Housing Services Entry Form

For Outreach programs in Clackamas County

Please describe the current living situation of the client household

Create a blank entry for your outreach program in the client's file in HMIS.

Head of Household (HoH) HMIS #:		**Additional Household HMIS #s:**	

Once the client has expressed that they would like to explore housing options with you, please record their **Date of Engagement:**	

*Ask **all** the following questions of the Head of Household (HoH) and their other household members. You will use that information to complete the entry in the household's client files in HMIS.*

Head of Household (HoH)	**Household Member 1**
Name:	**Name/Relationship to HoH:**
Translation assistance? ☐Yes ☐No If "Yes," what language?	**Translation assistance?** ☐Yes ☐No 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) ☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/o/e ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other/Addtl. Race or Ethnicity: _____ ☐ Don't know ☐ Prefer not to answer	**Race and Ethnicity (Check all that apply)** ☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/o/e ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other/Addtl. Race or Ethnicity: _____ ☐ Don't know ☐ Prefer not to answer

Gender (Check all that apply) ☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally Specific Identity (e.g., Two-Spirit) ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity: _____ ☐ Don't know ☐ Prefer not to answer	**Gender (Check all that apply)** ☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally Specific Identity (e.g., Two-Spirit) ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity: _____ ☐ Don't know ☐ Prefer not to answer
Sexual Orientation (Check all that apply) ☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Questioning/Unsure ☐ Other: _____ ☐ Don't know ☐ Prefer not to answer	**Sexual Orientation (Check all that apply)** ☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Questioning/Unsure ☐ Other: _____ ☐ Don't know ☐ Prefer not to answer
Working with an Intensive Case Management Program such as ACT? (If unsure, please choose "no") ☐ Yes ☐ No	**Working with an Intensive Case Management Program such as ACT? (If unsure, please choose "no")** ☐ Yes ☐ No
Covered by Health Insurance? ☐ Yes ☐ Don't know ☐ No ☐ Prefer not to answer **If yes, what type(s):** ☐ MEDICAID (Including OHP) ☐ MEDICARE ☐ Veteran's Health Administration (VHA) ☐ Employer-Provided Insurance ☐ COBRA ☐ Private Pay ☐ Indian Health Services ☐ Other: _____	**Covered by Health Insurance?** ☐ Yes ☐ Don't know ☐ No ☐ Prefer not to answer **If yes, what type(s):** ☐ MEDICAID (Including OHP) ☐ MEDICARE ☐ Veteran's Health Administration (VHA) ☐ Employer-Provided Insurance ☐ COBRA ☐ Private Pay ☐ Indian Health Services ☐ Other: _____
Have any of the conditions listed below? ☐ Yes ☐ Don't know ☐ No ☐ Prefer not to answer *Continued on Page 3*	**Have any of the conditions listed below?** ☐ Yes ☐ Don't know ☐ No ☐ Prefer not to answer *Continued on Page 3*

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