

HMIS Intake Housing Engagement Coordinated Entry project

Effective 10/01/2020

Intake Date	Entry Date	ServicePoint (HoH) ID:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Project Name

HoH Name First	Middle	Last

Suffix	Alias

Name Data Quality	
<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Partial, Street or Code Name
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client Refused

Social Security Number	Date of Birth
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<input type="checkbox"/> Full SSN Reported (HUD) <input type="checkbox"/> Approx or partial SSN reported (HUD) <input type="checkbox"/> Client doesn't know (HUD) <input type="checkbox"/> Client refused (HUD) <input type="checkbox"/> Data Not collected (HUD)	<input type="checkbox"/> Full DOB Reported (HUD) <input type="checkbox"/> Approx or partial DOB reported (HUD) <input type="checkbox"/> Client doesn't know (HUD) <input type="checkbox"/> Client refused (HUD) <input type="checkbox"/> Data Not collected (HUD)
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Gender	
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or male to female) <input type="checkbox"/> Non-Conforming (not exclusively male or female)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Trans Male (FTM or female to male)

Race (select all that apply)	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> Black or African American <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Ethnicity	
<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Veteran Status	Relationship to HoH
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> HoH's child <input type="checkbox"/> HoH's other relation member <input type="checkbox"/> HoH's spouse or partner <input type="checkbox"/> Other: non-relation member

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Housing Engagement Assessment

Disability						
Do you have a physical, mental or emotional Impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem? <input type="checkbox"/> No <input type="checkbox"/> Yes (indicate type(s) below) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused						
	Physical <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Chronic Health Condition <input type="checkbox"/>	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	Developmental <input type="checkbox"/>	HIV/AIDS <input type="checkbox"/>
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Client's Current Living Situation – current to project entry			
(Select one Living Situation and answer the corresponding questions in the order in which they appear)			
Start Date <input type="text"/> / <input type="text"/> / <input type="text"/>	End Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Information Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
(Select one Living Situation and answer the corresponding questions in the order in which they appear)			
Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Other
<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside). <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster 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"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

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	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	
Is client going to have to leave their current living situation within 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, answer the following questions.		
Has a subsequent residence been identified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does individual or family have resources or support networks to obtain other permanent housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client moved 2 or more times in the past 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No

Client's Prior Living Situation - Prior to Project Entry			
(Select one Living Situation and answer the corresponding questions in the order in which they appear)			
Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Other
<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside). <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Foster care home or foster 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"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

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<input type="checkbox"/> Safe Haven	<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"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	
<p>Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)?</p> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer	<p>Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?</p> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer <p>Did you stay in the institutional situation less than 90 days?</p> <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End	<p>Length of Stay in Prior Living Situation (i.e. the housing situation identified above)</p> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer <p>Did you stay in the housing situation less than 7 nights?</p> <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

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On a regular day, where is it easiest to find you and what time of day is easiest to do so? (collect multiple locations)	
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For Coordinated Entry, please record the county in which the client would like to be housed.	
County	

Housing Engagement Information

Housing Engagement Category?	<input type="checkbox"/> Individual <input type="checkbox"/> Couple (no children) <input type="checkbox"/> Family <input type="checkbox"/> Transition Age Youth								
When did client engage in Coordinated Entry CES conversation?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">/</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">/</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>			/			/		
		/			/				
Where is the client staying right now?	<input type="checkbox"/> Outdoors <input type="checkbox"/> Shelter								
Agency									
Case Manager									
What LPC are you in?									

Housing Option Information

Once a housing option is available, what size unit will be needed (# of bedrooms)?	
If available, would the client be interested in a roommate option?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Once a housing option is available, will the client require special accommodation (e.g. 1 st floor, wheelchair access, ramp, bathroom facilities?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes for special accommodation, please specify:	

VI-SPDAT

ONLY complete the VI-SPDAT when a client/household is not able to be successfully diverted or has been a long stayer in the system. Complete the appropriate VI-SPAT based upon household composition.

Follow the following text when conducting the VI-SPDAT:

We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you some questions for about 10 minutes. These questions are about your health and housing and we will also ask for your social security number.

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By participating in the interview, you give permission to the Kentucky Homeless Management Information Systems to provide your information to homeless service providers for the purpose of furthering services and housing in this community.

The information that you tell us during the interview will be stored in the KY Homeless Management Information System (KYHMIS), which is a secure database that collects information about homelessness.

Identifying information, we ask during the interview might make you feel uncomfortable or be upsetting. If you feel uncomfortable or upset during the interview, you may ask the interviewer to take a break or to skip any of the questions.

You can skip any questions you do not want to answer, end the interview at any point.

Additional information about KYHMIS, and a list of participating agencies, is available from your surveyor or online.

Does the client's severe mental illness, or any other circumstance, prevent you from completing the VI-SPDAT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If VI-SPDAT cannot be conducted with this client, please select a reason:	<input type="checkbox"/> Experiencing Traumatic Crisis <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Too Intoxicated

Coordinated Entry Assessment

Date of Assessment	<input type="text"/> / <input type="text"/> / <input type="text"/>
Assessment Location	<input type="checkbox"/> UnSheltered/Street Outreach <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Permanent Housing Provider <input type="checkbox"/> Supportive Services Provider <input type="checkbox"/> Transitional Housing Provider <input type="checkbox"/> Victim Service Provider
Assessment Type	<input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> In person
Assessment Level	<input type="checkbox"/> Crisis Needs Assessment <input type="checkbox"/> Housing Needs Assessment
Prioritization Status	<input type="checkbox"/> Placed on Prioritization List <input type="checkbox"/> Not placed on Prioritization list

Coordinated Entry Event

Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date of Event	<input type="text"/> / <input type="text"/> / <input type="text"/>
Event	Access Event

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	<input type="checkbox"/> Referral to Prevention Assistance project <input type="checkbox"/> Problem Solving/Diversion/Rapid Resolution intervention or service <input type="checkbox"/> Referral to scheduled Coordinated Entry Crisis Needs Assessment <input type="checkbox"/> Referral to scheduled Coordinated Entry Housing Needs Assessment Referral Events <input type="checkbox"/> Referral to post-placement/follow-up case management <input type="checkbox"/> Referral to Street Outreach project or services <input type="checkbox"/> Referral to Housing Navigation project or services <input type="checkbox"/> Referral to Non-continuum services: Ineligible for continuum services <input type="checkbox"/> Referral to Non-continuum services: No availability in continuum services <input type="checkbox"/> Referral to Emergency Shelter bed opening <input type="checkbox"/> Referral to Transitional Housing bed/unit opening <input type="checkbox"/> Referral to Joint TH-RRH project/unit/resource opening <input type="checkbox"/> Referral to RRH project resource opening <input type="checkbox"/> Referral to PSH project resource opening <input type="checkbox"/> Referral to Other PH project/unit/resource opening
If: Problem Solving/Diversion/Rapid Resolution intervention or service result:	
Client housed/re-housed in a safe alternative	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Referral to post-placement/follow-up case management result:	
Enrolled in Aftercare project	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Referral to an ES, TH, Joint TH-RRH, PSH, or Other PH opening:	
Location of Crisis Housing or Permanent Housing Referral	
Referral Result	<input type="checkbox"/> Successful referral: client accepted <input type="checkbox"/> Unsuccessful referral: client rejected <input type="checkbox"/> Unsuccessful referral: provider rejected
Date of Result	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

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Staff Completing (Printed Name):

Date:

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