

**HMIS: Data Entry – Essential Data Elements**

**ServicePoint Client Data Entry Form – Client Profile**

**First Name:** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Social Security:** \_\_\_\_\_ **Social Security Data Quality**  Full  Partial  Don't Know/Have  Refused  
**Client ID** \_\_\_\_\_ **Assessment Date:** \_\_\_\_\_ **Back Date Mode**  Yes  No  
**DOB** \_\_\_\_\_ **Gender**  Male  Female  Transgender  Unknown  
**Primary Race:**  American Indian or Alaskan Native  Asian  White  Other  Refused  
 Native Hawaiian/ Pacific Islander  Black or African American  Other Multi-Racial  
**Secondary Race:**  American Indian or Alaskan Native  Asian  White  Other  
 Native Hawaiian/ Pacific Islander  Black or African American  Other Multi-Racial  
**Ethnicity:**  Hispanic or Latino  Other  
**Is Client Homeless?**  Yes  No  
**Does Client have a disability of long duration?**  Yes  No  Don't Know  Refused  
**Is Client Chronically Homeless?**  Yes  No  
**Homeless Verification:**  Signed client statement with confirmation statement  Formal eviction documentation  
 Verification from an institution  Verification from outreach worker (for on the street)  Verification from referring agency/shelter  
**Living Situation (Night prior to Entry):**  
 Don't Know  Foster Care/Group Home  Hotel/Motel w/o Emergency shelter  
 Perm Housing for formerly homeless  Refused  Jail, Prison or Juvenile Facility  
 Domestic Violence Situation  Emergency Shelter  Hospital  
 Living with Family  Living with Friends  Psychiatric Hospital or Facility  
 Other \_\_\_\_\_  Own House/Apartment  Rental House/Apartment  
 Substance Abuse Treatment Center  Place not meant for habitation  Transitional Housing for Homeless  
**Length of Stay (of Living Situation above):**  
 1 week or less  More than 1 week, but less than 1 month  1 to 3 months  
 More than 3 months, but less than 1 year  1 year or longer  
**Extent of homelessness (prior to Entry):**  
 First Time Homeless (Episodic)  More than 1 time in the past (Episodic)  
 Chronic: 4 times in past 3 years  Chronic: Long term - 1 year or more  
**Zip Code of Last Permanent Address** \_\_\_\_\_  Full Zip Code  Don't Know  Refused  
**Check if applicable:**  Military Veteran  Domestic Violence Victim / When Occurred

**ServicePoint Client Data Entry Form – Family/Household Members**

Note: in addition to the demographic information below, all adult Family/Household members must have a complete Client Profile entered into ServicePoint. Minor household members only need the information below entered into ServicePoint.

**Household Type (skip for Singles):**

Couple w/no children  Non Custodial Caregiver(s)  Single w. dependent children  
 Two Parent Family  Grandparent(s) and child  Couple w. dependent children  
 Female Single Parent  Couple (Parent & Friend) and child  Caregiver  
 Male Single Parent  Single  Child under 18  
 Foster Parent(s)  Couple  Other

**Head of House**  Yes  No **Relationship** \_\_\_\_\_ **Date Entered/Removed** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Social Security:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Client ID** \_\_\_\_\_  
**Head of House**  Yes  No **Relationship** \_\_\_\_\_ **Date Entered/Removed** \_\_\_\_\_  
**Gender**  Male  Female  Transgender  Unknown  
**Primary Race:**  American Indian or Alaskan Native  Asian  White  Other  Refused  
 Native Hawaiian/ Pacific Islander  Black or African American  Other Multi-Racial  
**Secondary Race:**  American Indian or Alaskan Native  Asian  White  Other  
 Native Hawaiian/ Pacific Islander  Black or African American  Other Multi-Racial  
**Ethnicity:**  Hispanic or Latino  Other

