

Street Outreach

ESG 2018-2019

Outreach

- ESG funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility. The term “unsheltered homeless people” is defined as –

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;...

BoS Written Standards for Street Outreach

- ❑ Agencies must have policies and procedures on safety standards.
- ❑ Engagement should occur during times when there is a reasonable expectation to believe people have no housing options.
- ❑ Individuals and families shall be assessed where they are.
- ❑ Projects must assess, prioritize, and re-assess the need for essential services related to street outreach.
- ❑ Projects should continuously engage unsheltered persons and persons experiencing chronic homelessness, even if they repeatedly decline housing and services.
- ❑ When appropriate, based on the individual's needs and wishes, the referral to permanent supportive housing or rapid re-housing that can quickly assist the individual to obtain safe, permanent housing shall be prioritized over the provision of or referral to an emergency shelter.

Eligibility for Outreach

- Individuals and families defined as Homeless under the following categories are eligible:
 - Category 1 – Literally Homeless
 - Individuals and families must be living on the streets (or other places not meant for human habitation) and be unwilling or unable to access services in emergency shelter.
 - Category 4 – Fleeing/Attempting to Flee DV
 - If Category 1 already met

Homeless Verification

CATEGORY 1

An individual or family who lacks a fixed, regular, and adequate nighttime residence.

- ❑ **Third party written:** A written referral or official communication from another housing or service provider. Third party written documentation must be on official agency stationery, and must be signed and dated by an appropriate agency representative.
 - ❑ **Alternate requirement:** Third party verification may be documented on DCA Third Party Verification form is not otherwise available.
- ❑ Completed DCA Staff Certification of Homelessness form documenting oral third party statement or staff observations
- ❑ Completed DCA Self Certification of Homelessness form

Homeless Verification

CATEGORY 4

Is fleeing, or is attempting to flee some form of family violence, has no other residence; and Lacks the resources or support networks, e.g., family, friends, faith based or other social networks, to obtain other permanent housing:

- If services are provided by a victim services provider:
 - DCA Staff Certification of Homelessness or
 - DCA Self Certification of Homelessness
 - Third party documentation (law enforcement, referrals, etc.) should be obtained whenever possible

Homeless Verification

CATEGORY 4

- ❑ If services are not provided by a victim services provider:
 - ❑ DCA Staff Certification of Homelessness or
 - ❑ DCA Self Certification of Homelessness
 - ❑ Where the safety of the individual/family is not jeopardized, the client's statement must be verified by the intake worker or a written referral.

Where Do We Do Outreach?



- City Streets and Alleys
- Bridges and Underpasses
- Bus Stations
- Parks
- Vacant Lots and Abandoned Buildings
- Vehicles
- Railroad Tracks
- Rural Locations (wooded and camping areas)

