

Client Profile Information

PRINT NAME: _____

Social Security: _____ - _____ - _____

SSN Data Quality: Full SSN Reported Partial SSN Reported Don't Know or Don't Have SSN Refused

Date of Birth: ____ / ____ / _____

Date of Birth Type: Full DOB Reported Approximate or Partial DOB Reported Don't Know Refused

Gender: Male Female Transgender M to F Transgender F to M Don't Know Other Refused

Primary Race: White Asian Black or African American American Indian/Alaskan Native
Native Hawaiian/Other Pacific Islander Don't Know Refused

Secondary Race: White Asian Black or African American American Indian/Alaskan Native
Native Hawaiian/Other Pacific Islander Don't Know Refused

Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino Don't Know Refused

Primary Language Spoken: _____

English Speaking Skills: Excellent Good Fair Poor Not at All

Secondary Language Spoken: _____

City of Last Permanent Address: _____

City of Birth: _____

Country or Region of Birth: USA and its Territories (Puerto Rico, Guam etc.) Asia Australia/Pacific Islands

Canada Central America Europe Mexico Middle East South America Africa

State of Birth: _____

Marital Status: Single Separated Widowed Married Divorced

Client Email Address: _____

Emergency Contact Name: _____

Phone: _____

Relationship to Client: _____

Email Address: _____

Client Release of Information (ROI) Form

This client notice and consent describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions or desire any further information regarding this form please contact Donald Larsen at 401-721-5685 Ext 25. Participation in data collection, although optional, is a critical component of the community's ability to provide the most effective services and housing possible. *Please understand that access to shelter and housing services is available without participation in data collection.*

I, _____ (print client's name), understand and acknowledge that

_____ (the "Agency") is affiliated with the Homeless Management Information System (HMIS), and I consent to and authorize the collection of information and preparation of records pertaining to the services provided to me by these Agencies. The information gathered and prepared by these Agencies will be included in a HMIS database of collaborating agencies (list available), and only to collaborating agencies, who have entered into an HMIS Agency Participation Agreement and shall be used to:

- a. Produce a client profile at intake that will be shared by collaborating agencies
- b. Produce anonymous, aggregate-level reports regarding use of services
- c. Track individual program-level outcomes
- d. Identify unfilled service needs and plan for the provision of new services
- e. Allocate resources among agencies engaged in the provision of services
- f. Provide individual case management

Information to be collected:

- Name
 - Date of Birth
 - Social Security Number
 - Gender
 - Ethnicity and Race
 - Program Entry Date
 - Program Exit Date
 - HUD 40118
 - Residence Prior to Program Entry
 - Zip Code of Last Permanent Address
 - Family Composition
 - Employment Status
 - Veteran Status
 - Disabling Condition
 - HUD APR information
 - Operation First Step Case Notes
 - HPRP information and case notes
- * Case notes will only be shared with agencies that have a signed sharing agreement.

I understand that I have the right to inspect, copy, and request all HMIS records maintained by the Agency relating to the provision of services to me and to receive a paper copy of this form.

I understand that this release can be revoked by me at any time and that the revocation must be signed and dated by me. I further understand that this consent is subject to revocation at any time, except to the extent that the Agency has already taken action in reliance on it. I understand that my records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

Additionally, I understand that participation in data collection is optional, and I am able to access shelter and housing services if I choose not to participate in data collection. * ***This does not override this agency's active policies or intake procedures.***

Date: _____

Client Signature

Witness: _____
Position

Name

FACT Sheet: RI Homeless Management Information System (HMIS)

We will enter information you provide to us into a computer program called ServicePoint. We are doing this for several reasons:

- To find out what we need to end homelessness in Rhode Island;
- To provide better service;
- To receive federal funds.

IMPORTANT POINTS ABOUT HOW YOUR INFORMATION WILL BE USED

- We will use ServicePoint to keep a record of your contact with our agency.
- We will not share **any** information **without your written permission** through a signed client consent form that allows us to share client profile information with collaborating agencies. This means that you will not have to provide the same information at more than one intake.

HOW WILL MY INFORMATION BE KEPT SECURE?

We have done several things to make sure that your information is kept safe and secure:

- The computer program we use has the highest security protection available;
- Any information that could identify you, like your name, SS# or birth-date, will be viewed only by people working to provide services to you, and will be removed before reports are issued to local, state, or national agencies;
- All employees agree to follow privacy rules before using the system.

