

Gulf Coast Partnership CIS HUD Project START – CES-HP-OTH-PH_PSH_RRH-TH

This form can be used by the following HUD project types: Coordinated Entry System, Homeless Prevention, Other, Permanent Housing including Permanent Supportive Housing and Rapid Re-Housing, and Transitional Housing. Some project types are also required to track other information such as housing move-in date. Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

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.

- Self (head of household)
- Head of household's child
- Head of household's spouse or partner

- Head of household's other relation member (other relation to head of household)
- Other: non-relation member

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

- Place not meant for habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven
- Interim Housing*

Institutional Situations

- 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 & Permanent Housing Situations

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, no ongoing subsidy
- Rental by client, with VASH 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)

Other

- Client doesn't know
- Client refused

2. LENGTH OF STAY IN PRIOR LIVING SITUATION

How long was the client staying in that place?

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.

- 1 night or less
- 2 to 6 nights
- 1 week+, but less than 1 month
- 1 mo+, but less than 90 days
- 90 days, but less than 1 year
- 1 year or longer
- Client doesn't know
- Client refused

Proceed to Question 3

- 1 night or less
- 2 to 6 nights
- 1 week+, but less than 1 month
- 1 mo+, but less than 90 days
- 90 days, but less than 1 year
- 1 year or longer
- Client doesn't know
- Client refused

Proceed to Question 3

STOP
Skip to Income and Sources

- 1 night or less
- 2 to 6 nights
- 1 week, but less than 1 month
- 1 month, but less than 90 days
- 90 days, but less than 1 year
- 1 year or longer
- Client doesn't know
- Client refused

Proceed to Question 3

STOP
Skip to Income and Sources

*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.), and
4. Client and transitional housing project must have determined that transitional housing is an acceptable option until permanent housing unit is ready for occupancy.

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 HOMLESS 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"/> Two times
<input type="checkbox"/> Three times | <input type="checkbox"/> Four or more times
<input type="checkbox"/> Client doesn't know
<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, in shelter, or in safe havens 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 15th. 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
- Client doesn't know
- Yes
- 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	No	<input type="checkbox"/>							
If yes, specify source: _____	Yes	<input type="checkbox"/>	\$. 0 0
Total monthly income from all sources			\$. 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 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	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, specify source: _____	

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

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

The housing move-in date is to document the date that a household admitted into a Permanent Housing project moves into housing.

FOR PERMANENT HOUSING INCLUDING PERMANENT SUPPORTIVE HOUSING AND RAPID RE-HOUSING

		/			/				
Month			Day			Year			