

Coordinated Entry through HMIS-Client Basic Enrollment Data Form

Please complete and return this form ONLY by Secure Fax IF your Agency does not currently enter Client Data in the CoC's Homeless Management Information System (HMIS) BitFocus Clarity Database.

If your Agency currently enters client Data in the 'Efforts To Outcomes' (ETO) HMIS platform, please fill out questions 1 – 5.

Section A: Client Coordinated Entry information

1. Date: _____
2. Referring Agency: _____
3. Referring Case Manager: _____
4. Agency CE Unique Client Identifier: _____
5. Does the Referring Agency enter client data in the HMIS platform 'Efforts to Outcomes' (ETO)

No

Yes
If **Yes**, provide ETO Client Case number: _____

If you answered "Yes" in question 5, and provided the client's ETO Case Number, you may stop here.

6. Is the Client being enrolled as:
Consent (Release of Information to CMHA/HMIS/CES on file)

No

Yes
Non-consent (Client wishes to remain anonymous; status can be changed at any point)

No

Yes (If Yes, skip to Section C)

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Section B: Client Personal Information *(If client is anonymous, skip this section)*

Has the Client signed and dated a Release of Information (ROI) to:

A. Release information to CES administrators

_____ No

_____ Yes

B. Release information to the agencies within CES

_____ No

_____ Yes

Client First Name: _____

Client Last Name: _____

Client Middle Name: _____

Social Security Number: _____ / _____ / _____ / _____

Date of Birth: (MM/DD/YYYY) _____ / _____ / _____ / _____

Gender Identity: _____

_____ Client Does Not Know/Declined to Answer

Race: _____

_____ Client Does Not Know/Declined to Answer

Ethnicity: _____

_____ Client Does Not Know/Declined to Answer

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Section C: Client HMIS project enrollment information for CE

1. Is the Client fleeing, or attempting to flee, domestic violence/abuse, dating violence/abuse, human trafficking, prostitution, has no other residence and lacks the resources to obtain other permanent housing?

_____ No
_____ Yes
_____ Client Does Not Know/Declined to Answer

2. Prior Living Situation (Place inhabited the night before program enrollment)

_____ Place not meant for habitation, e.g., a vehicle, an abandoned building,
bus/train/subway station/airport or anywhere outside

_____ Emergency shelter, including Hotel or motel paid for with emergency
shelter voucher, or RHY-funded Host Home shelter

_____ Safe Haven

_____ Transitional Housing

_____ Institution (where they have been for 90 days or less and who resided in
an emergency shelter or place not meant for human habitation
immediately before entering the Institution

_____ Other (specify) _____

_____ Client Does Not Know/Declined to Answer

3. Length of Stay in Prior Living Situation (months/days): _____

_____ Client Does Not Know/Declined to Answer

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4. Approximate Date Homelessness Started: _____
_____ Client Does Not Know/Declined to Answer
5. Number of times on the streets, in ES, or SH in the past three years: _____
_____ Client Does Not Know/Declined to Answer
6. Total number of months homeless on the streets, in ES, or Safe Haven in the past three years: _____
_____ Client Does Not Know/Declined to Answer
7. Current Living situation (Place currently inhabited; required for the CLS assessment):
- _____ Place not meant for habitation, e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside
- _____ Emergency shelter, including Hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- _____ Safe Haven
- _____ Transitional Housing
- _____ Institution (where they have been for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering the Institution). If Yes, please specify the type of institution (ex. Psychiatric facility, Substance abuse treatment facility, etc.)

- _____ Other (specify) _____
- _____ Client Does Not Know/Declined to Answer

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8. Disabling Conditions and Barriers:

Does the Client have a Documented Disability

- ☐ No
- ☐ Yes
- ☐ Client Does Not Know/Declined to Answer

Are there any barriers to the Client securing a fixed, regular and adequate nighttime residence?

- ☐ No
- ☐ Yes
- ☐ Client Does Not Know/Declined to Answer