**ServicePoint Iowa Basic Entry – for Adults - HOPWA ServicePoint ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Client’s Name:**(write in name and check 1 data quality option): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_ Full name \_\_\_\_\_Partial, street or code name \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **Social Security Number (SSN)**(write in SSN and check 1 data quality option):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_Full SSN \_\_\_\_\_Approx. or partial SSN \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **U.S. Military Veteran**\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **Date Client Entered Project:**\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Project Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project type: \_\_\_\_\_Hotel Motel \_\_\_\_\_ Housing Info \_\_\_\_\_ Permanent housing \_\_\_\_\_ Permanent housing placement \_\_\_\_\_ Short term housing \_\_\_\_\_ STRMU \_\_\_\_\_Transitional housing |
| **Number of people in household:** \_\_\_\_\_1 (single client) \_\_\_\_\_More than 1 (family or household)  **If more than 1: Client’s relationship in the household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Total number of clients in the household**: \_\_\_\_\_\_\_\_\_\_\_\_  Fill out a separate form for each person (4 page form for each adult, 1 page form for each child) |
| **HUD Relationship to Head of Household** (check 1):\_\_\_\_\_Self (head of household) \_\_\_\_\_Head of Household’s spouse or partner\_\_\_\_\_Head of Household’s other relation member \_\_\_\_\_Other: Non-relation member\_\_\_\_\_Head of Household’s Child \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **Date of Birth (DOB)**(write in DOB and check 1 data quality option): **\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_Full DOB \_\_\_\_\_Approx. or partial DOB \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **Race** (check up to 2):\_\_\_\_\_American Indian or Alaska Native \_\_\_\_\_Asian \_\_\_\_\_Black or African American\_\_\_\_\_Native Hawaiian/Pacific Islander \_\_\_\_\_White \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **Gender** (check 1):\_\_\_\_\_Female \_\_\_\_\_Male \_\_\_\_\_Does Not Identify as M/F/T\_\_\_\_\_Transgender male to female \_\_\_\_\_Transgender female to male\_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **Ethnicity** (check 1):\_\_\_\_\_Non-Hispanic/Non-Latino \_\_\_\_\_Hispanic/Latino \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused |
| **Does client have a disability of long duration** (check 1 and complete grid below):\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **DISABILITY DETAIL** Circle for each disability type**: Y=Yes N=No DK=Doesn’t Know R=Refused**  |
| **Disability Type** | Has disability | **IF YES:** | Long-term | Impairs ability to live independently | Documenta-tion on file | Receiving services or treatment |
| **Alcohol abuse** | Y N DK R  | Y N | Y N DK R  | Y N | Y N DK R  |
| **Drug Abuse** | Y N DK R  | Y N | Y N DK R  | Y N | Y N DK R  |
| **Both alcohol/drug abuse** | Y N DK R  | Y N | Y N DK R  | Y N | Y N DK R  |
| **Chronic health condition** | Y N DK R  | Y N | Y N DK R  | Y N | Y N DK R  |
| **Developmental disability** | Y N DK R  | Y N | Y N DK R  | Y N | Y N DK R  |
| **HIV/AIDS** | Y N DK R  | Y N | Y N DK R  | Y N | Y N DK R  |
| **Mental health problem** | Y N DK R  | Y N | Y N DK R  | Y N | Y N DK R  |
| **Physical disability** | Y N DK R  | Y N | Y N DK R  | Y N | Y N DK R  |
| **HIV/AIDS:****T-Cell Count Available:**\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client refused**If, Yes enter amount**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If, Yes how was information obtained:**\_\_\_\_\_\_Medical Report \_\_\_\_\_\_\_Client Report \_\_\_\_\_\_\_Other |
| **Viral Load Information Available:**\_\_\_\_\_ Not Available \_\_\_\_\_ Available \_\_\_\_\_Undetectable \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client refused**If, Yes enter amount**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If, Yes how was information obtained:**\_\_\_\_\_\_Medical Report \_\_\_\_\_\_\_Client Report \_\_\_\_\_\_\_Other |
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| **Covered by health insurance** (check 1 and complete grid below):\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **MEDICAID** **\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_Client refused | **Employer-provided insurance****\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_Client refused |
| **MEDICARE****\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_Client refused | **Health insurance through COBRA****\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_Client refused |
| **State children’s health insurance****\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_Client refused | **Private pay health insurance****Specify type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_Client refused |
| **Veteran’s Admin. medical services****\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_Client refused | **State health insurance for adults****\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_Client refused |
| **Indian Health Services Program\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_Client refused | **OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_Yes \_\_\_\_\_No - If no:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_Client refused |

