

“\*” Required Fields

**1 Client Demographics**

<b>First Name:*</b>	<input type="text"/>	<b>Last Name:*</b>	<input type="text"/>
<b>Middle Name:</b>	<input type="text"/>	<b>Suffix:</b>	<input type="text"/>
		<b>HoH: *</b>	<input type="text"/>

<b>Name Data Quality:*</b> <input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, or Street Name <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Social Security Number:*</b> <input type="text"/> <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or Partial SSN <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Birth Date:*</b> <input type="text"/> <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Ethnicity:*</b> <input type="checkbox"/> Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Non-Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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<b>Race:*</b> (Select all that apply) <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Gender:*</b> (Select all that apply) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Veteran Status:*</b> (18 & over) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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**Pregnancy Status:\***  Yes  No  Client Doesn't Know  Client Refused  Data Not Collected

(if 'YES') Due Date:

Relationship to Head of Household:*			
<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Other Non-Family Member
<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Other Family Member	

Client Contact Information:	
Address: <input type="text"/>	City/State/Zip: <input type="text"/>
Email: <input type="text"/>	Home Phone: <input type="text"/>

**2 Project Enrollment**

<b>Project Start Date:*</b>	<input type="text"/>	<b>Case Manager:</b>	<input type="text"/>
<b>Housing Move-in Date:</b>	<input type="text"/>	<— (Only for Permanent Housing projects, including RRH)	
<b>Date of Engagement:</b>	<input type="text"/>	<— (Only for Street Outreach projects)	

**3 Entry Assessment**

<b>Disabling Condition:*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<b>Client Location (The CoC the client is being served in):*</b> <input type="checkbox"/> (GA-500) Atlanta <input type="checkbox"/> (GA-501) Balance of State <input type="checkbox"/> (GA-502) Fulton County <input type="checkbox"/> (GA-503) Athens/Clarke County <input type="checkbox"/> (GA-504) Augusta <input type="checkbox"/> (GA-505) Columbus/Russell County <input type="checkbox"/> (GA-506) Marietta/Cobb <input type="checkbox"/> (GA-507) Savannah/Chatham County <input type="checkbox"/> (GA-508) DeKalb County
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Identify the residence prior to (i.e., the night before) enrollment (ONLY SELECT ONE):

**COMPLETE THESE STEPS FOR ALL PROJECT TYPES**

**HOMELESS SITUATION**

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter.
- Safe Haven

Length of stay in the prior living situation

**INSTITUTIONAL SITUATION**

- 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

Stay less than 90 days?:\*

- No
- Yes

Length of stay in the prior living situation

**TRANSITIONAL AND PERMANENT HOUSING SITUATION**

- Residential or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional Housing for Homeless Persons (including homeless youth)
- 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
- Rental by client, with GPD TIP subsidy
- Rental by client, with VASH housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, with no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Client Doesn't Know
- Client Refused
- Data Not Collected

Stay less than 7 days?:\*

- No
- Yes

Length of stay in the prior living situation

**Project Specific Steps for ALL PROJECT TYPES**

**Length of stay in the prior living situation**

- |  |   |
|--|---|
| <input type="checkbox"/> 1 night or less                       | <input type="checkbox"/> 2 to 6 nights                          |
| <input type="checkbox"/> 1 week or more; but less than 1 month | <input type="checkbox"/> 1 month or more, but less than 90 days |
| <input type="checkbox"/> 90 days or more, but less than 1 year |   |
| <input type="checkbox"/> One year or longer                    | <input type="checkbox"/> Client Doesn't Know                    |
| <input type="checkbox"/> Client Refused                        | <input type="checkbox"/> Data Not Collected                     |

Clients coming from HOMELESS SITUATION  
Proceed to section 5

**On the night before did you stay on the streets, ES, or SH?:\***

- Yes Proceed to section 5
- No Proceed to section 6

**5 History of Homelessness**

Approximate date homelessness started:

(Regardless of where they stayed last night)  
Number of times the client has been on the streets, in ES, or SH in the past three years including today

- |  |  |
|--|--|
| <input type="checkbox"/> 1 time              | <input type="checkbox"/> 2 times         |
| <input type="checkbox"/> 3 times             | <input type="checkbox"/> 4 or more times |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused  |
| <input type="checkbox"/> Data not collected  |  |

Total number of months homeless on the street, in ES, or SH in the past three years

<input type="checkbox"/> One month (this time is the first month)			
<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> More than 12 months	
<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Client refused	
<input type="checkbox"/> Data not collected			

**6 Health Insurance:\***

<b>Covered by Health Insurance: *</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

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

<input type="checkbox"/> Private	<input type="checkbox"/> Military Insurance
<input type="checkbox"/> Private - Employer	<input type="checkbox"/> State Funded
<input type="checkbox"/> Private - Individual	<input type="checkbox"/> Indian Health Service (IHS)
<input type="checkbox"/> Medicare	<input type="checkbox"/> Health insurance obtained through COBRA
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other Public: <input type="text"/>
<input type="checkbox"/> State Children's Health Insurance Program S-CHIP	<input type="checkbox"/> Wellcare Member ID: <input type="text"/>

**7 Barriers/Special Needs:\***

Identify whether client has each individual barrier. Select a status for each and the follow-up question if answer is 'Yes'.