DCA Housing Status Verification Form

Georgia Department of Community Affairs						
VERIFICATION OF HOMELESSNESS STREET OUTREACH						
Participant Name:	Participant HMIS #:	ESG Project Entry Date:				
<p><i>Instructions: Identify the housing status applicable to the participant household below and indicate the attached documentation for that housing status. Complete the Chronic Homeless Information section for each applicant.</i></p> <p><i>Unless otherwise noted, the general order of priority for obtaining evidence is third-party documentation first, intake worker observations second, and certification by the person seeking assistance third.</i></p>						
CATEGORY 1: LITERALLY HOMELESS						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Housing Status</th> <th style="text-align: left; padding: 2px;">Documentation Attached</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"> <input type="checkbox"/> Living on the street or sleeping in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (including a car, park, abandoned building, bus station, airport, or camp ground) AND Unwilling or unable to access services in emergency shelter </td> <td style="padding: 2px;"> <input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> Completed DCA Staff Certification form (2nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3rd priority) </td> </tr> </tbody> </table>	Housing Status	Documentation Attached	<input type="checkbox"/> Living on the street or sleeping in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (including a car, park, abandoned building, bus station, airport, or camp ground) AND Unwilling or unable to access services in emergency shelter	<input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> Completed DCA Staff Certification form (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3 rd priority)		
Housing Status	Documentation Attached					
<input type="checkbox"/> Living on the street or sleeping in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (including a car, park, abandoned building, bus station, airport, or camp ground) AND Unwilling or unable to access services in emergency shelter	<input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> Completed DCA Staff Certification form (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3 rd priority)					
CATEGORY 4: FLEEING/ATTEMPTING TO FLEE DOMESTIC VIOLENCE						
<p>Applicants fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence must also meet the criteria for CATEGORY 1: LITERALLY HOMELESS to qualify for street outreach services.</p> <p>Complete the section above for CATEGORY 1: LITERALLY HOMELESS. Victim status must be included on documentation for CATEGORY 1: LITERALLY HOMELESS.</p>						
CHRONIC HOMELESS INFORMATION						
<p>Does the individual or head of household meet all of the following criteria:</p> <p><input type="checkbox"/> Has been literally homeless, as defined in Category 1 above, for at least one year continuously or on at least four separate occasions in the last three years, where the cumulative total of the four occasions is at least one year (Stays in institutions of 90 days or less will not constitute a break in homelessness, but such stays are included in the cumulative total) in a place not meant for human habitation, a safe haven, or an emergency shelter;</p> <p>AND</p> <p><input type="checkbox"/> Has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.</p> <p>Does the applicant meet both criteria for Chronic Homelessness?</p> <p><input type="checkbox"/> Yes*</p> <p><input type="checkbox"/> No</p> <p><i>*If yes, attach completed DCA Certification of Chronic Homelessness or DCA Self-Statement of Chronic Homelessness, with any applicable backup documentation.</i></p>						
<p>Form Completed By: _____ Date: _____</p>						

Homeless Verification

HUD prefers this order for homeless verification:

1. Third Party verification

- Written, including documents already available
- Oral

2. Intake Staff Observations

3. Self-Certification (with staff certifying due diligence)

Written Third Party Verification

- ❑ Written verification from a third party must be an official communication on agency stationery from a housing or homeless services provider.
- ❑ The written communication must be signed and dated by an appropriate agency representative.
- ❑ If the verification is from an emergency shelter, the shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).
- ❑ If the certification is for unsheltered homelessness, the certifying agency must be recognized by the local CoC as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. (Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.)

DCA Third Party Written Homeless Verification

Georgia Department of Community Affairs

THIRD PARTY WRITTEN HOMELESS VERIFICATION

If documentation on agency stationery is not available, this document may be used by housing and service providers (such as emergency shelters, institutional care facilities, police officers, business owners, etc.) to document the housing status of a homeless applicant for DCA ESG services. Only an authorized individual from the agency that provided the housing or services to the applicant can complete this form. Complete **EITHER Option 1 OR Option 2.**

ESG Applicant Name:

Individual without dependent children (complete one form for each adult household member)
 Household with dependent children (complete one form for each adult household member)
 Number of persons in the household: _____

Option 1: Documentation of Stay at a Facility/Program

Verification of Stay:
 I certify that the above named individual(s) resided at our facility as follows:
 Entry Date: _____ Exit Date: _____ or Currently staying at facility/program

Facility or Program Type:
 This facility or homeless service program is classified as one of the following:
 Emergency shelter
 Transitional Housing
 Institutional care facility (e.g. jail, substance abuse or mental health treatment facility, hospital, or other similar facility; stay must be less than 90 days)
 Other (describe): _____

Certifying emergency shelters must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).

Option 2: Documentation of Unsheltered Living Situation

I certify that the above named individual(s) is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g. a car, park, abandoned building, bus station, airport, or camp ground).

Description of current living situation: _____

The certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. (Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.)

Verifying Agency/Person
 I certify that the information documented above is true and accurate.

Printed Name:	Signature:
Date:	Title:
Organization:	Address:
Phone:	Email Address:

- This form is required for third party written verification when sufficient written verification is not otherwise available.

Lack of Third Party Documentation

- Lack of third party documentation **MUST NOT** prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider.

