

Intake & Exit Forms

Data Collection for Project ENTRY

Section I: Client Information

NAME - [ALL CLIENTS] - [ALL PROJECTS]

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	
Alias	

CLIENT ID - (If known; for new clients this is system-generated)

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NAME DATA QUALITY - [ALL CLIENTS] - [ALL PROJECTS]

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.

<input type="checkbox"/>	Full name reported	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	Partial, street name, or code name reported	<input type="checkbox"/>	Client Refused

SOCIAL SECURITY NUMBER - [ALL CLIENTS] - [ALL PROJECTS]

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SOCIAL SECURITY NUMBER DATA QUALITY - [ALL CLIENTS] - [ALL PROJECTS]

For clients without a SSN, enter 'client doesn't know'.

<input type="checkbox"/>	Full SSN reported	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Approximate or partial SSN reported	<input type="checkbox"/>	Client refused

VETERAN STATUS - [ALL CLIENTS] - [ALL PROJECTS]

Veteran Status is only collected on adults who are 18 years of age or older. When a minor turns 18 this field must be completed. Projects may also default to 'No' for minors, if they wish. 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.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
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<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

Section II: Basic Data Elements

PROJECT START DATE (Month / Day / Year) - [ALL CLIENTS] - [ALL PROJECTS]

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.

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RELATIONSHIP TO HEAD OF HOUSEHOLD- [ALL CLIENTS] - [ALL PROJECTS]

In a household of a single individual, that person must be identified as the head of household. In multi-person households, only one 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.

<input type="checkbox"/>	Self (head of household)	<input type="checkbox"/>	Head of household's other relation member (other relation to head of household)
<input type="checkbox"/>	Head of household's child	<input type="checkbox"/>	Other: non-relation member
<input type="checkbox"/>	Head of household's spouse or partner	<input type="checkbox"/>	Data not collected

DATE OF BIRTH (Month / Day / Year) - [ALL CLIENTS] - [ALL PROJECTS]

Collect the month, day, and year of birth for every person served. If a client cannot remember the year of birth, ask the person's age and calculate the approximate year of birth. If a client cannot remember the month or day of birth, communities may record an approximate date of "01" for month and "01" for day.

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DATE OF BIRTH TYPE- [ALL CLIENTS] - [ALL PROJECTS]

<input type="checkbox"/>	Full date of birth reported	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Approximate or partial date of birth reported	<input type="checkbox"/>	Client refused

PRIMARY RACE - [ALL CLIENTS] - [ALL PROJECTS]

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, ALASKA NATIVE, OR INDIGENOUS is defined as: a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
- ASIAN or ASIAN AMERICAN is defined as: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
- BLACK, AFRICAN AMERICAN, OR AFRICAN is defined as: a person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN or PACIFIC ISLANDER is defined as a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE is defined as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

<input type="checkbox"/>	American Indian, Alaska Native, or Indigenous	<input type="checkbox"/>	White
<input type="checkbox"/>	Asian or Asian American	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Black, African American, or African	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>	Data Not Collected

SECONDARY RACE - [ALL CLIENTS] - [ALL PROJECTS]

The secondary race is the next closest racial grouping that the client identifies with. If the client does not identify with more than one racial group then leave this question blank.

<input type="checkbox"/>	American Indian, Alaska Native, or Indigenous	<input type="checkbox"/>	White
<input type="checkbox"/>	Asian or Asian American	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Black, African American, or African	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>	Data Not Collected

ETHNICITY - [ALL CLIENTS] - [ALL PROJECTS]

The definition of Hispanic or Latino ethnicity is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.

<input type="checkbox"/>	Non-Hispanic / Non-Latin(a)(o)(x)	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Hispanic / Latin(a)(o)(x)	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

GENDER - [ALL CLIENTS] - [ALL PROJECTS]

Which of these genders best describes how the client identifies? Please select ALL that apply. Clients can select as many options as they would like.

<input type="checkbox"/>	Female	<input type="checkbox"/>	Questioning
<input type="checkbox"/>	Male	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	A gender that is not singularly "female" or "male"	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Data not collected

DISABLING CONDITION - [ALL CLIENTS] - [ALL PROJECTS]

A disabling condition is any of the following disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health disorder, or substance use disorder) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug use disorder, 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.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

RESIDENCE PRIOR TO PROJECT ENTRY - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

What type of place was the client residing in prior to the project start?

Homeless Situations		Other	
<input type="checkbox"/>	Place not meant for habitation	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Data not collected
Institutional Situations			
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Long-term care facility or nursing home
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Substance use disorder treatment facility or detox center

Transitional (TH) and Permanent Housing Situations (PSH)			
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Residential project or halfway house with no homeless criteria
<input type="checkbox"/>	Owned by client, no ongoing housing subsidy	<input type="checkbox"/>	Staying or living in a family member's room, apartment, or house
<input type="checkbox"/>	Owned by client, with ongoing housing subsidy	<input type="checkbox"/>	Staying or living in a friend's room, apartment, or house
<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/>	Rental by client, with no ongoing housing subsidy	<input type="checkbox"/>	Host home (non-crisis)
<input type="checkbox"/>	Rental by client, with GPD TIP housing subsidy	<input type="checkbox"/>	Rental by client, with Rapid Re-Housing (RRH) or equivalent subsidy
<input type="checkbox"/>	Rental by client, with VASH housing subsidy	<input type="checkbox"/>	Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)
<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy	<input type="checkbox"/>	Rental by client in a public housing unit

LENGTH OF STAY IN PRIOR LIVING SITUATION - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

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.