**First Name:** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Social Security:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Client ID** \_\_\_\_\_  
**Head of House**  Yes  No **Relationship** \_\_\_\_\_ **Date Entered/Removed** \_\_\_\_\_  
**Gender**  Male  Female  Transgender  Unknown  
**Primary Race:**  American Indian or Alaskan Native  Asian  White  Other  Refused  
 Native Hawaiian/ Pacific Islander  Black or African American  Other Multi-Racial  
**Secondary Race:**  American Indian or Alaskan Native  Asian  White  Other  
 Native Hawaiian/ Pacific Islander  Black or African American  Other Multi-Racial  
**Ethnicity:**  Hispanic or Latino  Other

## HMIS: Data Entry – Essential Data Elements

### ServicePoint Client Data Entry Form – Family/Household Members Cont.

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Social Security: \_\_\_\_\_ DOB \_\_\_\_\_ Client ID \_\_\_\_\_

Head of House  Yes  No Relationship \_\_\_\_\_ Date Entered/Removed \_\_\_\_\_

Gender  Male  Female  Transgender  Unknown  
Primary Race  American Indian or Alaskan Native  Asian  White  Other  Refused  
 Native Hawaiian/ Pacific Islander  Black or African American  Other Multi-Racial  
Secondary Race:  American Indian or Alaskan Native  Asian  White  Other  
 Native Hawaiian/ Pacific Islander  Black or African American  Other Multi-Racial  
Ethnicity:  Hispanic or Latino  Other

### ServicePoint Client Data Entry Form – ROI

Is this ROI for the entire Family/Household  Yes  No  
If No, List Household Members included: \_\_\_\_\_

Provider Name: \_\_\_\_\_

ROI:  Yes: Expiration Date \_\_\_\_\_  No (no expiration date)

Documentation  
 None (ROI must be No – client information can not be shared)  Other  Signed Certificate from Outreach Worker  
 Signed Statement by Staff  Signed Statement by Client  Verbal Consent  
 Verification from other Institution  
Witness: \_\_\_\_\_

### ServicePoint Client Data Entry Form – Program ENTRY

Is this Entry for the entire Family/Household  Yes  No  
If No, List Household Members included: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Type: HUD 40118 . Program Entry date: \_\_\_\_\_

### ServicePoint Client Data Entry Form – Shelter Information

Is this Entry for the entire Family/Household  Yes  No  
If No, List Household Members included: \_\_\_\_\_

Shelter Name \_\_\_\_\_

Bedlist \_\_\_\_\_ Room/Bed \_\_\_\_\_

Date In \_\_\_\_\_ Date Out \_\_\_\_\_

### ServicePoint Client Data Entry Form – Program EXIT

Client Name \_\_\_\_\_ Client ID \_\_\_\_\_

Is this Exit for the entire Family/Household  Yes  No  
If No, List Household members included: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Type: HUD 40118 . Program Exit date: \_\_\_\_\_

Reasons for Leaving:  
 Left for housing opportunity before completing program  Non-Payment of rent/occupancy charge  Completed Program  
 Non-compliance with project  Criminal activity/Destruction property/Violence  Death  
 Reached maximum time allowed in project  Needs could not be met by project  Disagreement with rules/persons  
 Other (please specify): \_\_\_\_\_  Unknown/ disappeared

Destination:  
 Emergency shelter  Foster care/Foster care group home  Hospital (non-psychiatric)  
 Hotel/motel without emergency shelter  Jail, Prison/juvenile detention  Own house/apartment  
 Permanent housing for formerly homeless  Places not meant for habitation  Psychiatric hospital/facility  
 Rental room/house/apartment  Staying in a family members  Transitional housing for homeless  
 Staying in a friend's room/apartment/house  Substance abuse treatment/detox center  Don't Know  
 Refused  Other \_\_\_\_\_

Tenure:  
 Permanent  Transitional  Don't know  Refused

Subsidy:  
 None  Public housing  Section 8  
 S+C  HOME program  HOPWA program  
 Other housing subsidy  Other  Refused