Please complete one sheet for each person served, whether they are an individual or a family member

**Project Start Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ **Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S**ervicePointClient ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name: MI**: **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix**: \_­­\_\_\_\_\_\_\_\_\_\_

**Name Type**:  Full Name Reported

  Partial, Street Name, or Code Name Reported

 Client Doesn’t Know

 Client Refused

 Data Not Collected

**SSN**: \_\_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN Type:**  Full

 Approximate/Partial

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

**U.S. Military Veteran? (Clients 18 and older)**: Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**DOB** (mm/dd/yyyy) \_\_ / / **DOB Type:**   Full DOB

 Approximate or Partial DOB

 Client Doesn’t Know  Client Prefers Not to Answer

 Data Not Collected

**Race and Ethnicity (Select up to 5 choices):**

|  |  |
| --- | --- |
| * American Indian, Alaska Native, or Indigenous
* Asian or Asian American
* Black, African American, or African
* Hispanic Latina/e/o
* Middle Eastern or North African
 | * Native Hawaiian or Pacific Islander
* White
* Client Doesn’t Know
* Client Prefers Not to Answer
* Data Not Collected
 |

**Additional Race and Ethnicity Detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender (Select all that Apply)**:

 Woman (Girl, if child)  Transgender

* Man (Boy, if child)  Questioning

 Culturally Specific Identity (e.g., Two-Spirit)  Client Doesn’t Know

* Different Identity  Client Prefers Not to Answer
* Non-Binary  Data Not Collected

**If Different Identity, Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have a disabling condition?**  Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Relationship to 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

 Data Not Collected

**Client Location: ME500**

**Housing Move-in Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**Prior Living Situation:**

**-HOMELESS SITUATIONS-**

 Place Not Meant for Habitation

 Emergency Shelter, including hotel/motel paid for w/ ES Voucher or Host Home Shelter

 Safe Haven

**-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

**-TEMPORARY HOUSING SITUATIONS-**

 Transitional Housing for Homeless Persons (includes homeless youth)

 Residential Project or Halfway House with no Homeless Criteria

 Hotel or Motel Paid for without an Emergency Shelter Voucher

 Host Home (non-crisis)

 Staying or Living in a Friend’sRoom, Apartment or House

 Staying or Living in a Family Member’s Room, Apartment or House

**-PERMANENT HOUSING SITUATION-**

 Rental by Client, No Ongoing Housing Subsidy

 Rental by Client, with Ongoing Housing Subsidy

* GPD TIP Housing Subsidy
* VASH Housing Subsidy
* RRH or Equivalent Subsidy
* HCV Voucher (Tenant or Project Based) (Not Dedicated)
* Public Housing Unit
* Rental By Client, With Other Ongoing Housing Subsidy
* Housing Stability Voucher
* Family Unification Program Voucher (FUP)
* Foster Youth to Independence Initiative (FYI)
* Permanent Supportive Housing
* Other Permanent Housing Dedicated for Formerly Homeless Persons

 Owned by Client, with Ongoing Housing Subsidy

 Owned by Client, No Ongoing Housing Subsidy

**-OTHER-**

 Client Doesn’t Know

 Client Prefers Not to Answer

 Data Not Collected

 Subsidized Housing

**Length of stay in prior living situation:**  One night or less  One year or longer

  Two to six nights  Client Doesn’t Know

  One week or more but less than one month  Client Refused

  One month or more but less than 90 days  Data Not Collected

  90 days or more but less than one year

***If Literally Homeless, then:***

**Approximate Date Current Episode of Homelessness Started: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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:**

 One Time  Client Doesn’t Know

 Two Times  Client Prefers Not to Answer

 Three Times  Data Not Collected

 Four or More Times

**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)  6 Months  11 Months

 2 Months  7 Months  12 Months

 3 Months  8 Months  More than 12 Months

 4 Months  9 Months  Client Doesn’t Know

 5 Months  10 Months  Client Prefers Not to Answer

 Data Not Collected

***If Institutional Setting, then:***

**Did you stay less than 90 days:** Yes No

***If less than 90 days*, on the night before did you stay on the streets, ES, or SH?** Yes No

***If yes:* Approximate Date Current Episode of Homelessness Started: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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:**

