ DNC |
| Employer-Provided Health Insurance  | □ Yes □ No □ DNC |  | Other | □ Yes □ No □ DNC |

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| Does the client have a disability of long duration? □ Yes □ No □ Client doesn’t know □ Client prefers not to answer □ 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?** |
| Mental Health Disorder  | □ Yes □ No | □ DK □ X □ DNC  | Project Start Date | □ Yes □ No | □ DK □ X □ DNC  |
| Physical  | □ Yes □ No | □ DK □ X □ DNC  | □ Yes □ No | □ DK □ X □ DNC  |
| Developmental  | □ Yes □ No | □ DK □ X □ DNC  | N/A |  |
| Chronic Health Condition  | □ Yes □ No | □ DK □ X □ DNC  | □ Yes □ No | □ DK □ X □ DNC  |
| Alcohol Use Disorder  | □ Yes □ No | □ DK □ X □ DNC  | □ Yes □ No | □ DK □ X □ DNC  |
| Drug Use Disorder  | □ Yes □ No | □ DK □ X □ DNC  | □ Yes □ No | □ DK □ X □ DNC  |
| Both Alcohol and Drug use disorder  | □ Yes □ No | □ DK □ X □ DNC  | □ Yes □ No | □ DK □ X □ DNC  |
| HIV/AIDS  | □ Yes □ No | □ DK □ X □ DNC  | N/A |  |

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| 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. |

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| a. Is the client a victim/survivor of domestic violence?* Yes
* No
* DK □ X □ 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 □ X □ DNC
 |  c. If yes for domestic violence victim/survivor, is the client currently fleeing?* Yes
* No
* DK □ X □ DNC
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Section 2. Resources

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| **a. Income from any source** □ Yes □ No □ Client doesn’t know □ Client prefers not to answer □ 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 | □ Y □ N □ DNC | $ |  | General Assistance | □ Y □ N □ DNC | $ |
| Unemployment Insurance  | □ Y □ N □ DNC | $ |  | Retirement Income From Social Security | □ Y □ N □ DNC | $ |
| SSI | □ Y □ N □ DNC | $ |  | VA Non-Service Connected Disability Pension | □ Y □ N □ DNC | $ |
| SSDI  | □ Y □ N □ DNC | $ |  | Pension or retirement income from another job | □ Y □ N □ DNC | $ |
| VA Service Connected Disability Compensation | □ Y □ N □ DNC | $ |  | Child Support | □ Y □ N □ DNC | $ |
| Private Disability Insurance | □ Y □ N □ DNC | $ |  | Alimony or Other Spousal Support | □ Y □ N □ DNC | $ |
| Worker’s Compensation | □ Y □ N □ DNC | $ |  | Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Y □ N □ DNC | $ |
| TANF | □ Y □ N □ DNC | $ |  |
| **c. Total monthly income:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_.00 |  |

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| a. Non-cash benefit from any source □ Yes □ No □ Client doesn’t know □ Client prefers not to answer □ 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) | □Yes □No □ DNC |  | TANF Transportation services | □Yes □No □ DNC |
| Special Supplemental Nutrition Program for WIC | □Yes □No □ DNC |  | Other TANF-Funded services | □Yes □No □ DNC |
| TANF Child Care Services | □Yes □No □ DNC |  | Other Source (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □Yes □No □ 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 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.

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| **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 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** *(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 □ X □ DNC
 | **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 □ X □ 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 □ X □ DNC
 |
| **Move to question 3.** | 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 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 |

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

**Enrollment CoC**

* 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

**County where resides:**   **(If HIPAA)** **Include client in database research?** □ Yes □ No

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