DCA Staff Certification of Homelessness and Domestic Violence

- This form is required for homeless certification by oral third party statements or staff observation.

Georgia Department of Community Affairs	
STAFF CERTIFICATION OF HOMELESSNESS / DOMESTIC VIOLENCE	
This document is required for DCA ESG sub-grantees verifying homelessness and/or domestic violence status through oral third party verification or staff observation. Complete EITHER Option 1 OR Option 2.	
ESG Applicant Name:	
<input type="checkbox"/> Individual without dependent children (complete one form for each adult household member)	
<input type="checkbox"/> Household with dependent children (complete one form for each adult household member)	
Number of persons in the household: _____	
Option 1: Third Party Oral Verification	
I understand that securing third party documentation is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for ESG assistance, but cannot obtain source documents. Below I am providing details of oral third party verification of eligibility or risk factors and certifying all statements to be true, accurate and complete.	
Oral verification by the relevant third party was made on _____ (date) through a conversation with _____ (Relevant Third-Party Representative).	
Verification of homelessness was provided: <input type="checkbox"/> Over the phone <input type="checkbox"/> In person	
The following information was provided regarding the ESG applicant's homeless status, victim status, and available resources: _____ _____ _____ _____ _____ _____ _____	
I understand that obtaining third party documentation of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for ESG assistance, but cannot meet this standard. I made the following efforts to obtain third party documentation: _____ _____ _____ _____ _____	
Option 2: Staff Observation Verification	
I have observed the following conditions which serve as evidence related to the applicant's housing status, victim status and available resources. Due to the following factors I certify this applicant's eligibility for ESG assistance: _____ _____ _____	

DCA Self Certification of Homelessness and Domestic Violence

Georgia Department of Community Affairs

SELF CERTIFICATION OF HOMELESSNESS / DOMESTIC VIOLENCE

This is to certify that the below named individual or household is currently homeless based on the check mark, other included information, and signature indicating their current living situation. **The entire form must be completed.**

ESG Applicant Name:

Individual without dependent children (complete one form for each adult household member)
 Household with dependent children (complete one form for each adult household member)
Number of persons in the household: _____

Self-Certification

ESG applicant check only one:

I [and my children, if applicable] am/are currently homeless and living on the street (e.g. a car, park, abandoned building, bus station, airport, or camp ground).

I [and my children, if applicable] am/are the victim(s) of domestic violence and am/are fleeing from abuse, have not identified a subsequent residence, and lack the resources or support networks, e.g., family, friends, faith-based, or other social networks, needed to obtain housing where my/our safety would not be jeopardized.

I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next 14 days.

I certify that I have insufficient financial resources and support networks; e.g., family, friends, faith-based or other social networks, immediately available to obtain housing or to attain housing stability without ESG assistance. I certify that the information above and any other information I have provided in applying for ESG assistance is true, accurate and complete.

ESG Applicant Signature: _____ Date: _____

ESG Staff Due Diligence

I understand that third-party verification is the preferred method of certifying homelessness/risk for homelessness/victim status for an individual who is applying for ESG assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempts made for third party verification:

ESG Staff Signature: _____ Date: _____

- ❑ This form is required for client self declaration of homelessness or domestic violence.

Chronic Homelessness Documentation



- ❑ Chronic homelessness must be documented, even if the agency or project does not specifically target the chronically homeless.
- ❑ Documenting chronic homelessness is vital to ensure that the individual or family maintains the proper homeless status for other service options.

DCA Chronic Homelessness Third Party Verification

Georgia Department of Community Affairs

CHRONIC HOMELESSNESS THIRD PARTY VERIFICATION

I certify that the signed individual below, _____ (Client Name)
previously resided at _____ (Facility Name)

For the following period(s) of time within the last three (3) years:

Time Period (Beginning)	Time Period (End)	Number of Days	Location of Stay
Total days			

This facility is classified as one of the following types of institutions:

Emergency Shelter
 Transitional Housing
 Place not meant for human habitation
 Permanent Supportive Housing
 Medical Institution
 Mental Health Institution
 Correctional Facility
 Substance Abuse Facility
 Other: _____

I further certify that immediately prior to entering this facility the person named above was residing at/in:

Authorized Third Party Signature: _____ Date: _____

I hereby authorize the release of this information:

ESG Applicant Signature: _____ Date: _____

- ❑ This form may be used to obtain third party verification to document chronic homelessness.
- ❑ This form is not necessary if other written documentation is available.