**Medical Assistance:** (answer for all household members with HIV/AIDS)

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| **Receiving Public HIV/AIDS Medical Assistance?**\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client refused**If no, reason:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_Client refused |
| **Receiving AIDS Drug Assistance Program (ADAP)?**\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client refused**If no, reason:**\_\_\_\_\_ Applied; decision pending\_\_\_\_\_ Applied; client not eligible\_\_\_\_\_Client did not apply\_\_\_\_\_Insurance type N/A for this client\_\_\_\_\_Client doesn’t know\_\_\_\_\_Client refused |

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| **Client Location:** \_\_\_\_\_IA-500 (Sioux City/Woodbury County) \_\_\_\_\_IA-501 (Iowa Balance of State) \_\_\_\_\_IA-502 (Des Moines/Polk County) |
| **County Served at Enrollment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Zip Code of Last Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Apartment, Room, or House where the client last lived for 90 days or more) |
| **Housing Status:**\_\_\_\_\_ Category 1 – Homeless \_\_\_\_\_ Category 2 – At imminent risk of losing housing\_\_\_\_\_ Category 3 – Homeless only under other federal statutes \_\_\_\_\_ Category 4 – Fleeing domestic violence\_\_\_\_\_ At-risk of homelessness \_\_\_\_\_Stably Housed\_\_\_\_\_ Client doesn’t know \_\_\_\_\_Client refused |
| **Type of Living Situation on Night Before Entry (CHOOSE ONE OF THE FOLLOWING THREE CATEGORIES):*****Category 1: Homeless Situation***  \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused\_\_\_\_\_Place not meant for habitation \_\_\_\_\_Emergency shelter, including hotel or motel paid for with emergency shelter voucher\_\_\_\_\_Safe Haven \_\_\_\_\_Interim Housing**Length of Stay at Prior Night Living Situation:**\_\_\_\_\_One night or less \_\_\_\_\_One month or more, but less than 90 days\_\_\_\_\_Two to six nights \_\_\_\_\_90 days or more, but less than one year\_\_\_\_\_One week or more, but less than one month \_\_\_\_\_One year or longer\_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused **Approximate Date Homelessness started:\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****How to determine Approximate Date Homelessness Started**: Have the client look back to when the current time staying on the streets or emergency shelter started. If they were on the streets or shelter and then stayed in housing for less than 7 days, include the time in housing. If they were on the streets or shelter and then stayed in an institution for less than 90 days, include the time in the institution. |
| ***Category 2: Institutional Situation***\_\_\_\_\_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 **Length of Stay at Prior Night Living Situation:**\_\_\_\_\_One night or less \_\_\_\_\_One month or more, but less than 90 days\_\_\_\_\_Two to six nights \_\_\_\_\_90 days or more, but less than one year\_\_\_\_\_One week or more, but less than one month \_\_\_\_\_One year or longer\_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused **If you selected one of the shaded options above, were they on the streets or in ES prior to that? \_\_\_Y \_\_\_N****If Yes, Approximate Date Homelessness started: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **If No or Unshaded option selected, use the Entry date as the Approximate Date Homelessness Started (ES/SO Only)** |
| ***Category 3: Transitional and Permanent Housing Situation*** \_\_\_\_\_Hotel or motel paid for without emergency shelter voucher \_\_\_\_\_Owned by client, no ongoing housing subsidy \_\_\_\_\_Owned by client, with ongoing housing subsidy \_\_\_\_\_Permanent housing for formerly homeless persons \_\_\_\_\_Rental by client, no ongoing housing subsidy \_\_\_\_\_Rental by client, with VASH subsidy \_\_\_\_\_Rental by client, with GPD TIP subsidy \_\_\_\_\_Rental by client, with other ongoing housing subsidy \_\_\_\_\_Residential project or halfway house with no homeless criteria \_\_\_\_\_Staying or living in a family member's room, apartment or house \_\_\_\_\_Staying or living in a friend's room, apartment or house \_\_\_\_\_Transitional housing for homeless persons (including homeless youth) \_\_\_\_\_Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Length