 One Time  Client Doesn’t Know

 Two Times  Client Prefers Not to Answer

 Three Times  Data Not Collected

 Four or More Times

**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)  6 Months  11 Months

 2 Months  7 Months  12 Months

 3 Months  8 Months  More than 12 Months

 4 Months  9 Months  Client Doesn’t Know

 5 Months  10 Months  Client Prefers Not to Answer

 Data Not Collected

***If Transitional or Permanent Housing Situation:***

**Did you stay less than 7 nights?** Yes No

***If less than 7 nights,* on the night before did you stay on the streets, ES, or SH?** Yes No

***If yes:* Approximate Date Current Episode of Homelessness Started: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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:**

 One Time  Client Doesn’t Know

 Two Times  Client Prefers Not to Answer

 Three Times  Data Not Collected

 Four or More Times

**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)  6 Months  11 Months

 2 Months  7 Months  12 Months

 3 Months  8 Months  More than 12 Months

 4 Months  9 Months  Client Doesn’t Know

 5 Months  10 Months  Client Prefers Not to Answer

**Income from any source?** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Monthly Income**

|  |  |  |
| --- | --- | --- |
| **Receiving Income** | **Source of Income** (*Check all that apply)* | **Income Amount** |
| Yes  No | Alimony | $ |
| Yes  No | Alimony or Other Spousal Support  | $ |
| Yes  No | Annuities  | $ |
| Yes  No | Child Support  | $ |
| Yes  No | Contributions From Other People | $ |
| Yes  No | Dividends (Investments) | $ |
| Yes  No | Earned Income | $ |
| Yes  No | General Assistance  | $ |
| Yes  No | Interest | $ |
| Yes  No | Other | $ |
| Yes  No | Pension/Retirement | $ |
| Yes  No | Pension or Retirement Income from Another Job | $ |
| Yes  No | Private Disability Insurance | $ |
| Yes  No | Railroad Retirement | $ |
| Yes  No | Rental Income | $ |
| Yes  No | Retirement Disability | $ |
| Yes  No | Retirement Income From Social Security | $ |
| Yes  No | Self-Employment Wages | $ |
| Yes  No | SSDI | $ |
| Yes  No | SSI | $ |
| Yes  No | State Disability | $ |
| Yes  No | TANF | $ |
| Yes  No | Unemployment Insurance | $ |
| Yes  No | VA Non-Service Connected Disability Pension | $ |
| Yes  No | VA Service Connected Disability Compensation | $ |
| Yes  No | Worker’s Compensation  | $ |
| Yes  No | Other – Specify Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
|  | **Total Monthly Income** | **$** |

**Start Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Receiving Income Source:** Yes No Data Not Collected

**End Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Non-Cash Benefit from any source?** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Non-Cash Benefits**

|  |  |  |
| --- | --- | --- |
| **Receiving Benefit** | **Source of Non-Cash Benefit** (*Check all that apply)* | **Benefit Amount** *(when applicable)* |
| Yes  No | Supplemental Nutrition Assistance Program (SNAP – Food Stamps)  | $ |
| Yes  No | Special Supplemental Nutrition Program for WIC | $ |
| Yes  No | TANF Child Care services | $ |
| Yes  No | TANF Transportation services | $ |
| Yes  No | Other TANF-funded services | $ |
| Yes  No | Other Source – Specify Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

**Receiving Benefit?:** Yes No Data Not Collected

**Start Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**End Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Covered by Health Insurance?** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Health Insurance**

|  |  |
| --- | --- |
| **Covered** | **Health Insurance Type** (*Check all that apply)* |
| Yes  No | MEDICAID |
| Yes  No | MEDICARE  |
| Yes  No | Veteran’s Health Administration (VHA) |
| Yes  No | State Children’s Health Insurance Program  |
| Yes  No | Employer-Provided Health Insurance  |
| Yes  No | Health Insurance obtained through COBRA |
| Yes  No | Private Pay Health Insurance  |
| Yes  No | State Health Insurance for Adults |
| Yes  No | Indian Health Services Program  |
| Yes  No | Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Covered? :** Yes No Data Not Collected

**Start Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**(HOPWA) If Private Pay Insurance, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(HOPWA) If No, Reason Not Covered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**End Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**Health, Substance Use, and Disabilities**