Client Intake Form (Adult)



HMIS Project Intake Form

Emergency Shelter & Street Outreach (Including PATH)

Step 1: Universal Data Collection

Please complete the following basic client information and note that all fields with an * are required fields. Universal Data Elements are required for all project participants. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name:* _____ Last Name:* _____
 Middle Name: _____ Suffix: _____

Name Data Quality:* Social Security Number:* Birthdate:*

<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Full SSN Reported	<input type="checkbox"/> Full DOB Reported
<input type="checkbox"/> Partial, Street Name or Code Name Reported	<input type="checkbox"/> Approximate or Partial SSN Reported	<input type="checkbox"/> Approximate or Partial DOB Reported
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Refused	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Data Not Collected

Ethnicity:* Race:*(Select All That Apply) Gender:*

<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Male
<input type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Female
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Transgender Female to Male
<input type="checkbox"/> Client Refused	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Transgender Male to Female
<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> White	<input type="checkbox"/> Client Doesn't Identify Male, Female or Transgender

If Female, Pregnancy Status:*

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Due Date: _____	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know		
<input type="checkbox"/> Client Refused		
<input type="checkbox"/> Data Not Collected		

Disabling Condition:* Veteran Status:* Relationship to Head of Household:*

<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Self	<input type="checkbox"/> Foster Child
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Son	<input type="checkbox"/> Grandchild
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Daughter	<input type="checkbox"/> Other Family Member
<input type="checkbox"/> Client Refused	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Other Non-Family Member
<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Spouse	

Contact Information:

Address: _____ City/State/Zip: _____
 Email: _____ Home Phone: _____
 Work Phone: _____ Message Phone: _____



Step 2: Project Enrollment

Complete the project enrollment information and please note all fields with an * are required fields. Complete additional forms for each household member to be enrolled.

Assessment Date:* _____ Street Outreach Project Entry Date:* _____
 Case Assignment:*. _____ Street Outreach Engagement Date:* _____

(ONLY REQUIRED FOR PATH PARTICIPANTS):

Project Entry Date:* _____ (Date of 1st Contact)
 Date of PATH Engagement: _____ (Interactive client relationship; results in deliberate assessment)
 Date of PATH Status Determined: _____
 Client Became Enrolled in PATH: Yes No (Client formally consents to participate in PATH program services)
 Reason Not Enrolled in PATH:
 Client was found ineligible for PATH
 Client not enrolled for other reason(s)

Step 3: Entry Assessments

Complete the following entry assessments and please note all fields with an * are required fields.

Housing Status* (Based on housing condition just prior to project entry)

<input type="checkbox"/> Category 1 – Homeless	<input type="checkbox"/> Stably Housed – Own
<input type="checkbox"/> Category 2 – At Imminent Risk of Losing Housing	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Category 3 – Homeless Only Under Other Federal Statutes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Category 4 – Fleeing Domestic Violence	<input type="checkbox"/> Other
<input type="checkbox"/> At Risk of Homelessness	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Stably Housed - Rent	

Type of Residence:*

HOMELESS SITUATION

Place not meant for habitation (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
 Safe Haven
 Interim Housing

INSTITUTIONAL SITUATION

Foster care home or foster care group home
 Hospital or other residential non-psychiatric medical facility
 Jail, Prison or Juvenile Detention Center
 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

Hotel or motel paid for without emergency shelter voucher
 Owned by client, no ongoing housing subsidy

Client Intake Form (Adult)



Barriers:*	Barrier Present?	Receiving Services/Treatment?	Condition is Indefinite?	Documentation on File?
Alcohol Abuse	<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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

HMIS Barriers Assessment:*

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- Unconfirmed; presumptive or self-report
- Confirmed through assessment and clinical evaluation
- Confirmed by prior evaluation or clinical records



(ONLY REQUIRED FOR PATH PARTICIPANTS)

Connection with SOAR:*

- Yes No
- Client Doesn't Know Client Refused

Domestic Violence Assessment of Victim:*

Is client a victim of domestic violence:*

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

If yes, when experience occurred:*

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

Currently Fleeing:*

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

Financial Assessment:*

Cash Income: * Yes No

- Earned Income \$ _____
- Private Disability Insurance \$ _____
- Unemployment Insurance \$ _____
- Worker's Compensation \$ _____
- Pension From Former Job (VA Included) \$ _____
- Supplemental Security Income \$ _____
- Social Security Disability Income \$ _____
- Retirement (Social Security) \$ _____
- Alimony \$ _____
- VA Service-Connected Disability \$ _____
- VA Non Service-Connected Disability \$ _____
- TANF \$ _____
- Child Support \$ _____
- Other Income \$ _____

Non Cash Benefits: * Yes No

- Food Stamps/Money for Food on Benefits Card \$ _____
- Special Supplemental Nutrition Program (WIC)
- TANF Child Care Services
- TANF Transportation Services
- Other TANF Funded Services
- Section 8, Public Housing, Other Rental Asst. (PSH) \$ _____
- Temporary Rental Assistance (RRH) \$ _____
- Other Source

(ONLY REQUIRED FOR PATH PARTICIPANTS)

Date of Contact:*

Contact with: _____

Enrollment: * _____

Contact Service:*

- Assessments: PATH Screening/Assessment
- Case Management: PATH – Case Management
- Health/Medical: PATH – Referral Primary Health Services
- Mental Health/Counseling: PATH – Referral Community Mental Health
- Prevention/Outreach: PATH – Outreach
- Substance Abuse: PATH – Referral Substance Abuse Treatment

Current Location:*

- Place Not Meant for Habitation
- Service Setting, Non-Residential
- Service Setting, Residential

Client Intake Form (Adult)



- Owned by client, with ongoing housing subsidy
- Permanent Housing for Formerly Homeless Persons (a CoC project; HUD legacy programs; or HOPWA PH)
- Rental by client, with no ongoing housing subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with GPD TIP subsidy
- Rental by client, with other ongoing housing subsidy
- Residential project or halfway house with no homeless criteria
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Transitional Housing for Homeless Persons (Including Homeless Youth)
- Client Doesn't Know
- Client Refused
- Data Not Collected

Length of stay in the prior living situation:*

- 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
- Client Doesn't Know
- Client Refused
- Data Not Collected

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:*

- One Time
- Two Times
- Three Times
- Four Times
- Client Doesn't Know
- Client Refused
- Data Not Collected

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

- One month (this time is the first month)
- 2-12 months
- More than 12 months
- Client Doesn't Know
- Client Refused
- Data Not Collected



Covered by Health Insurance:*

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

Type:*

- Private - COBRA
- Private – Employer
- Private – Individual
- Medicare
- Medicaid
- State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP)
- Military Insurance
- Other Public
- State Funded (HIP or HIP 2.0)
- Indian Health Service (Native American)
- Other _____

Status:*

- Active
- No
- Start Date: _____
- End Date: _____
- Applied; decision pending
- Applied; client not eligible
- Client did not apply
- Insurance type N/A for this client
- Client Doesn't Know
- Client Refused
- Data Not Collected

Veterans Assessment:*

Military Branch:*

- Army
- Air Force
- Navy
- Marines
- Coast Guard
- Client Doesn't Know
- Client Refused
- Data Not Collected

Discharge Status:*

- Honorable
- General under honorable conditions
- Bad Conduct
- Dishonorable
- Under Other Than Honorable Conditions (OTH)
- Uncharacterized
- Client Doesn't Know
- Client Refused
- Data Not Collected

Service Entry Date: * _____ Service Exit Date: _____

Select Theatre(s) of Operation(s):* (May not apply to client)

- World War II (September 1940-July 1947)
- Vietnam War (August 1964-April 1975)
- Persian Gulf War (Operation Desert Storm) (August 1991-September 10, 2001)
- Afghanistan (Operation Enduring Freedom)
- Iraq (Operation Iraqi Freedom)
- Iraq (Operation New Dawn)
- Other Peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)
- Korean War (June 1950-January 1955)

Status:*

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

Client Intake Form (Child)



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

Step 1: Client Demographics - all fields with an "*" are required.