KNOW YOUR RIGHTS

You have the following rights:

- To see a report of your records within 48 hours.
- To have your record changed so that information is up-to-date and correct.
- To refuse consent and still receive services.
- To file a complaint about how the system was used.

To file a complaint, write to: HMIS Steering Committee, Attn: Don Larsen, RI Coalition for the Homeless, 1070 Main Street Pawtucket, RI 02860 or Call (401) 721-5685 Ext. 25 for an appointment.

HUD HMIS Data and Technical Standards March 2010

Universal Data Elements

1. Name
2. Social Security Number
3. Date of Birth
4. Ethnicity and Race
5. Gender
6. Homeless Status
7. Veterans Status
8. Disabling Condition
9. Residence Prior to Program Entry
10. Zip Code of Last Permanent Address
11. Program Entry and Exit Date
12. Housing status

Program-Specific Data Elements

1. Income and Sources
2. Non-Cash Benefits
3. Physical Disability
4. Developmental Disability
5. Destination
6. Date of Contact and Date of Engagement (required for street outreach programs)
7. HIV/AIDS
8. Financial Assistance Provided (required for HPRP funded programs only- optional for all other programs)
9. Mental Health
10. Substance Abuse
11. Chronic Health Condition
12. Domestic Violence
13. Services Provided

Steps for Completing ServicePoint

1. Backdate
2. Add Client to the Database
3. Fill out all Profile Information
4. Add Clients to the Household (Families only).
5. Fill out Release of Information.
6. Fill out HUD Entry/Exit Report.
7. Add Goals and Service Transactions
8. Record Referrals (optional).
9. Enter Client in ShelterPoint Bedlist.

Programs that Require Program-Specific Data Elements

HUD's supportive Housing Program, Shelter Plus Care, Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (SRO) Program, and homeless programs funded through Housing Opportunities for Persons with AIDS (HOPWA), ESG.

** You must also fill in the HUD information for each child!

Entry/Exit

* It is extremely important that each client is exited from your programs when they are no longer receiving services. You must also enter the end dates for services that you provided on the Service Transaction Tab. All beds lists should match Entry/Exits

ENTRY/EXIT FORM (HUD)

* Program ENTRY DATE ____/____/____

* Program EXIT DATE ____/____/____

Is Juvenile Parent? Yes No

Is Client Homeless? Yes No

Is Client Chronically Homeless? Yes No

Place living immediately prior to program entry:

Emergency Shelter, includes hotel/motel paid for with emergency shelter voucher

Foster care home or foster care group home

Hospital (non-psychiatric)

Hotel or motel paid for without emergency shelter voucher

Jail, prison, or juvenile detention facility

Owned by client, no housing subsidy

Owned by client, with housing subsidy

Permanent housing for formerly homeless persons (such as SHP, S+C or SRO Mod Rehab)

Place not meant for habitation inclusive of 'non housing service site (outreach programs only)

Psychiatric hospital or other psychiatric facility

Rental by client, no housing subsidy

Rental by client with VASH housing subsidy

Rental by client with other (non-VASH) housing subsidy

Staying or living in a family member's room, apartment, house

Staying or living in a friend's room, apartment, house

Substance abuse treatment facility or detoxification center

Transitional housing for homeless persons (including homeless youth)

Subsidized housing Safe Haven Don't Know Refused Other

Housing Status:

Literally Homeless Stably Housed Don't Know Refused

Housed and at imminent risk of losing housing Housed and at risk of losing housing

Shelter name if coming from another shelter: _____

Length of stay at place immediately prior to program entry:

One week or less One to three months One year or longer

More than one week, but less than More than three months but less than Don't Know

one month one year Refuse

Extent of homelessness:

First time homeless Chronic:/4times in past 3 years

1-2 times in the past Long term: 2 years of more

Date of present homelessness: ____/____/____

Homeless verification on file:

Formal eviction documentation Verification from an institution Verification from referring agency/shelter

Signed client statement with Verification from outreach worker

confirmation statement (for on the street)

ENTRY/EXIT FORM (HUD)

Homelessness Primary Reason:

Addiction	Family/Personal Illness	Other
Condemned Building	Foreclosure	Physical/Mental Disabilities
Divorce	Jail/Prison	Unable to pay Rent/Mortgage
Domestic Violence	Moved to Seek Work	Unemployment
Eviction within Past week	Natural Disaster Evacuee	

Homelessness Secondary Reason:

Addiction	Family/Personal Illness	Other
Condemned Building	Foreclosure	Physical/Mental Disabilities
Divorce	Jail/Prison	Unable to pay Rent/Mortgage
Domestic Violence	Moved to Seek Work	Unemployment
Eviction within Past week	Natural Disaster Evacuee	

U.S. Military Veteran: Yes No Don't Know Refused

Actual or pending eviction: Yes No **If yes, date of eviction:** ___/___/_____

Institutional living prior to 18 year of age: Yes No

Zip Code of last permanent address: _____ **Zip data quality:** Full zip recorded Don't know Refused

Domestic violence victim? Yes No **Extent of domestic violence:**

Within the past three months (HUD)	More than a year ago (HUD)
Three to six months ago (HUD)	Don't know (HUD)
From six to twelve months ago (HUD)	Refused (HUD)

*** Disability Type:** **These two questions can only be asked after client is accepted into the program!*

Alcohol Abuse (HUD)	Mental Illness (HUD)	Vision Impaired
Developmental (HUD)	Physical/mobility limits (HUD)	Dual diagnosis
Drug Abuse (HUD)	HIV/AIDS (HUD)	Other
Physical/medical (HUD)	Hearing Impaired	

*** Do you have a disability of long duration?** Yes No Don't Know Refused

Health condition compared to people of your age:

Excellent (HUD)	Good (HUD)	Poor (HUD)
Very good (HUD)	Fair (HUD)	Don't know (HUD)

Pregnant: Yes No **If yes, projected birth date:** ___/___/_____

Income received from any source in past 30 days? Yes No Don't Know Refused

Source of Monthly Income and Amount: _____

Veteran's disability payment (HUD)	General assistance (HUD)	Retirement Income from SSI (HUD)
Alimony	Interest (Bank)	Self employment wages
Alimony or other spousal support (HUD)	No Financial Resources (HUD)	SSDI (HUD)
Annuities	Other (HUD)	SSI (HUD)
Child support (HUD)	Other TANF-funded services (HUD)	State Disability
Contributions from other people	Pension from a former job (HUD)	TANF (HUD)
Dividends (Investments)	Pension/retirement	Unemployment Insurance (HUD)
Earned Income (HUD)	Private disability insurance (HUD)	Veteran's Pension (HUD)
FIP (present)	Railroad retirement	Worker's Compensation (HUD)
FIP (past 6 months)	Rental Income	
	Retirement disability	

ENTRY/EXIT FORM (HUD)

Total monthly income (cash only) \$ _____

Non-Cash benefit received in past 30 days? Yes No Don't Know Refused

Source of non-cash benefit and amount: _____

Supplemental Nutrition Assistance Program (Food Stamps) Section 8, Public Housing or Rental Assistance
Other TANF-Funded Services SCHIP
Special Supplemental Nutrition Program for WIC TANF Child Care Services
Medicaid TANF Transportation Services
Veteran's Administration (VA) Medical Services Other Source
Medicare

Means of transportation:

Bicycle Family / Friends Taxi
Uses Bus Handicapped Transportation Walks
Owns Car

Have valid drivers license: Yes No

Presently attending school: Yes No Don't Know Refused

If yes, school name: _____

Highest level of education attained:

College degree No schooling completed 12th grade, No Diploma
Graduate Degree Nursery school to 4th grade High school Diploma
Less than High School 5th grade or 6th grade GED
Some College 7th or 8th grade Post-secondary school
Some High School 9th grade Don't Know
Some Technical School 10th grade Refused
Technical School Certification 11th grade

Received Vocational training: Yes No Don't Know Refused

Currently in school or working on any degree: Yes No Don't Know Refused

Degrees Earned Information:

None Masters
Associates Degree Doctorate
Bachelors Other graduate/professional degree

=====**Child Information**=====

If child, enrolled in what type of school: Public Parochial or other private school Don't Know Refused

Date child was last enrolled in school: ____/____/_____

=====

Employed? Yes No Don't Know Refused

If unemployed, looking for work? Yes No Don't Know Refused

If Employed,

Looking for additional work or hours? Yes No Don't Know Refused

If employed, hours worked last week? _____ hrs.

