



MSCCoC MIS Coordinated Entry

Community Alliance for the Homeless | Management Information Systems | Tanyce McCray-Davis | MIS Director/System Admin II
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FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X". Complete a separate form for each member of the household.

Date of Data Collection

		/			/			
Month			Day			Year		

Client ID

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NAME (first, middle, last name, suffix (e.g., Jr, Sr, III)) [All clients]

First Name:																				
Middle Name:																				
Last Name:																				
Suffix:																				
Alias:																				

Social Security Number: [All clients]

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Date of Birth: (e.g., 10/23/1978) [All clients]

		/			/			
Month			Day			Year		

PRIMARY RACE (MORE THAN ONE RACE IS PERMITTED. (ALL CLIENTS) *PLEASE IDENTIFY THE PRIMARY RACE*

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Client refused
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other

Ethnicity (All clients)

<input type="checkbox"/> Non-Hispanic / Non-Latino	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Hispanic / Non-Latino	<input type="checkbox"/> Client refused

Gender (All clients)

<input type="checkbox"/> Female	<input type="checkbox"/> Gender Non-Conforming (i.e., not exclusively male or female)
<input type="checkbox"/> Male	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Trans Female (MTF or Male to Female)	<input type="checkbox"/> Client refused
<input type="checkbox"/> Trans Male (FTM or Female to Male)	

Veterans Status (all clients)

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

HOMELESS INFORMATION

Does the client have a disabling condition?

<input type="checkbox"/>	Yes (HUD)	<input type="checkbox"/>	No (HUD)
<input type="checkbox"/>	Client doesn't know (HUD)	<input type="checkbox"/>	Client refused (HUD)

Client entering from the streets, ES or SH

<input type="checkbox"/>	Yes (HUD)	<input type="checkbox"/>	No (HUD)
<input type="checkbox"/>	Client doesn't know (HUD)	<input type="checkbox"/>	Client refused (HUD)

If Yes for "Client entering from streets, ES or SH"

Approximate date homelessness started:

		/			/				
Month			Day			Year			

Residence Prior to Project Entry?

<input type="checkbox"/>	Place not meant for habitation	<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/>	Interim Housing
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Jail, prison or juvenile detention facility	<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Long-term care facility or nursing home	<input type="checkbox"/>	Substance abuse treatment facility or detox center
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Rental by client, with VASH subsidy	<input type="checkbox"/>	Staying or living in a friend's room, apartment or house
<input type="checkbox"/>	Owned by client, no ongoing housing subsidy	<input type="checkbox"/>	Rental by client, with GPD TIP subsidy	<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/>	Owned by client, with ongoing housing subsidy	<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Permanent housing for formerly homeless persons (such as: a CoC project; HUD legacy programs; or HOPWA PH)	<input type="checkbox"/>	Residential project or halfway house with no homeless criteria	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Rental by client, no ongoing housing subsidy	<input type="checkbox"/>	Staying or living in a family member's room, apartment or house	<input type="checkbox"/>	Data not collected
<input type="checkbox"/>	VA Medical Referral				

Length of Stay in Prior Living Situation

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

Eligibility Question: Total number of months continuously homeless immediately prior to project entry 12 months or more?

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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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:

<input type="checkbox"/> One Time	<input type="checkbox"/> Two times	<input type="checkbox"/> Three times
<input type="checkbox"/> Four or more times	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused

Length of Time Homeless - Status Documented?

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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INCOME & IMMIGRATION INFORMATION

PERCENTAGE OF AMI (SSVF Eligibility):

<input type="checkbox"/> Less than 30%	<input type="checkbox"/> 30% to 50%	<input type="checkbox"/> Greater than 50%
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IMMIGRATION STATUS

YES	NO	STATUS	YES	NO	STATUS	YES	NO	STATUS	YES	NO	STATUS
<input type="checkbox"/>	<input type="checkbox"/>	Asylee	<input type="checkbox"/>	<input type="checkbox"/>	Pending	<input type="checkbox"/>	<input type="checkbox"/>	Naturalized	<input type="checkbox"/>	<input type="checkbox"/>	Permanent Resident
<input type="checkbox"/>	<input type="checkbox"/>	Refugee Section 207	<input type="checkbox"/>	<input type="checkbox"/>	Refugee Section 212	<input type="checkbox"/>	<input type="checkbox"/>	Undocumented			

HEALTH INFORMATION

Does the client have a disabling condition?

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
<input type="checkbox"/> Client doesn't know (HUD)	<input type="checkbox"/> Client refused (HUD)

Serious Mental Illness

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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Chronic Substance Use Issues

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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Co-Morbid (MI and SA)

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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AIDS Diagnosis?

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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Pregnant?

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
<input type="checkbox"/> Client doesn't know (HUD)	<input type="checkbox"/> Client refused (HUD)

LEGAL

Convicted Sex Offender?

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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On Parole?

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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On Probation?

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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Meth Production Conviction

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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Conviction for a violent crime in the last three years (Including Arson)

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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Conviction for a violent crime in the last two years (Including Arson)

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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Client has at least 1 arrest for misdemeanor or felony within the past year, and/or is currently in detention or has been in detention within the previous year.

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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RENTAL HISTORY/INFORMATION

Section 8 Status?

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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Rental History within the past two years?

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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Eviction within the past two years from Federally Subsidized Housing?

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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Termination of Unit due to Fraud in the last 10 years?

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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Termination of Unit due to Damages in the last 10 years?

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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If money owed on previous Federally Subsidized unit, is there a payment plan in place?

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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Client is clinically capable of managing an apartment that would not constitute a danger to self or others.

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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Housing for Families Only?

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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Housing for Individuals Only?

<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)
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