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

Name Data Quality:*

Full Name Reported
 Partial, or Street Name
 Client Doesn't Know
 Client Refused
 Data Not Collected

Social Security Number:*

Full SSN Reported
 Approximate or Partial SSN
 Client Doesn't Know
 Client Refused
 Data Not Collected

Birthdate:*

Full DOB Reported
 Approximate or Partial DOB
 Client Doesn't Know
 Client Refused
 Data Not Collected

Ethnicity:*

Hispanic/Latino
 Non-Hispanic/Latino
 Client Doesn't Know
 Client Refused
 Data Not Collected

Race: * (Select all that apply)

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Client Doesn't Know
 Client Refused
 Data Not Collected

Gender:*

Male
 Female
 Transgender Female to Male
 Transgender Male to Female
 Client Doesn't Identify Male, Female, or Transgender
 Client Doesn't Know
 Client Refused
 Data Not Collected

If Female, Pregnancy Status:*

Yes Due Date: _____
 No
 Client Doesn't Know
 Client Refused
 Data Not Collected

Relationship to Head of Household:*

Son Foster Child
 Daughter Grandchild
 Dependent Child Other Family Member
 Spouse Other Non-Family Member

Client Contact Information:

Address: _____ City/State/Zip: _____
 Email: _____ Home Phone: _____

Step 2: Project Enrollment

Project Start Date: * _____ Case Manager: _____

Step 3: Entry Assessments

Disabling Condition:*

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



Intake Form

Step 4: Health Insurance:*

Health Insurance

No Health Insurance Client Doesn't Know
 Client Refused Data Not Collected

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

Private State Children's Health Insurance Program S-CHIP
 Private - Employer Military Insurance
 Private - Individual State Funded
 Medicare Combined Children's Health Insurance/Medicaid Program
 Medicaid Indian Health Service (IHS)

Step 5: Barriers/Special Needs: * Identify whether a client has each individual barrier or not

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

HMIS Client Consent to Share Form

Georgia Homeless Management Information System (GA HMIS) Collaborative Client Consent to Share Information

The Georgia Homeless Management Information System ("GA HMIS") is an online database that is used to collect information (data) about clients accessing housing and homeless services throughout the State of Georgia. Organizations that receive homeless funding from the US Department of Housing and Urban Development (HUD) and other federal and state partners are required to collect and store basic information about the persons who receive their services. This organization participates in the GA HMIS and by requesting and accepting services from them you are providing consent to enter your personal information into the GA HMIS. This information is utilized to determine your needs and provide supportive services to you and your household, and information is shared with other organizations that use this database, based on your signed consent.

What type of information may be shared in the HMIS?

We collect general and Protected Personal Information about you and record it in GA HMIS. The information shared through HMIS is dependent on your situation, and may include, but is not limited to:

- Your basic identifying information (including name, Social Security Number, date of birth, gender, race/ ethnicity, marital and family status, household relationships, contact information, veteran status, disability status);
- Your history of homelessness and housing (including your current housing status, present and/ or prior living situation, and where and when you have accessed services);
- Your income information (sources and amounts of household income, employment information, work skills) and other resources, such as non-cash or public benefits;
- Your legal history/information;
- Your general, self-reported medical history including any mental health and substance abuse issues or HIV status (detailed medical or treatment information will never be shared, however), and type of health insurance;
- Your reasons for seeking services, your service needs, and the outcomes of services provided to you;
- Your emergency contact information;
- Other information needed for eligibility of certain types of projects (such as military history, educational background, employment background, sexual orientation, etc.)

How do you benefit from sharing your information?

