

## Gulf Coast Partnership CIS HUD Project START – ES-SO

This form can be used by the following HUD project types: Street Outreach and Emergency Shelter. This form will allow all Street Outreach and Emergency Shelter projects to track the required CIS Living Situation data element. This information should be gathered at project start for all household members—each adult and child. A separate form should be included for each household member. Use additional forms as needed. Projects may use any available CIS records to assist the client in recalling where he or she was staying, but completing this form does not require backup documentation to verify a client’s responses. Therefore, collecting information in this form does NOT constitute documentation of chronic homeless status for eligibility purposes.

**FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN “X”**

### DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

#### PROJECT START DATE (e.g., 08/24/2017)

*The Project Start Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.*

		/			/				
Month			Day			Year			

#### CURRENT NAME (first, middle, last name, suffix, e.g., Jr, Sr, III)

*Use a client’s full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents, unless specifically required by a funder.*

First name	
Middle name	
Last name	
Suffix	

#### CURRENT NAME DATA QUALITY

*Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time. If using a “made up name” for such an initial identification, indicate that here.*

- Full name reported
- Partial, street name, or code name reported
- Client doesn’t know
- Client refused

#### SOCIAL SECURITY NUMBER

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#### SOCIAL SECURITY NUMBER DATA QUALITY

*Some projects may serve clients that do not have an SSN. In these cases, select ‘Client doesn’t know.’*

- Full SSN reported
- Approximate or partial SSN reported
- Client doesn’t know
- Client refused

#### DATE OF BIRTH (e.g., 10/23/1978)

		/			/				
Month			Day			Year			

#### DATE OF BIRTH TYPE

*Use 01/01/YEAR and select ‘approximate or partial date of birth’ if client cannot recall DOB.*

- Full date of birth reported
- Approximate or partial date of birth reported
- Client doesn’t know
- Client refused

## VETERAN STATUS

Is the client a veteran?

Veteran Status is only collected on heads of household who are 18 years of age and older, as well as all other adults in the household. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service.

- For the **Army, Navy, Air Force, Marine Corps, and Coast Guard**, active duty begins when a military member reports to a duty station after completion of training.
- For the **Reserves and National Guard**, active duty is any time spent activated or deployed, either in the United States or abroad.
- Or Anyone who was disabled in the line of duty during a period of active duty training.
- Or Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.

- No
- Yes
- Client doesn't know
- Client refused

## ETHNICITY

- Non-Hispanic / Non-Latino
- Hispanic / Latino
- Client doesn't know
- Client refused

## RACE

More than one race is permitted. Client doesn't know and Client refused should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Client doesn't know
- Client refused

## GENDER

Which of these genders best describes how the client identifies?

- Female
- Male
- Trans Female (MTF, or male to female)
- Trans Male (FTM, or female to male)
- Gender Non-Conforming (i.e. not exclusively male or female)
- Client doesn't know
- Client refused

## DISABLING CONDITION

Does the client currently have a disabling condition?

A disabling condition is any of the above-indicated disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, or substance abuse problem) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.

- No
- Yes
- Client doesn't know
- Client refused

**RELATIONSHIP TO HEAD OF HOUSEHOLD**

*In a household of a single individual, that person must be identified as the head of household. In multi-person households, one of person must be designated as the head of household and the rest must have their relationship to the head of household recorded. If the group of persons is composed of adults and children, an adult must be indicated as the head of household.*

<input type="checkbox"/> Self (head of household)	<input type="checkbox"/> Head of household's other relation member (other relation to head of household)
<input type="checkbox"/> Head of household's child	<input type="checkbox"/> Other: non-relation member
<input type="checkbox"/> Head of household's spouse or partner	

**1. TYPE OF PRIOR LIVING SITUATION**

**What was the situation the client was living in immediately prior to project start?**

*Adult members of the same household may have different prior living situations*

Homeless Situations	<input type="checkbox"/> Place not meant for habitation	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher
	<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Owned by client, no ongoing housing subsidy
	<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
	<input type="checkbox"/> Interim Housing*	<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons
Institutional Situations	<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, with no housing subsidy
	<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy
	<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Rental by client, with VASH housing subsidy
	<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Rental by client, with other housing subsidy (including RRH)
	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
	<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Staying or living in a family member's room, apartment, or house
Other	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Staying or living in a friend's room, apartment, or house
	<input type="checkbox"/> Client refused	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)

*\*Interim housing is not a type of housing but rather a housing situation for a client that meets the following criteria:*

1. *Must have been chronically homeless at start in interim housing,*
2. *Must have applied for permanent housing, accepted, and have a unit/voucher for perm. hsg. reserved for them,*
3. *Must have been prevented from immediately accessing permanent housing unit or using a voucher in a permanent housing unit (e.g. apartment getting painted, old tenant moving out, has a voucher but is looking for the unit, etc.), &*
4. *Client and transitional housing project must have determined that transitional housing is an acceptable option until permanent housing unit is ready for occupancy.*

## 2. LENGTH OF STAY IN PRIOR LIVING SITUATION

### How long was the client staying in that place?

This should reflect the length of time the client was residing in the living situation selected above. If the client moved around, but in the same type of situation, include the total time in that type of situation. If the client moved around from one situation to another, only include the time in the situation selected in question 1, above.

- |  |  |
|--|--|
| <input type="checkbox"/> One night or less                                   | <input type="checkbox"/> 90 days or more, but less than one year |
| <input checked="" type="checkbox"/> Two to six nights                        | <input type="checkbox"/> One year or longer                      |
| <input type="checkbox"/> One week or more, but less than one month           | <input type="checkbox"/> Client doesn't know                     |
| <input checked="" type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client refused                          |

## 3. DATE THE CLIENT STARTED BEING HOMELESS THIS TIME

### When did the client start staying on the streets,\*\* in emergency shelters, or in safe havens this time?

Determine the date of the last time the client had a place to sleep that was not on the streets, in an emergency shelter, or in a safe haven. As the client looks back, there may be breaks in their stay on the streets, shelters, or safe havens. The breaks are allowed to be included in the look back period to calculate the start date only if:

- The client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; OR
- The break in their time on the streets, shelters, or safe havens was less than 7 nights. A break is considered 6 or less consecutive nights not residing in a place not meant for human habitation, in shelter or in a safe haven. The look back time would not be broken by a stay less than 7 consecutive nights; OR
- The break in their time on the streets, ES, or SH was less than 90 days in any of the places listed under the header "institutional situations" on the previous page. The look back time would include all of those days (up to 89 days) when looking back for the start date.

If this is the client's first day on the streets, shelters, or safe havens, enter today's date.

\*\* "The streets" is being used as short-hand for any place unfit for human habitation (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).

		/			/				
Month		Day			Year				

## 4. NUMBER OF TIMES THE CLIENT HAS BEEN HOMELESS IN THE PAST THREE YEARS

### How many times has the client been homeless on the streets, in shelter, or in safe havens in the past three years, including this time?

Count the times a client has been homeless, separated by breaks, in the last three years. A break means at least 7 consecutive nights of not living on the street, in an emergency shelter, or Safe Haven or at least 90 days in any of the places listed under the header "institutional situations" on the previous page.

- |   |  |
|---|--|
| <input type="checkbox"/> One time (this time) | <input type="checkbox"/> Four or more times  |
| <input checked="" type="checkbox"/> Two times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three times          | <input type="checkbox"/> Client refused      |

## 5. TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMELESS IN THE PAST THREE YEARS

How many months, in total, has the client has been homeless on the street, in an emergency shelter, or Safe Haven over the past three years?

Add up the total number of months homeless of all the different times the client has spent homeless on the streets or in shelter in the past three years. Include any time a client spent in an institution for a period of less than 90 days or time spent in permanent or transitional housing for a period of less than 7 days. Responses may be rounded to the next-highest number of full months. The current month, even if a partial month, can be counted as a full month.

**Example:** The client has a project start date in an ES of March 15<sup>th</sup>. The client has been on the streets since January 15 and was in permanent housing prior to that, except for a two month period last year. The cumulative total would be 4.5 months (Last year = 2 months; January = 15 days, February = 1 month, March = 1 month). Enter 5 months where indicated.

One month or less (choose if this is the first time the client has been homeless)

Between 2 and 12 months → Enter the total number of months: \_\_\_\_\_

More than 12 months

Client doesn't know

Client refused

## INCOME AND SOURCES

Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).

Does the client have any income from any source?

No

Yes

Client doesn't know

Client refused



**[IF YES] Answer Yes or No for each income source.**

If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate. Answer 'No' for sources that have been terminated, even if they were received in the past.

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$ . 0 0
Unemployment Insurance	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$ . 0 0
Supplemental Security Income (SSI)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$ . 0 0
Social Security Disability Insurance (SSDI)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$ . 0 0
VA Service-Connected Disability Compensation	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$ . 0 0
VA Non-Service-Connected Disability Pension	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$ . 0 0
Private disability insurance	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$ . 0 0

Worker's Compensation	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
Temporary Assistance for Needy Families (TANF)	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
General Assistance (GA)	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
Retirement Income from Social Security	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
Pension or retirement income from a former job	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
Child support	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
Alimony or other spousal support	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
Other source If yes, specify source: _____	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
<b>Total monthly income from all sources</b>			\$					. 0 0

**NON-CASH BENEFITS**

**Does the client have any non-cash benefits from any source?**

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

- |   |  |
|---|--|
| <input type="checkbox"/> No             | <input type="checkbox"/> Client doesn't know |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Client refused      |



**[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source.**

Source of income	Receiving Benefits from source?	
Supplemental Nutrition Assistance Program (SNAP)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
TANF Child Care services (or use local name)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
TANF transportation services (or use local name)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Other TANF-Funded Services (or use local name)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Other source If yes, specify source: _____	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

**HEALTH INSURANCE**

Is the client currently covered by health insurance?

No  
 Yes

Client doesn't know  
 Client refused



**[IF YES] Answer 'Yes' or 'No' for each health insurance source.**

Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Source
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Other If Yes, specify source: _____

**PHYSICAL DISABILITY**

Does the client currently have a physical disability?

No  
 Yes

Client doesn't know  
 Client refused



**[IF YES] Is the physical disability expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?**

No  
 Yes

Client doesn't know  
 Client refused

**DEVELOPMENTAL DISABILITY**

Does the client currently have a developmental disability?

No  
 Yes

Client doesn't know  
 Client refused



**[IF YES] Is the developmental disability expected to substantially impair the client's ability to live independently?**

No  
 Yes

Client doesn't know  
 Client refused

## CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

- No  
 Yes

- Client doesn't know  
 Client refused



**[IF YES] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?**

- No  
 Yes

- Client doesn't know  
 Client refused

## HIV/AIDS

Does the client currently have HIV/AIDS?

- No  
 Yes

- Client doesn't know  
 Client refused



**[IF YES] Is HIV/AIDS expected to substantially impair the client's ability to live independently?**

- No  
 Yes

- Client doesn't know  
 Client refused

## MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

- No  
 Yes

- Client doesn't know  
 Client refused



**[IF YES] Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?**

- No  
 Yes

- Client doesn't know  
 Client refused

## SUBSTANCE ABUSE PROBLEM

Does the client currently have a substance abuse problem?

- No  
 Alcohol abuse  
 Drug abuse  
 Both alcohol and drug abuse

- Client doesn't know  
 Client refused



**[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?**

- No  
 Yes

- Client doesn't know  
 Client refused



**DOMESTIC VIOLENCE**

Is client a domestic violence victim/survivor?

- No
- Yes

- Client doesn't know
- Client refused



**[IF YES] When did the experience occur?**

- Within the past three months
- Three to six months ago (excluding six months exactly)
- Six months to one year ago (excluding one year exactly)

- One year ago or more
- Client doesn't know
- Client refused

**[IF YES] Is the client currently fleeing?**

- No
- Yes

- Client doesn't know
- Client refused

**HOMELESS INFORMATION**

**DATE OF CONTACT (e.g., 08/24/2017)**

		/			/				
Month			Day			Year			

**DATE OF ENGAGEMENT (e.g., 08/24/2017)**

		/			/				
Month			Day			Year			

**STAYING ON STREET OR EMERGENCY SHELTER?**

- Yes
- No
- Worker unable to determine

**HOUSING MOVE-IN DATE (e.g., 08/24/2017)**

		/			/				
Month			Day			Year			