GEORGIA DEPARTMENT of COMMUNITY AFFAIRS

Collection Point:	Entry
Projects/grants:	ESG and CoC
Clients who are:	Children (under 18, not HoH)

"*" Required Fields

1 Client Demographics

First Name:*		**Last Name:***			
Middle Name:		**Suffix:**		**HoH: ***	

Name Data Quality:*	**Social Security Number:***	**Birth Date:***	**Veteran Status:* (18 & over)**
☐ Full Name Reported	☐ Full SSN Reported	☐ Full DOB Reported	☐ Yes ☐ No
☐ Partial, or Street Name	☐ Approximate or Partial SSN	☐ Approximate or Partial DOB	☐ Client Doesn't Know
☐ Client Doesn't Know	☐ Client Doesn't Know	☐ Client Doesn't Know	☐ Client prefers not to
☐ Client prefers not to answer	☐ Client prefers not to answer	☐ Client prefers not to answer	☐ Data Not Collected
☐ Data Not Collected	☐ Data Not Collected	☐ Data Not Collected	

Race and Ethnicity:* (Select all that apply)
☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American or African
☐ Native Hawaiian or Pacific Islander
☐ Hispanic/Latina/o
☐ Middle Eastern or North African
☐ White
☐ Client Doesn't Know
☐ Client prefers not to answer
☐ Data Not Collected
☐ Other:

Gender:* (Select all that apply)		
☐ Woman (Girl, if child)	☐ Man (Boy, if Child)	☐ Culturally Specific Identity (e.g., Two Spirit)
☐ Transgender	☐ Non-Binary	☐ Questioning
☐ Different Identity:		
☐ Client Doesn't Know	☐ Client prefers not to answer	☐ Data Not Collected

Sex*
☐ Male ☐ Female
☐ Client Doesn't Know
☐ Client prefers not to answer
☐ Data Not Collected

Pregnancy Status: *
☐ Yes ☐ No
☐ Client Doesn't Know
☐ Client prefers not to
☐ Data Not Collected

(if 'YES') Due Date:

Relationship to Head of Household:*			
☐ Self	☐ Spouse	☐ Dependent Child	☐ Other Non-Family Mem-
☐ Son	☐ Daughter	☐ Other Family	

Client Contact Information:

Address: _____ City/State/Zip: _____

Email: _____ Home Phone: _____

2 Project Enrollment

Project Start Date:*		**Case Manager:**	

3 Entry Assessment

Disabling Condition:*
☐ Yes
☐ No
☐ Client Doesn't Know
☐ Client prefers not to answer
☐ Data Not Collected

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4 Health Insurance:*

Covered by Health Insurance: *	☐ Yes	☐ No
☐ Client Doesn't Know	☐ Client prefers not to answer	☐ Data Not Collected

If client has Health Insurance, check all that apply below:

- ☐ Private
- ☐ Private - Employer
- ☐ Private - Individual
- ☐ Medicare
- ☐ Medicaid
- ☐ State Children's Health Insurance Program S-CHIP
- ☐ Military Insurance
- ☐ State Funded
- ☐ Indian Health Service (IHS)
- ☐ Health insurance obtained through COBRA
- ☐ Other Public:
- ☐ Wellcare Member ID:

5 Barriers/Special Needs:*

Identify whether a client has each individual barrier or not.
Please select a status for each barrier, and if "Yes" is selected, answer follow-up question on the right.

Alcohol Use Disorder*

☐ Client Doesn't Know
☐ Client prefers not to answer ☐ No ☐ Yes
☐ Data Not Collected

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:

☐ No ☐ Yes ☐ Client prefers not to answer
☐ Client Doesn't Know ☐ Data Not Collected

Chronic Health Condition*

☐ Client Doesn't Know
☐ Client prefers not to answer ☐ No ☐ Yes
☐ Data Not Collected

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and

☐ No ☐ Yes ☐ Client prefers not to answer
☐ Client Doesn't Know ☐ Data Not Collected

Drug Use Disorder*

☐ Client Doesn't Know
☐ Client prefers not to answer ☐ No ☐ Yes
☐ Data Not Collected

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:

☐ No ☐ Yes ☐ Client prefers not to answer
☐ Client Doesn't Know ☐ Data Not Collected

Mental Health Disorder*

☐ Client Doesn't Know
☐ Client prefers not to answer ☐ No ☐ Yes
☐ Data Not Collected

If "Yes", answer this:

Expected to be of long–continued and indefinite duration

☐ No ☐ Yes ☐ Client prefers not to answer
☐ Client Doesn't Know ☐ Data Not Collected

Physical Disability*

☐ Client Doesn't Know
☐ Client prefers not to answer ☐ No ☐ Yes
☐ Data Not Collected

If "Yes", answer this:

Expected to be of long–continued and indefinite duration

☐ No ☐ Yes ☐ Client prefers not to answer
☐ Client Doesn't Know ☐ Data Not Collected

Developmental Disability*

☐ Client Doesn't Know
☐ Client prefers not to answer ☐ No ☐ Yes
☐ Data Not Collected

These two elements don't need to collect "Substantially impedes the individual's ability to live independently."

HIV/AIDS*

☐ Client Doesn't Know
☐ Client prefers not to answer ☐ No ☐ Yes
☐ Data Not Collected