of Stay at Prior Night Living Situation:**\_\_\_\_\_One night or less \_\_\_\_\_One month or more, but less than 90 days\_\_\_\_\_Two to six nights \_\_\_\_\_90 days or more, but less than one year\_\_\_\_\_One week or more, but less than one month \_\_\_\_\_One year or longer\_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused **If you selected one of the shaded options above, were they on the streets or in ES prior to that? \_\_\_Y \_\_\_N****If Yes, Approximate Date Homelessness started: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **If No or Unshaded option selected, use the Entry date as the Approximate Date Homelessness Started (ES/SO Only)** |
| ***Regardless of where they stayed last night*—Number of times the client has been on the streets or in Emergency Shelter in the past three years** (counting current stay):\_\_\_\_\_ Never in 3 years \_\_\_\_\_One Time \_\_\_\_\_Two Times \_\_\_\_\_Three Times \_\_\_\_\_Four or more times \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **Total number of months homeless on the street or in Emergency Shelter in past 3 years:** \_\_\_\_\_1 month (this time is the first month) \_\_\_\_\_2 months \_\_\_\_\_3 months \_\_\_\_\_4 months \_\_\_\_\_5 months\_\_\_\_\_6 months \_\_\_\_\_7 months \_\_\_\_\_8 months \_\_\_\_\_9 months \_\_\_\_\_10 months \_\_\_\_\_11 months \_\_\_\_\_12 months \_\_\_\_\_More than 12 months \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
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| **Domestic Violence Victim/Survivor**\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **If yes, when DV experience occurred:**\_\_\_\_\_Within the past three months \_\_\_\_\_Three to six months ago\_\_\_\_\_From six to twelve months ago \_\_\_\_\_More than a year ago\_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **If yes, are you currently fleeing:**\_\_\_\_\_No \_\_\_\_\_Yes \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
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| **Last Grade Completed:** \_\_\_\_\_ GED\_\_\_\_\_ Less than Grade 5 \_\_\_\_\_ Some College \_\_\_\_\_ Grades 5-6 \_\_\_\_\_ Associate’s Degree\_\_\_\_\_ Grades 7-8 \_\_\_\_\_ Bachelor’s Degree\_\_\_\_\_ Grades 9-11 \_\_\_\_\_ Vocational Certification\_\_\_\_\_ Grade 12 / High School Diploma \_\_\_\_\_ Client doesn’t know\_\_\_\_\_ School does not have grade levels \_\_\_\_\_ Client refused  |
| **Employed?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **Income from any source?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **Total Monthly CASH income** (write in total $ amount here and complete grid below): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Receives Income Sources:** | **Yes** | **Monthly $ Amount** | **No** | **Not Collected** |
| Alimony or other spousal support |  |  |  |  |
| Child support |  |  |  |  |
| Earned income |  |  |  |  |
| General assistance |  |  |  |  |
| Pension or retirement income from a job |  |  |  |  |
| Private disability insurance |  |  |  |  |
| Retirement income from social security |  |  |  |  |
| SSDI |  |  |  |  |
| SSI |  |  |  |  |
| TANF (FIP) |  |  |  |  |
| Unemployment Insurance |  |  |  |  |
| VA Non-service connected disability pension |  |  |  |  |
| VA service-connected disability compensation |  |  |  |  |
| Worker’s Compensation |  |  |  |  |
| Other (specify): |  |  |  |  |
|  |  |  |  |  |
| **Non-cash benefits from any source** (check one and complete grid below):\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **Receives the following Non-cash Benefit Types:** | **Yes**  | **No** | **Not Collected** |
| Supplemental Nutrition Assistance Program (SNAP) (food stamps) |  |  |  |
| Special Supplemental Nutrition for Women, infants, children (WIC) |  |  |  |
| TANF Child Care services  |  |  |  |
| TANF transportation services  |  |  |  |
| Other TANF-funded services |  |  |  |
| Section 8, public housing, or other ongoing rent assistance  |  |  |  |
| Temporary rental assistance |  |  |  |
| Other (specify): |  |  |  |

**For PHP and STRMU Only:**

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| Financial Service Type: | Date: | Amount: |
| Rental Assistance |  |  |
| Security Deposit |  |  |
| Utility Deposit |  |  |
| Utility Payments |  |  |
| Mortgage assistance |  |  |