<p><b>Alcohol Use Disorder*</b></p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected <input type="checkbox"/> No <input type="checkbox"/> Yes	<p><b>If "Yes", answer this:</b></p>	<p><b>Expected to be of long, continued and indefinite duration and substantially impairs ability to live independently?</b></p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<p><b>Chronic Health Condition*</b></p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected <input type="checkbox"/> No <input type="checkbox"/> Yes	<p><b>If "Yes", answer this:</b></p>	<p><b>Expected to be of long, continued and indefinite duration and substantially impairs ability to live independently?</b></p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<p><b>Drug Use Disorder*</b></p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected <input type="checkbox"/> No <input type="checkbox"/> Yes	<p><b>If "Yes", answer this:</b></p>	<p><b>Expected to be of long, continued and indefinite duration and substantially impairs ability to live independently?</b></p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<p><b>Mental Health Disorder*</b></p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected <input type="checkbox"/> No <input type="checkbox"/> Yes	<p><b>If "Yes", answer this:</b></p>	<p><b>Expected to be of long, continued and indefinite duration and substantially impairs ability to live independently?</b></p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
<p><b>Physical Disability*</b></p> <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected <input type="checkbox"/> No <input type="checkbox"/> Yes	<p><b>If "Yes", answer this:</b></p>	<p><b>Expected to be of long, continued and indefinite duration and substantially impairs ability to live independently?</b></p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected

**Developmental Disability\***

 Client Doesn't Know  
 Client Refused  
 Data Not Collected  
 No  Yes

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  
 Data Not Collected  
 No  Yes

**8 Domestic Violence:\***

**Has the client been a victim of Domestic Violence?:\***

 Yes  Client Refused  
 No  Data Not Collected  
 Client Doesn't Know

**If "Yes", answer the following questions:**

**When did the experience occur?**

 Within the past three months  Client Doesn't Know  
 Three to six months ago (excluding 6 months exactly)  Client Refused  
 Six months to one year ago (excluding 1 year exactly)  Data Not Collected  
 One year ago or more

**Is the client currently fleeing?:**  Yes  No

 Client Doesn't Know  Client Refused  Data Not Collected

**9 Income and Non-Cash Benefits:\***

**Income Sources:**

<input type="checkbox"/> No Income		<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Refused		<input type="checkbox"/> Data Not Collected
<b>If client has income, check all that apply below, and record MONTHLY amount:</b>		
<input type="checkbox"/> Earned Income (i.e., employment income)	\$* _____	<input type="checkbox"/> General Assistance \$* _____
<input type="checkbox"/> Unemployment Insurance	\$* _____	<input type="checkbox"/> Retirement income from Social Security \$* _____
<input type="checkbox"/> Supplemental Security Income (SSI)	\$* _____	<input type="checkbox"/> Veteran's Pension \$* _____
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	\$* _____	<input type="checkbox"/> Other Pension \$* _____
<input type="checkbox"/> Veteran's Disability Payment	\$* _____	<input type="checkbox"/> Child Support \$* _____
<input type="checkbox"/> Private Disability Insurance	\$* _____	<input type="checkbox"/> Alimony or other spousal support \$* _____
<input type="checkbox"/> Worker's Compensation	\$* _____	<input type="checkbox"/> Other: _____ \$* _____
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$* _____	

**Non-Cash Benefit Sources:**

<input type="checkbox"/> No Non-Cash Benefits		<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Refused		<input type="checkbox"/> Data Not Collected
<b>If client receives non-cash benefits, check all that apply below:</b>		
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)	\$ _____	<input type="checkbox"/> TANF Transportation Services
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)		<input type="checkbox"/> Other TANF-funded Services
<input type="checkbox"/> TANF Child Care Services		<input type="checkbox"/> Other Source (Specify: _____)

Federal Partner Program Data Elements

The following fields are not required for all projects but for specific grants.

For CoC-Funded PSH projects ONLY

**10 General Health Status:\***

General Health Status:*			
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
<input type="checkbox"/> Poor	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

**11 Well-being Assessment:\***

<b>Assessment Date:</b> _____	Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree	Client Doesn't Know	Client Refused	Data Not Collected
Client perceives their life has value and worth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client perceives they have support from others who will listen to problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client perceives they have a tendency to bounce back after hard times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.	<input type="checkbox"/> Not at all	<input type="checkbox"/> Several times a month		<input type="checkbox"/> At least every day		<input type="checkbox"/> Client refused		
	<input type="checkbox"/> Once a month	<input type="checkbox"/> Several times a week		<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Data not collected		

Record Date and Location of each interaction with a client. Write here the first Current Living Situation with the client which should occur at the same point as Project Start Date.

(SELECT ONLY ONE SITUATION)

**HOMELESS SITUATION**

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter.
- Safe Haven

💡

IF

Client selects an answer from the **Homeless Situation** box, no further questions need to be answered in this section.

**INSTITUTIONAL SITUATION**

- 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 AND PERMANENT HOUSING SITUATION**

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- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, with no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Client Doesn't Know
- Client Refused
- Data Not Collected

💡

IF

client selects answer from **Institutional Situation** OR **Transitional and Permanent Housing situation** boxes

THEN

Ask this question.

Is client going to have to leave their current living situation within 14 days:	<input type="checkbox"/> Yes
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> No
<input type="checkbox"/> Client Refused	
<input type="checkbox"/> Data Not Collected	

💡

IF

Client answers 'YES', record additional housing status information to calculate imminent and at-risk of homelessness housing status.

Has a subsequent residence been identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
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Does individual or family have resources or support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
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Has the client had a lease or ownership interest in a	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
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Has the client moved 2 or more times in the last 60	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected
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**Location Details:**