<input type="checkbox"/>	One night or less	<input type="checkbox"/>	90 days or more, but less than one year
<input type="checkbox"/>	Two to six nights	<input type="checkbox"/>	One year or longer
<input type="checkbox"/>	One week or more, but less than one month	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	One month or more, but less than 90 days	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

PRIOR RESIDENCE SUB-SECTION - START

EMERGENCY SHELTERS, STREET OUTREACH, AND SAFE HAVEN PROJECTS – SKIP THIS SECTION

Question 1: Was your client's previous residence a Homeless Situation?	
<input type="checkbox"/>	No – (Go to "Question 2")
<input type="checkbox"/>	Yes – (Continue to question "Date the Client Started Being Homeless This Time")
Question 2: Was your client's previous residence an Institutional Situation?	
<input type="checkbox"/>	No – (Go to "Question 3")
<input type="checkbox"/>	Yes – (Continue with "Question 2b")
Question 2b: Did the client stay less than 90 days?	
<input type="checkbox"/>	No – (Continue to "Housing Move-in Sub-Section")
<input type="checkbox"/>	Yes – (Continue to "Question 2c")
Question 2c: On the night before did the client stay on the streets, Emergency Shelter (ES) or Safe Haven (SH)?	
<input type="checkbox"/>	No – (Continue to "Housing Move-in Sub-Section")
<input type="checkbox"/>	Yes – (Continue to question "Date the Client Started Being Homeless This Time")

Question 3: Was your client's previous residence a Transitional (TH) or Permanent Housing Situation (PSH)?	
<input type="checkbox"/>	No – (Continue to "Housing Move-in Sub-Section")
<input type="checkbox"/>	Yes – (Continue with "Question 3b")
Question 3b: Did the client stay less than 7 days?	
<input type="checkbox"/>	No – (Continue to "Housing Move-in Sub-Section")
<input type="checkbox"/>	Yes – (Continue with "Question 3c")
Question 3c: On the night before did the client stay on the streets, ES or SH?	
<input type="checkbox"/>	No – (Continue to "Housing Move-in Sub-Section")
<input type="checkbox"/>	Yes – (Continue to question "Date the Client Started Being Homeless This Time")

PRIOR RESIDENCE SUB-SECTION - END

DATE THE CLIENT STARTED BEING HOMELESS THIS TIME (Month / Day / Year)

At project entry, what is the start date for the client's current period of 'literal' homelessness? This can be determined by including any continuous time moving around between the streets, ES, or SH. Stays of less than 7 consecutive nights in permanent or temporary housing do NOT break the period. Also, institutional stays of less than 90 days do NOT break the period (i.e. jail, mental health treatment facility, etc).

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NUMBER OF TIMES THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

Count all the different periods of homelessness (i.e. times the client was on the streets, in an emergency shelter, or in a safe haven) in the last 3 years where there are full breaks in between (i.e. breaks that are 90 days or more in an institution or 7 nights or more in permanent or transitional housing).

<input type="checkbox"/> One time (this time)	<input type="checkbox"/> Four or more times
<input type="checkbox"/> Two times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Three times	<input type="checkbox"/> Client refused
<input type="checkbox"/> Data not collected	

TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

Count the number of months in which a person was "homeless" (i.e., on the streets, in an ES, or SH) in the last 3 years. Include stays in an institution <90 days or in permanent/transitional housing <7 days.

- IF any day of a given month is spent "homeless", count the full month (e.g., if client sleeps on the street for 1/31 and 2/01, count 2 months).

<input type="checkbox"/>	One month or less (this is the first time)	<input type="checkbox"/>	2
<input type="checkbox"/>	3	<input type="checkbox"/>	4
<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8
<input type="checkbox"/>	9	<input type="checkbox"/>	10
<input type="checkbox"/>	11	<input type="checkbox"/>	12
<input type="checkbox"/>	More than 12 months	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected

Data Collection for Project EXIT

Section I: Exit Information

NAME

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	
Alias	

PROJECT EXIT DATE (Month / Day / Year)

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DESTINATION - [ALL CLIENTS] - [ALL PROJECTS]

Which of the following most closely matches where the client will be staying right after leaving this project?

Homeless Situations			
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="checkbox"/>	Safe Haven
		<input type="checkbox"/>	Place not meant for habitation
Other			
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Data not collected
<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Deceased
<input type="checkbox"/>	No exit interview completed	<input type="checkbox"/>	Other
Institutional Situations			
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Long-term care facility or nursing home
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Substance use disorder treatment facility or detox center
Transitional and Permanent Housing Situations			
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Residential project or halfway house with no homeless criteria
<input type="checkbox"/>	Owned by client, no ongoing housing subsidy	<input type="checkbox"/>	Staying or living with family, permanent tenure
<input type="checkbox"/>	Owned by client, with ongoing housing subsidy	<input type="checkbox"/>	Staying or living with friend, temporary tenure (e.g. room, apartment, or house)
<input type="checkbox"/>	Staying or living with friends, permanent tenure	<input type="checkbox"/>	Staying or living with family, temporary tenure (e.g. room, apartment, or house)
<input type="checkbox"/>	Moved from one HOPWA funded project to HOPWA PH	<input type="checkbox"/>	Moved from one HOPWA funded project to HOPWA TH
<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/>	Rental by client, no ongoing housing subsidy	<input type="checkbox"/>	Host home (non-crisis)
<input type="checkbox"/>	Rental by client, with GPD TIP housing subsidy	<input type="checkbox"/>	Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/>	Rental by client, with VASH housing subsidy	<input type="checkbox"/>	Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)
<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy	<input type="checkbox"/>	Rental by client in a public housing unit