**Do you have a disabling condition?**

Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

|  |  |
| --- | --- |
| **Disability Type** | **If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently** |
| **Alcohol Use Disorder**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Both Alcohol and Drug Use Disorder**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Chronic Health Condition**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Developmental**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | **Not Required**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Drug Use Disorder**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **HIV/AIDS**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | **Not Required**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Mental Health Disorder**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |
| **Physical/Medical**Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC | Yes No Client Doesn’t Know Client Prefers Not to Answer  DNC |

**Disability Determination:** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Start Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**End Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Survivor of Domestic Violence? :**  Yes  Client Prefers Not to Answer

  No  Data Not Collected

  Client Doesn’t Know

**If yes for Survivor of Domestic Violence, When experience occurred:**

 Within the past three months  More than a year ago

 Three to six months ago  Client Doesn't know

  From six to twelve months ago  Client Prefers Not to Answer

* Data Not Collected

**If yes for Survivor of Domestic Violence Victim/Survivor, are you currently fleeing?**

 Yes  Client Prefers Not to Answer

  No  Data Not Collected

  Client Doesn’t Know

  Client Doesn’t Know

**Veteran Information**

**Year Entered Military Service (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year Separated from Military Service (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**World War II:** Yes No Client Doesn’t Know Client Prefers Not to Answer Data Not Collected

**Korean War:** Yes No Client Doesn’t Know  Client Prefers Not to Answer Data Not Collected

**Vietnam War:** Yes No Client Doesn’t Know  Client Prefers Not to Answer Data Not Collected

**Persian Gulf War:** Yes No Client Doesn’t Know  Client Prefers Not to Answer Data Not Collected

**Afghanistan:** Yes No Client Doesn’t Know  Client Prefers Not to Answer Data Not Collected

**Iraq Freedom:** Yes No Client Doesn’t Know  Client Prefers Not to Answer Data Not Collected

**Iraq Dawn:** Yes No Client Doesn’t Know  Client Prefers Not to Answer Data Not Collected

**Other Peace-Keeping Operations or Military Interventions:**

Yes No Client Doesn’t Know  Client Prefers Not to Answer Data Not Collected

**Branch of the Military:**

 Army  Air Force  Navy  Marines  Coast Guard  Space Force

 Client Doesn’t Know  Client Prefers Not to Answer  Data Not Collected

**Discharge Status:**  Honorable  General under Honorable Conditions  Under Other than Honorable Conditions

  Bad Conduct  Dishonorable  Uncharacterized  Client Doesn’t Know

 Client Prefers Not to Answer  Data Not Collected

**VAMC Station Number:**

 (402) Togus, ME  (531) Boise, ID  (580) Houston, TX

 (405) White River Junction, VT  (534) Charleston, SC  (581) Huntington, WV

 (436) Montana HCS  (537) Jesse Brown VAMC (Chicago), IL  (583) Indianapolis, IN

 (437) Fargo, ND  (538) Chillicothe, OH  (585) Iron Mountain, MI

 (438) Sioux Falls, SD  (539) Cincinnati, OH  (586) Jackson, MS

 (442) Cheyenne, WY  (540) Clarksburg, WV  (589) Kansas City, MO

 (459) Honolulu, HI  (541) Cleveland, OH  (590) Hampton, VA

 (460) Wilmington, DE  (542) Coatesville, PA  (593) Las Vegas, NV

 (463) Anchorage, AK  (544) Columbia, SC  (595) Lebanon, PA

 (501) New Mexico HCS  (546) Miami, FL  (596) Lexington, KY

 (502) Alexandria, LA  (548) West Palm Beach, FL  (598) Little Rock, AR

 (503) Altoona, PA  (549) Dallas, TX  (600) Long Beach, CA

 (504) Amarillo, TX  (550) Danville, IL  (603) Louisville, KY

 (506) Ann Arbor, MI  (552) Dayton, OH  (605) Loma Linda, CA

 (508) Atlanta, GA  (553) Detroit, MI  (607) Madison, WI

 (509) Augusta, GA  (554) Denver, CO  (608) Manchester, NH

 (512) Baltimore HCS, MD  (556) Captain James A Lovell FHCC  (610) Northern Indiana HCS, IN

