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:*	Ethnicity:*
☐ Full Name Reported	☐ Full SSN Reported	☐ Full DOB Reported	☐ Hispanic/Latin(a)(o)(x)
☐ Partial, or Street Name	☐ Approximate or Partial SSN	☐ Approximate or Partial DOB	☐ Non-Hispanic/Latin(a)(o)(x)
☐ Client Doesn't Know	☐ Client Doesn't Know	☐ Client Doesn't Know	☐ Client Doesn't Know
☐ Client Refused	☐ Client Refused	☐ Client Refused	☐ Client Refused
☐ Data Not Collected	☐ Data Not Collected	☐ Data Not Collected	☐ Data Not Collected

Race:* (Select all that 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

Gender:* (Select all that apply)		
☐ Male		☐ Female
☐ A gender other than singularly female or male (e.g., non -binary, genderfluid, agender, culturally specific gender)		
☐ Transgender		☐ Questioning
☐ Client Doesn't Know	☐ Client Refused	☐ Data Not Collected

Veteran Status:* (18 & over)
☐ Yes ☐ No
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Pregnancy Status:*	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused	☐ Data Not Collected

(if 'YES') Due Date:

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

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 Refused
- ☐ Data Not Collected

Georgia Department of Community Affairs

4 Health Insurance:*

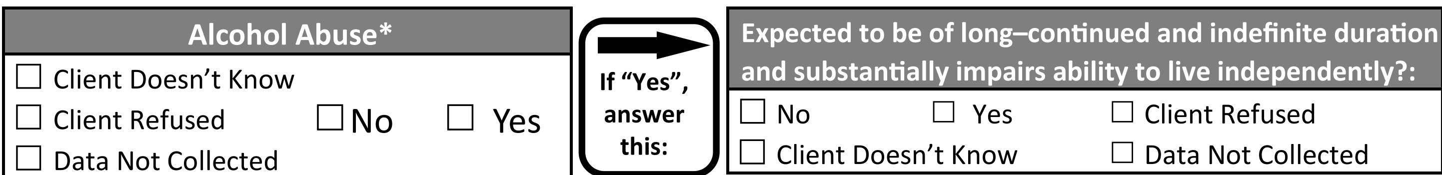
Covered by Health Insurance: *	☐ Yes	☐ No
☐ Client Doesn't Know	☐ Client Refused	☐ Data Not Collected

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

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

5 Barriers/Special Needs:*

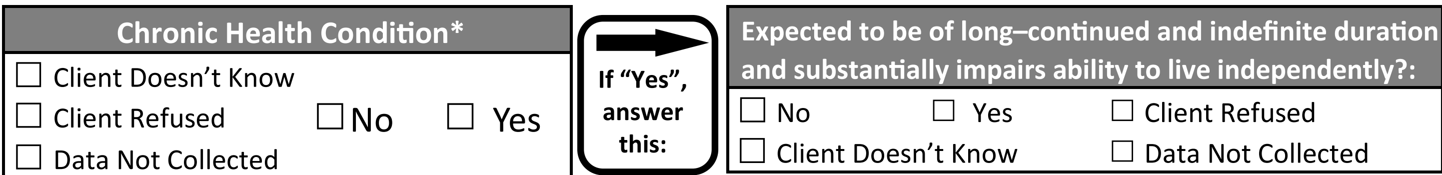
Identify whether a client has each individual barrier or not.
Please select a status for each barrier, and if "Yes" is selected, answer follow-up question on the right.



