# Housing Services Entry Form

*For Permanent Housing, Supportive Housing Case Management, and Transitional Housing programs in Clackamas County*

**Please note the Housing Move-In Date (HMID) on which the household moves into the housing unit or bed:**

**Housing Move-In Date:** ☐☐ / ☐☐ / ☐☐☐☐

*If the Housing Move-In Date is **on or before** your collection of the information below, enter it into the program entry for the household in HMIS. If the HMID is after the date you collect the following information, enter it as an Interim Update to the program entry in HMIS.*

| **Head of Household (HoH)** | **Household Member 1** |
|---|---|
| **Name:** | **Name/Relationship to HoH:** |
| **Translation assistance?**<br>☐Yes ☐No<br>If "Yes," what language? | **Translation assistance?**<br>☐Yes ☐No<br>If "Yes," what language? |
| **Date of Birth:** | **Date of Birth:** |
| **Last 4 digits of SSN:** | **Last 4 digits of SSN:** |
| **Race and Ethnicity (Check all that apply)**<br>☐ American Indian, Alaska Native, or Indigenous<br>☐ Asian or Asian American<br>☐ Black, African American, or African<br>☐ Hispanic/Latina/o/e<br>☐ Middle Eastern or North African<br>☐ Native Hawaiian or Pacific Islander<br>☐ White<br>☐ Other/Addtl. Race or Ethnicity:<br>_____<br>☐ Don't know<br>☐ Prefer not to answer | **Race and Ethnicity (Check all that apply)**<br>☐ American Indian, Alaska Native, or Indigenous<br>☐ Asian or Asian American<br>☐ Black, African American, or African<br>☐ Hispanic/Latina/o/e<br>☐ Middle Eastern or North African<br>☐ Native Hawaiian or Pacific Islander<br>☐ White<br>☐ Other/Addtl. Race or Ethnicity:<br>_____<br>☐ Don't know<br>☐ Prefer not to answer |
| **Gender (Check all that apply)**<br>☐ Woman (Girl, if child)<br>☐ Man (Boy, if child)<br>☐ Culturally Specific Identity (e.g., Two-Spirit)<br>☐ Transgender<br>☐ Non-Binary<br>☐ Questioning<br>☐ Different Identity: _____<br>☐ Don't know<br>☐ Prefer not to answer | **Gender (Check all that apply)**<br>☐ Woman (Girl, if child)<br>☐ Man (Boy, if child)<br>☐ Culturally Specific Identity (e.g., Two-Spirit)<br>☐ Transgender<br>☐ Non-Binary<br>☐ Questioning<br>☐ Different Identity: _____<br>☐ Don't know<br>☐ Prefer not to answer |

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| **Sexual Orientation (Check all that apply)**<br>☐ Heterosexual<br>☐ Gay<br>☐ Lesbian<br>☐ Bisexual<br>☐ Questioning/Unsure<br>☐ Other: _____<br>☐ Don't know<br>☐ Prefer not to answer | **Sexual Orientation (Check all that apply)**<br>☐ Heterosexual<br>☐ Gay<br>☐ Lesbian<br>☐ Bisexual<br>☐ Questioning/Unsure<br>☐ Other: _____<br>☐ Don't know<br>☐ Prefer not to answer |
| **Working with an Intensive Case Management Program such as ACT? (If unsure, please choose "no")**<br>☐ Yes ☐ No | **Working with an Intensive Case Management Program such as ACT? (If unsure, please choose "no")**<br>☐ Yes ☐ No |
| **Covered by Health Insurance?**<br>☐ Yes ☐ Don't know<br>☐ No ☐ Prefer not to answer<br><br>**If yes, what type(s):**<br>☐ MEDICAID (Including OHP)<br>☐ MEDICARE<br>☐ Veteran's Health Administration (VHA)<br>☐ Employer-Provided Insurance<br>☐ COBRA<br>☐ Private Pay<br>☐ Indian Health Services<br>☐ Other: _____ | **Covered by Health Insurance?**<br>☐ Yes ☐ Don't know<br>☐ No ☐ Prefer not to answer<br><br>**If yes, what type(s):**<br>☐ MEDICAID (Including OHP)<br>☐ MEDICARE<br>☐ Veteran's Health Administration (VHA)<br>☐ Employer-Provided Insurance<br>☐ COBRA<br>☐ Private Pay<br>☐ Indian Health Services<br>☐ Other: _____ |
| **Have any of the conditions listed below?**<br>☐ Yes ☐ Don't know<br>☐ No ☐ Prefer not to answer<br><br>**If yes, what type(s)**<br>☐ Alcohol Use Disorder<br>☐ Drug Use Disorder<br>☐ Developmental Disability<br>☐ HIV/AIDS<br>☐ Mental Health Disorder<br>☐ Physical Disability<br>☐ Chronic Health Condition | **Have any of the conditions listed below?**<br>☐ Yes ☐ Don't know<br>☐ No ☐ Prefer not to answer<br><br>**If yes, what type(s)**<br>☐ Alcohol Use Disorder<br>☐ Drug Use Disorder<br>☐ Developmental Disability<br>☐ HIV/AIDS<br>☐ Mental Health Disorder<br>☐ Physical Disability<br>☐ Chronic Health Condition |
| **Monthly Income**<br>☐ Yes ☐ Don't know<br>☐ No ☐ Prefer not to answer<br><br>*Continued on Page 3* | **Monthly Income**<br>☐ Yes ☐ Don't know<br>☐ No ☐ Prefer not to answer<br><br>*Continued on Page 3* |