If currently employed, select tenure: Permanent Temporary Seasonal Don't Know Refused

ENTRY/EXIT FORM (HUD)

Please fill out additional Military Information Form if applicable.

Months served on active duty in the military: _____ months

Discharge type:

Honorable	Bad conduct	Don't Know
General	Dishonorable	Refused
Medical	Other	

Did you serve in a war zone? Yes No Don't Know Refused

Military service related disability: Yes No

Receiving veterans services: Yes No

Client Exit Data

Exit Date: ____ / ____ / ____

Reason for leaving:

Left for housing opp. before completing program	Non-compliance with program	Disagreement with rules/persons
Completed program	Criminal activity/violence	Death
Non-payment of rent	Reached maximum time allowed	Other
	Needs could not be met	Unknown/disappeared

If other Specify:

Destination:

Emergency Shelter, includes hotel/motel paid for with emergency shelter voucher
Transitional housing for homeless persons (including homeless youth)
Permanent Supportive housing for formerly homeless persons (such as SHP, S+C or SRO Mod Rehab)
Psychiatric hospital or other psychiatric facility
Substance abuse treatment facility or detox center
Hospital (non-psychiatric)
Jail, prison, or juvenile detention facility
Owned by client, no housing subsidy
Owned by client, with housing subsidy
Staying or living in a family member's room, apartment, house
Staying or living in a friend's room, apartment, house
Hotel or motel paid for without emergency shelter voucher
Foster care home or foster care group home
Place not meant for habitation inclusive of 'non housing service site (outreach programs only)'
Rental by client, no housing subsidy
Rental by client with VASH housing subsidy
Rental by client with other (non-VASH) housing subsidy

Subsidized housing Safe Haven Don't Know Refused Other

If Other Specify:

Military Information Form

Name: (Please Print) _____

U.S. Military Veteran: (Please circle) Yes No

Discharge type: (Please Circle)

Honorable General Medical Bad Conduct Dishonorable Other (please specify)

Military service related disability: (Please circle) Yes No

Receiving veteran services? (Please circle) Yes No

If yes, list veteran services:

Months served on active duty in the military: _____

Military service era information: (Please circle all that apply)

Persian Gulf Era (August 1991-Present) Afghanistan Post Vietnam (May 1975-July1991)

Panama Vietnam Era (August 1964-April 1975) Lebanon Grenada

Between WWII and Korean War (August 1947 – May 1950) Bosnia

Korean War (June 1950 – January 1955) World War II (September 1940 – July 1947)

Between Korean and Vietnam War (February 1955- July 1964)

Military branch: (Please circle all that apply)

Army Coast Guard National Guard Air Force Marines Navy Other

Did you serve in a war zone? (Please circle) Yes No

War zone information: (Please circle all that apply)

Europe North Africa Vietnam Laos and Cambodia China, Burma, India

Korea South Pacific Persian Gulf Other

How many months served in war zone? _____

Did you receive hostile or friendly fire in a war zone? (Please circle) Yes No

Household Information Form

1. Date of Entry _____ Date of Exit _____ 2. Relationship _____

3. Name _____ 4. Date of Birth ____ / ____ / ____ Age ____

5. SS# _____ 6. Gender _____

7. Race _____ 8. Ethnicity _____

9. Primary Language Spoken: _____ 10. City/Town of Last Residence: _____

11. Disability _____ 12. Income _____

Other Information _____

1. Date of Entry _____ Date of Exit _____ 2. Relationship _____

3. Name _____ 4. Date of Birth ____ / ____ / ____ Age ____

5. SS# _____ 6. Gender _____

7. Race _____ 8. Ethnicity _____

9. Primary Language Spoken: _____ 10. City/Town of Last Residence: _____

11. Disability _____ 12. Income _____

Other Information _____

1. Date of Entry _____ Date of Exit _____ 2. Relationship _____

3. Name _____ 4. Date of Birth ____ / ____ / ____ Age ____

5. SS# _____ 6. Gender _____

7. Race _____ 8. Ethnicity _____

9. Primary Language Spoken: _____ 10. City/Town of Last Residence: _____

11. Disability _____ 12. Income _____

Other Information _____

HMIS Data Collection Statement

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.