The information you provide to GA HMIS helps us coordinate the most effective services for you and/or your family. By sharing your information, you may be able to avoid being screened more than once, get faster and more personalized services, and minimize how many times you have to tell your "story." Collecting this information also gives us a better understanding of homelessness in your local area and the effectiveness of the services provided in your area.

Who may be given access to your information?

The GA HMIS participating organizations may have access to your data on a need-to-know basis. These organizations may include homeless service providers, other social services organizations, housing providers, healthcare providers and administrators of the system. In other rare cases, such as when required by law, or for purposes of research, your information may be shared outside of the GA HMIS participating organizations (but never to the general public). For more information, please request a copy of our privacy policy.

How is your personal information protected?

Your information in the HMIS is secured by passwords and encrypted transmission technology. In addition, each participating organization and system user must sign an agreement to maintain the security and confidentiality of the information. Your information is protected by the federal HMIS Privacy Standards. In some instances, depending on the services provided by a participating organization, your information may also be protected by additional Federal and/or State regulations, which may require additional written consent prior to any disclosure.

By signing this form, you understand that:

- You have the right to receive services even if you do not agree to share your information.
- Consenting to share your information does not automatically guarantee you services.
- You have the right to receive a copy of this consent form.
- Your consent allows your record to be updated by any participating organization with which you interact without your being required to sign another consent form.

- Your consent does not expire, but you may cancel your consent at any time, by completing the Client Revocation of Consent to Share Information form. You further understand that any cancellation of this consent will not retroactively change information that has already been disclosed or actions already taken under your previous authorization.
- The GA HMIS Privacy Policy contains more detailed information about how your information may be used and disclosed.
- Upon your request, we are required to provide you with, as applicable:
 - A copy of the Client Revocation of Consent to Release Information;
 - A copy of the GA HMIS Privacy Policy;
 - A copy of your full HMIS records (apart from case notes) within five (5) business days of your request;
 - A current list of participating organizations that have access to your data.
- If you find inaccurate or incomplete Protected Personal Information in your records, you have the right to request a correction.
- Aggregate or statistical data that is released from HMIS will not disclose any of your Protected Personal Information.
- You have the right to file a grievance against any organization you feel has violated your confidentiality.
- If you need to be referred to another agency for services, certain information may need to be forwarded through HMIS to facilitate a referral. If you do not provide consent to share your information, it may negatively affect participating providers from addressing your service needs in a coordinated fashion.
- You are not waiving any rights protected under Federal and/or Georgia law.

SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or have been read) this client consent form and have received answers to your questions. Please indicate your sharing preference by choosing one of the options below:

- I consent to allow my information, and that of my minor children (if applicable, as listed below), to be shared via the GA HMIS as described in this consent form.
- I consent to allow my basic identifying information, and that of my minor children (if applicable, as listed below), to be shared via the GA HMIS; however, I wish to limit the sharing of other information as specified in the Client Consent to Share Information – Supplemental form.
- I do not consent to allow my information to be shared via the GA HMIS. I understand that this choice may negatively affect the quality of services the GA HMIS participating providers are able to provide.

Client/ Legal Guardian Name (Please print): _____ DOB: _____ Last 4 digits of SS: _____

Signature _____ Date _____

Minor Children (if any):

Client Name: _____ DOB: _____ Last 4 digits of SS: _____

Client Name: _____ DOB: _____ Last 4 digits of SS: _____

Client Name: _____ DOB: _____ Last 4 digits of SS: _____

For Agency Personnel Use Only:

Print Name of Organization

Print Name of Organization Staff

Signature of Organization Staff

Date

Where Don't We Do Outreach?

- ❑ Shelters and Missions
- ❑ Drop-in Centers
- ❑ Medical Programs
- ❑ Meal Programs
- ❑ Substance Abuse Treatment Programs
- ❑ Institutions (Detox, Jail)
- ❑ Public Facilities (Libraries, Hospitals, Bus Stations)
- ❑ Public Welfare Agencies and Social Security
- ❑ Hotels and Churches

Street Outreach

- Teams will have the most comprehensive knowledge of street based individuals/households within the locality.
- You must establish a case plan for each household:
 - It must be client-centered, realistic and
 - Focused on helping households move into some form of housing, preferably permanent, sustainable housing.

