**ServicePoint Iowa Entry – for Dependent Children Under 18 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  |
| **If different from head of household: Project Start Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Project Name:** |
| **Household Relationship e.g. “Son”** (write in): |
| **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**:\_\_\_\_\_Female \_\_\_\_\_Trans Female (MTF or Male to Female) \_\_\_\_\_Client Refused\_\_\_\_\_Male \_\_\_\_\_Trans Male (FTM or Female to Male) \_\_\_\_\_Client Doesn’t Know\_\_\_\_\_Gender Non-Conforming (i.e. not exclusively male or female)  |
| **Ethnicity** (check 1):\_\_\_\_\_Non-Hispanic/Non-Latino \_\_\_\_\_Hispanic/Latino \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused |
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| **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 |
| **Alcohol abuse** | Y N DK R  | Y N | Y N DK R  |
| **Drug Abuse** | Y N DK R  | Y N | Y N DK R  |
| **Both alcohol/drug abuse** | Y N DK R  | Y N | Y N DK R  |
| **Chronic health condition** | Y N DK R  | Y N | Y N DK R  |
| **Developmental disability** | Y N DK R  | Y N | Y N DK R  |
| **HIV/AIDS** | Y N DK R  | Y N | Y N DK R  |
| **Mental health problem** | Y N DK R  | Y N | Y N DK R  |
| **Physical disability** | Y N DK R  | Y N | Y N DK R  |

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| **Covered by health insurance** (check 1 and complete grid below):\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| Insurance Type | Yes | No | Insurance Type | Yes | No |
| MEDICAID |  |  | Employer-provided insurance |  |  |
| MEDICARE |  |  | Health insurance through COBRA |  |  |
| State children’s health insurance |  |  | Private pay health insurance |  |  |
| Veteran’s Admin. medical services |  |  | State health insurance for adults |  |  |
| Indian Health Services Program |  |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |