

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:*

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

Social Security Number:*

- _____
- Full SSN Reported
 - Approximate or Partial SSN Reported
 - Client Doesn't Know
 - Client Refused

Birthdate:*

- _____
- Full DOB Reported
 - Approximate or Partial DOB Reported
 - 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 Male to Female
- Transgender Female to Male
- Other
- Client Doesn't Know
- Client Refused

If Female, Pregnancy Status:*

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

Disabling Condition:*

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

Veteran Status:*

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

Primary Language:

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Farsii | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French | <input type="checkbox"/> Turkish | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> German | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Ilacano |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Mien | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Portugese | <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hmong | <input type="checkbox"/> Other Sign Language |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Lao | <input type="checkbox"/> Other-Non English |

Marital Status:

- Single
- Divorced
- Married & Living with Spouse
- Married and Not Living with Spouse
- Common Law Widowed
- Living Together Civil Union

Citizenship:

- U.S. Citizen
- Eligible Non-Citizen
- Ineligible Non-Citizen

Relationship to Head of Household:*

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

Contact Information:

Address: _____ City/State/Zip: _____

Home Phone: _____ Email: _____

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: * _____

Case Assignment: * _____

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)

- Category 1 – Homeless
- Category 2 – At Imminent Risk of Losing Housing
- Category 3 – Homeless Only Under Other Federal Statutes
- Category 4 – Fleeing Domestic Violence
- At Risk of Homelessness
- Stably Housed – Rent
- Stably Housed – Own
- Don't Know
- Refused
- Other

Residence Prior to Program Entry:*

- Long-term care facility or nursing home
- Rental by client, with GPD TIP subsidy
- Residential project or halfway house with no homeless criteria
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Transitional Housing for Homeless Persons (Including Homeless Youth)
- Permanent Housing for Formerly Homeless Persons (a CoC project; HUD legacy programs; or HOPWA PH)
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment Facility or Detox Center
- Hospital or other residential non-psychiatric medical facility
- Jail, Prison or Juvenile Detention Center
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Hotel or motel paid for without emergency shelter voucher
- Foster care home or foster care group home

Residence Prior to Program Entry:* (Continued)

- Place not meant for habitation (a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Other
- Safe Haven
- Rental by client, with VASH housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Rental by client, with no ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Client Doesn't Know
- Client Refused
- Data Not Collected

Length of Stay:*

- One day or less
- Two days to one week
- One week or less
- More than one week, but less than one month
- One to three months
- More than three months, but less than one year
- One year or longer
- Client Doesn't Know
- Client Refused
- Data Not Collected

Time on Streets, Emergency Shelter (ES), or Safe Haven (SH):*

Client entering from the streets, ES or SH:

- Yes, approximate date started: _____
- No
- Client Doesn't Know
- Client Refused
- Data Not Collected

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:

- Never in the 3 years
- One time
- Two times
- Three times
- Four or more 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
 - Number of months (2-12):* _____
- More than 12 months
- Client Doesn't Know
- Client Refused
- Data Not Collected

Health Insurance:*

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

If Yes, Type:*

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

Status:*

- Active
 - Start Date: _____
 - End Date: _____
- No
 - 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

ClientTrack Barriers Assessment:*

<u>Barriers:*</u>	<u>Barrier Present?</u>	<u>Receiving Services/Treatment?</u>	<u>Condition Indefinite?</u>	<u>Documentation on File?</u>
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

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

Serious Mental Illness (SMI):

- No
- Unconfirmed; presumptive or self-report
- Confirmed through assessment and clinical evaluation
- Confirmed by prior evaluation or clinical records
- 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

When Experience Occurred:*

- Within the past three months Client Doesn't Know
- Three to six months ago Client Refused
- Six to twelve months ago Data Not Collected
- More than a year ago

Currently Fleeing:*

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

Victimization Date:*

Interviewer: _____

Assessment Description: _____

Interview Type: In-Person Phone Call Only

Type of Abuse:

- Physical Stalking
- Sexual Human Trafficking
- Psychological

Weapon Used:

- Knife Other
- Gun Unknown

Associated with DV – Alcohol:

- Yes by Abuser Yes by Both
- Yes by Victim No

Associated with DV – Drugs:

- Yes by Abuser Yes by Both
- Yes by Victim No

Length of Violent Relationship:

- Under 1 Year 11-20 Years
- 1-5 Years Over 20 Years
- 6-10 Years Unknown

Sexual Assault Type:

- Adult Sexual Assault
- Adult Molested As Child
- Child Sex Abuse
- Rape
- Attempted Rape
- Other Sexual Contact

Sexual Assault Location:

- Victim's Home Victim's and Assailant's Home
- Assailant's Car Workplace
- Outside Institution
- Assailant's Home Other
- College Campus Unknown
- Friend's Home

Length Before Contact:

- Same Day 1-5 Years
- 1 Day 6-10 Years
- 3-6 Days 11-15 Years
- 1 Week to 1 Month Over 15 Years
- 2-6 Months Unknown
- 7-11 Months

Survivor of Incest

Other Child Sexual Abuse

Other Information and Offender Relationship to Victim

- Child Abuse (960s)
- Physical Abuse
- Psychological Abuse
- Child Witnessed Abuse
- Abuse Through Neglect
- Other Type of Abuse
 - Terrorizing
 - DUI/DWI Crash
 - Elderly Abuse
 - Stalking, Robbery
 - Non-DV Assault
 - Harassment
 - Disorderly Conduct
 - Survivor of Homicide
 - Violation of Court Order
 - Other _____

Relationship to Victim:

- Parent Spouse
- Grandparent Intimate Partner
- Guardian Sibling
- Other Family Member Acquaintance
- Other Non-Family Stranger
- Other Caretaker

Child Education Assessment:*

Highest Grade Completed:*

- No School Completed
- Nursery School to 4th Grade
- 5th Grade or 6th Grade
- 7th Grade or 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12 Grade, No Diploma
- High School Diploma
- GED
- Post-Secondary School
- Client Doesn't Know
- Client Refused

Current Enrollment Status:*

- Yes No
- Client Doesn't Know Client Refused

If Yes, Type of School:*

- Public School Technical/Career
- Homeschool Client Doesn't Know
- Charter Client Refused
- Parochial or Other Private School

School Name:*

Connected w/McKinney-Vento School Liaison?*

- Yes No
- Client Doesn't Know Client Refused

If not enrolled, Last Enrollment Date: _____

Reason Not Enrolled: _____

Crimes:*

Incident Date:*

Abuser:*

Abuser DOB: _____

Relationship to Victim:

- Parent Other Caretaker
- Grandparent Spouse
- Guardian Intimate Partner
- Other Family Member Sibling
- Other Non-Family Member Acquaintance
- Stranger

Crime:*

- Adult Survivor of Child Physical Abuse/Neglect
- Adult Survivor of Child Sexual Abuse
- Aggravated Harassment
- Assault
- Bias/Hate Crime
- Burglary
- Criminal Mischief
- Custodial Interference
- Child Abuse – Physical/Neglect
- Child Abuse – Sexual
- Domestic Violence
- Elder Abuse
- Harassment
- Homicide
- Identity Theft
- Incest
- Kidnapping
- Rape
- Robbery
- Sexual Assault
- Stalking
- Strangulation
- Trafficking
- Violation of Order of Protection

VOCA Victimization Category

- A. Child Physical Abuse
- B. Child Sexual Abuse
- C. DUI/DWI Crashes
- D. Domestic Violence
- E. Adult Sexual Abuse
- F. Elder Abuse
- G. Adults Molested as Children
- H. Survivors of Homicide Victims
- I. Robbery or Bank Robbery
- J. Assault
- K. Violent Crime
- L. Economic Exploitation and Fraud
- M. Hate Crimes
- N. Other
- O. Stalking

Primary Victimization

Repeat Victim

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

Legal Assessment:*

Assessment Description: _____

Are you currently involved in any of the following legal situations?

- Divorce
- Eviction
- Bill Collector
- Pending Criminal Charges
 - Description: _____
- Order of Protection
- Probation/Parole
- Custody Issues
- Child or Spousal Support
- Warrant for Arrest
- CPS Involvement
- Other: _____

Do you currently have legal representation?

How many days, past 30 days, experiencing legal representation? _____

Legal Description Notes: _____

Transportation Assessment:*

Primary Transit Means:

- Own vehicle
- Ride from friends/family
- Bicycle
- Other: _____
- Bus
- VanTran
- Walk

Vehicle Ownership:

- Own
- Leased
- Borrowed

Vehicle Make: _____

Vehicle Model: _____

Vehicle Year: _____

Vehicle Description: _____

Vehicle Condition:

- Good running condition
- In Need of Repair
- Impounded

Vehicle Condition Description: _____

Registered State: _____

License Plate Number: _____

Insurance Company: _____

Insurance Renewal Date: _____

License Number: _____

License Expiration Date: _____