Street Outreach

Eligible Activities

1. **Engagement** – the location, identification and relationship building with unsheltered homeless people and the engagement of them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs.
2. **Case management** – the assessment of housing and service needs, and implementing individualized services to meet the needs of the program participant including planning a path to permanent housing stability.

Street Outreach

Eligible Activities

- 3. Emergency health services** - for the direct outpatient treatment of medical conditions and are provided by licensed medical professionals operating in community-based settings, including streets, parks, and other places where unsheltered homeless people are living.
- 4. Emergency mental health services** - direct outpatient treatment by licensed professionals of mental health conditions operating in community-based settings, including streets, parks, and other places where unsheltered people are living.

Street Outreach

Eligible Activities

5. **Transportation** - travel by outreach workers, social workers, medical professionals, or other service providers, as well as the costs of transporting unsheltered people to emergency shelters or other service facilities are also eligible.

6. **Services for special populations** –for homeless youth, victim services, and services for people living with HIV/AIDS, so long as the costs of providing these services are eligible under paragraphs (a)(1) through (a)(5) of this section.

Street Outreach

Eligible Activities

- DCA anticipates the bulk of funding to be spent on street based Engagement and Case Management.
- Sub-grantees should note that activities 3 and 4 refer to Emergency Health and Mental Health services, rather than services that may be delivered in typical settings on a routine basis.
- Street Outreach is **NOT** designed to be a feeding or emergency shelter program.

Incentives



- While incentives may be used to build relationships, or to ensure that homeless households' emergency needs are met, the awards made should not alleviate the need to exit the street.
- Budgets should have minimal money in this line item.

Street Outreach Collaboration

- Outreach teams will be expected to establish close working relationships with other service providers, not only Emergency Shelters, but other mainstream and housing focused services, including Rapid Re-Housing.
- Not every homeless household is expected to need admittance to an emergency shelter and Street Outreach teams should be prepared to implement a variety of interventions in securing permanent housing.

Street Outreach Collaboration

Where more than 1 Outreach team works in the same area, agencies collaborate to provide complimentary services by:

- ❑ Establishing a lead person/agency that will promote an agreed intervention for the individual/family.
- ❑ The agency will lead the case management of the homeless individual until either the individual has been re-housed, or a more appropriate case manager is ready to take over.
- ❑ Other agencies will reinforce this intervention so that agencies are not working against one another.

What Makes Good Outreach Workers?

- Genuinely initiate conversation
- Resourceful and creative
- Patient and persistent without being intrusive
- Assertive
- Independent but able to collaborate
- Reliable - Keep their word
- Maintain and respect privacy
- Advocate for Change – Remove barriers and impact policy

Street Outreach Performance Measures

For each Street Outreach program, performance will be measured based on the following standards:

1. An increase in the number of contacts with unduplicated individuals made during outreach.
2. An increase in the percentage of households that access emergency shelter.
3. An increase in the percentage of discharged households that access permanent housing.
4. An increase in the percentage of households that increase cash and non-cash income during program enrollment

Street Outreach + HMIS

- There should be a project on HMIS dedicated to your DCA ESG-funded Outreach project. All household members that your agency is providing assistance to should be enrolled and later discharged from the project (**including children**).
- Every household member should have a Contact and/or an Engagement Service Transaction recorded (including children).

Summary / Resources

- There is no perfect model for rural projects - talk to your peers
- Troubleshoot with DCA staff
- ESG website: <https://dca.ga.gov/safe-affordable-housing/homeless-special-needs-housing/emergency-solutions-grants>
- SAMHSA webinar:
<http://homeless.samhsa.gov/Resource/HRC-Webcast-Resources-Effective-Street-Outreach-Why-Its-Important-How-YOU-Can-Do-It-Better!-48319.aspx>



Questions?

Thank You!



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Community Affairs