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| **If yes, what type(s) and how much per month?**<br>☐ Alimony: $_____<br>☐ Child Support: $_____<br>☐ Earned Income: $_____<br>☐ General Assistance: $_____<br>☐ Pension/Retirement: $_____<br>☐ Private Disability Insurance: $_____<br>☐ Social Security Retirement: $_____<br>☐ SSDI: $_____<br>☐ SSI: $_____<br>☐ TANF: $_____<br>☐ Unemployment: $_____<br>☐ VA Non-Service Pension: $_____<br>☐ VA Service-Rltd Comp: $_____<br>☐ Other: $_____ | **If yes, what type(s) and how much per month?**<br>☐ Alimony: $_____<br>☐ Child Support: $_____<br>☐ Earned Income: $_____<br>☐ General Assistance: $_____<br>☐ Pension/Retirement: $_____<br>☐ Private Disability Insurance: $_____<br>☐ Social Security Retirement: $_____<br>☐ SSDI: $_____<br>☐ SSI: $_____<br>☐ TANF: $_____<br>☐ Unemployment: $_____<br>☐ VA Non-Service Pension: $_____<br>☐ VA Service-Rltd Comp: $_____<br>☐ Other: $_____ |
| **Do you receive any of the Non-Cash Benefits listed below?**<br>☐ Yes ☐ Don't know<br>☐ No ☐ Prefer not to answer<br><br>**If yes, what type(s)**<br>☐ Food Stamps/SNAP<br>☐ WIC Special Supplemental Nutrition Program<br>☐ TANF Child Care<br>☐ TANF Transportation Services<br>☐ Other Non-Cash Benefit | **Do you receive any of the Non-Cash Benefits listed below?**<br>☐ Yes ☐ Don't know<br>☐ No ☐ Prefer not to answer<br><br>**If yes, what type(s)**<br>☐ Food Stamps/SNAP<br>☐ WIC Special Supplemental Nutrition Program<br>☐ TANF Child Care<br>☐ TANF Transportation Services<br>☐ Other Non-Cash Benefit |

## Housing History *(Fill out for the Head of Household. If the housing history of other adult household members differs, please fill out this section for each of them.)*

**In what kind of situation did the head of household sleep last night? (for example: in your rented apartment, on the street, at a friend or family member's place, etc.)**

**How long have you been staying in the above location?**

**Have you been served with eviction papers that mean you'll have to leave your residence within 14 days?**

☐ Yes ☐ Don't know
☐ No ☐ Prefer not to answer

**Have you ever had an episode of homelessness on the street, camping, in a car, or staying in an abandoned building?**

☐ Yes ☐ Don't know
☐ No ☐ Prefer not to answer

**If yes, number of times you've been on the streets or in emergency homeless shelters for one night or more in the past three years including today:**

☐ 0 ☐ 2 ☐ 4+
☐ 1 ☐ 3 ☐ Prefer not to answer

**If yes, during how many months have you been homeless on the street or in emergency shelters in the past three years?**

☐ 0 ☐ 5 ☐ 10
☐ 1 ☐ 6 ☐ 11
☐ 2 ☐ 7 ☐ 12
☐ 3 ☐ 8 ☐ 12+
☐ 4 ☐ 9 ☐ Prefer not to answer

**In the past 3 years, during how many months have you stayed with friends or family due to lack of housing?**

☐ 0 ☐ 5 ☐ 10
☐ 1 ☐ 6 ☐ 11
☐ 2 ☐ 7 ☐ 12
☐ 3 ☐ 8 ☐ 12+
☐ 4 ☐ 9 ☐ Prefer not to answer

**In the past 3 years, during how many months have you stayed in an institution like a hospital, jail, foster care, etc?**

☐ 0 ☐ 5 ☐ 10
☐ 1 ☐ 6 ☐ 11
☐ 2 ☐ 7 ☐ 12
☐ 3 ☐ 8 ☐ 12+
☐ 4 ☐ 9 ☐ Prefer not to answer

**Are you a survivor of Domestic Violence?**

☐ Yes ☐ Don't know
☐ No ☐ Prefer not to answer

**If yes, when did the violence occur?**

_____

**If yes, are you currently fleeing from the abuser?**

☐ Yes ☐ Don't know
☐ No ☐ Prefer not to answer