 (515) Battle Creek, MI  (557) Dublin, GA  (612) N. California, CA

 (516) Bay Pines, FL  (558) Durham, NC  (613) Martinsburg, WV

 (517) Beckley, WV  (561) New Jersey HCS, NJ  (614) Memphis, TN

 (518) Bedford, MA  (562) Erie, PA  (618) Minneapolis, MN

 (519) Big Spring, TX  (564) Fayetteville, AR  (619) Central Alabama Veterans

 (520) Gulf Coast HCS, MS  (565) Fayetteville, NC HCS, AL

 (521) Birmingham, AL  (568) Black Hills HCS, SD  (620) VA Hudson Valley HCS, NY

 (523) VA Boston HCS, MA  (570) Fresno, CA  (621) Mountain Home, TN

 (526) Bronx, NY  (573) Gainesville, FL  (623) Muskogee, OK

 (528) Western New York, NY  (575) Grand Junction, CO  (626) Middle Tennessee HCS, TN

 (529) Butler, PA  (578) Hines, IL  (629) New Orleans, LA

 (630) New York Harbor HCS, NY  (631) VA Central Western Massachusetts HCS  (632) Northport, NY

 (635) Oklahoma City, OK  (636) Nebraska-W Iowa, NE  (637) Asheville, NC

 (640) Palo Alto, CA  (642) Philadelphia, PA  (644) Phoenix, AZ

 (646) Pittsburgh, PA  (648) Portland, OR  (649) Northern Arizona HCS

 (650) Providence, RI  (652) Richmond, VA  (653) Roseburg, OR

 (654) Reno, NV  (655) Saginaw, MI  (656) St. Cloud, MN

 (657) St. Louis, MO  (658) Salem, VA  (659) Salisbury, NC

 (660) Salt Lake City, UT  (662) San Francisco, CA  (663) VA Puget Sound, WA

 (664) San Diego, CA  (666) Sheridan, WY  (667) Shreveport, LA

 (668) Spokane, WA  (671) San Antonio, TX  (672) San Juan, PR

 (673) Tampa, FL  (674) Temple, TX  (675) Orlando, FL

 (676) Tomah, WI  (678) Southern Arizona HCS  (679) Tuscaloosa, AL

 (687) Walla Walla, WA  (688) Washington, DC  (689) VA Connecticut HCS, CT

 (691) Greater Los Angeles HCS  (692) White City, OR  (693) Wilkes-Barre, PA

 (695) Milwaukee, WI  (740) VA Texas Valley Coastal Bend HCS  (756) El Paso, TX

 (757) Columbus, OH  (459GE) Guam  (528A5) Canandaigua, NY

 (528A6) Bath, NY  (528A7) Syracuse, NY  (528A8) Albany, NY

 (589A4) Columbia, MO  (589A5) Kansas City, MO  (589A6) Eastern KS HCS, KS

 (589A7) Wichita, KS  (636A6) Central Iowa, IA  (636A8) Iowa City, IA

 (657A4) Poplar Bluff, MO  (657A5) Marion, IL  Data Not Collected

**Voucher Change:**

 Referral package forwarded to PHA  Voucher converted to Housing Choice Voucher

 Voucher denied by PHA  Veteran exited – voucher returned

 Voucher issued by PHA  Veteran exited – family maintained the voucher

 Voucher revoked or expired  Veteran exited prior to ever receiving a voucher

 Voucher in use – Veteran moved into housing  Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Voucher was posted locally

 Voucher administratively absorbed by new PHA

**Last Grade Completed:**

 Less than Grade 5  School Program does not have grade levels  Graduate Degree

 Grades 5-6  Some College  Vocational Certification

 Grades 7-8  Associate’s Degree  Client Doesn’t Know

 Grades 9-11  Bachelor’s Degree  Client Prefers Not to Answer

 Grade 12/High School Diploma  Data Not Collected

**Employed?**

 Yes  Client Prefers Not to Answer

  No  Data Not Collected

  Client Doesn’t Know

**If Yes, Type of Employment:**

 Full Time

 Part Time

  Seasonal/Sporadic (Including Day Labor)

 Data Not Collected

**If No, Why not employed?**

 Looking for work

 Unable to work

  Not looking for work

 Data Not Collected

**General Health Status:**

 Excellent

 Very Good

  Good

 Fair

 Poor

  Client Doesn’t Know

 Client Prefers Not to Answer

  Data Not Collected

**Maine Required Data Elements Assessment:**

**Zip Code of Last Permanent Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip data quality for last permanent address:** Full or Partial Zip Code Report Client Doesn’t Know

 Client Prefers Not to Answer

**Release of Information Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Type of Release:** None Signed by Client Verbal