Alcohol Abuse*
☐ Client Doesn't Know
☐ Client Refused ☐ No ☐ Yes
☐ Data Not Collected

If "Yes", answer this:

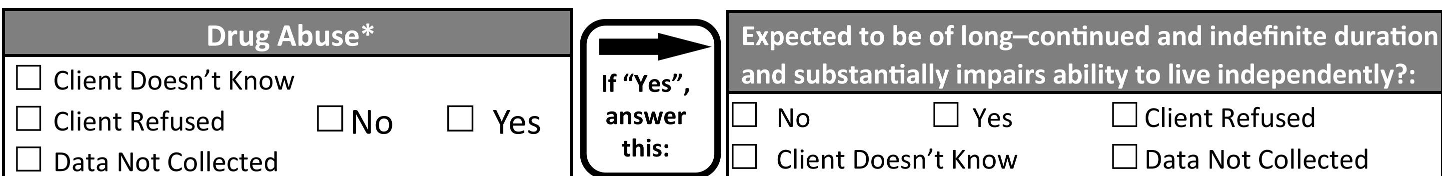
Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:
☐ No ☐ Yes ☐ Client Refused
☐ Client Doesn't Know ☐ Data Not Collected



Chronic Health Condition*
☐ Client Doesn't Know
☐ Client Refused ☐ No ☐ Yes
☐ Data Not Collected

If "Yes", answer this:

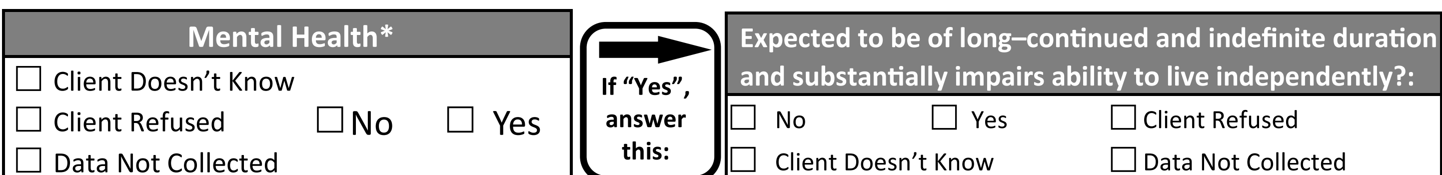
Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:
☐ No ☐ Yes ☐ Client Refused
☐ Client Doesn't Know ☐ Data Not Collected



Drug Abuse*
☐ Client Doesn't Know
☐ Client Refused ☐ No ☐ Yes
☐ Data Not Collected

If "Yes", answer this:

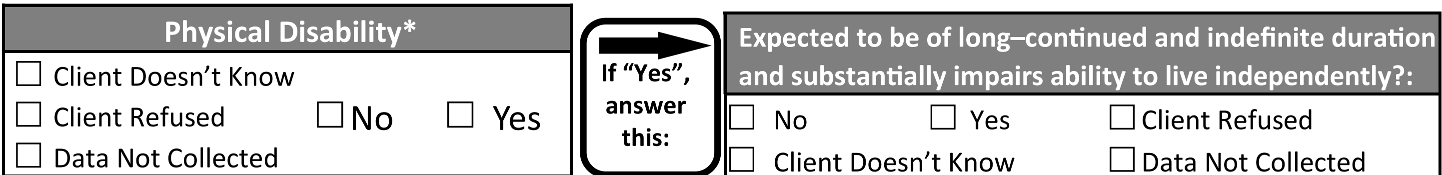
Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:
☐ No ☐ Yes ☐ Client Refused
☐ Client Doesn't Know ☐ Data Not Collected



Mental Health*
☐ Client Doesn't Know
☐ Client Refused ☐ 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 Refused
☐ Client Doesn't Know ☐ Data Not Collected

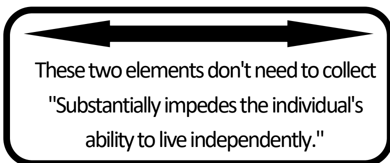


Physical Disability*
☐ Client Doesn't Know
☐ Client Refused ☐ No ☐ Yes
☐ Data Not Collected

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:
☐ No ☐ Yes ☐ Client Refused
☐ Client Doesn't Know ☐ Data Not Collected

Developmental Disability*
☐ Client Doesn't Know
☐ Client Refused ☐ 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 Refused ☐ No ☐ Yes
☐ Data Not Collected