**WI UDE Shelter Entry – for Adults Client ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Adult Information (one for each adult aged 18 years and older) Head of Household Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Date Client Entered Project:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Social Security Number (SSN):** (write in SSN and check 1 data quality option): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_ Full SSN \_\_\_\_ Client Doesn’t Know \_\_\_\_\_ Approx. or partial SSN \_\_\_\_ Client Refused |
| **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  |
| **Date of Birth (DOB): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_ Full DOB \_\_\_\_\_ Client Doesn’t Know(write in DOB and check 1 data quality option):\_\_\_\_\_ Approx. or partial DOB \_\_\_\_\_ Client refused |
| **Gender**:\_\_\_\_\_Female \_\_\_\_\_Male \_\_\_\_\_ Gender Non-Conforming \_\_\_\_\_Trans Female (M to F) \_\_\_\_\_Trans Male (F to M) (not exclusively M or F)\_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused |
| **Race** (check all that apply):\_\_\_\_\_American Indian or Alaska Native \_\_\_\_\_Asian \_\_\_\_\_Black or African American\_\_\_\_\_Native Hawaiian/Pacific Islander \_\_\_\_\_White \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused |
| **Ethnicity**: \_\_\_\_\_Non-Hispanic/Non-Latino \_\_\_\_\_Hispanic/Latino \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **U.S. Military Veteran:** \_\_\_\_\_ Yes \_\_\_\_\_ Client Doesn’t Know\_\_\_\_\_ No \_\_\_\_\_ Client Refused |
| **Relationship to Head of Household**:\_\_\_\_\_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  |
| **In which county is the client being housed or service being provided**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Type of Living Situation on Night Before Entry (CHOOSE ONE OF THE FOLLOWING THREE CATEGORIES):*****Homeless Situation*** \_\_\_\_\_Place not meant for habitation \_\_\_\_\_Emergency shelter, including hotel or motel paid for with emergency shelter voucher\_\_\_\_\_Safe Haven ***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***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 (Other than RRH)\_\_\_\_\_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 (including RRH)\_\_\_\_\_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) \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused |
| **Length of Stay at Prior Night Living Situation:**\_\_\_\_\_One night or less \_\_\_\_\_One year or longer\_\_\_\_\_Two to six nights \_\_\_\_\_90 days or more, but less than one year\_\_\_\_\_1 week or more, but less than 1 month \_\_\_\_\_Client doesn’t know \_\_\_\_\_One month or more, but less than 90 days \_\_\_\_\_Client refused **Approximate Date Homelessness started**: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ (Homelessness – in Shelter or on Street) **Regardless of where they stayed last night—Number of times the client has been on the streets, in an Emergency Shelter, or Safe Haven in the past three years (counting current stay):**\_\_\_\_\_ Never in 3 years \_\_\_\_\_One Time \_\_\_\_\_Two Times \_\_\_\_\_Three Times \_\_\_\_\_Four or more time \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused **Total number of months homeless on the street, in an Emergency Shelter, or Safe Haven 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  |
| ***Disability Information:***  \_\_\_\_\_ Yes \_\_\_\_\_ Client Doesn’t Know**Does client have a disability of long duration?** (check 1 and complete grid below): \_\_\_\_\_ No \_\_\_\_\_ Client Refused |
| Circle below for each disability type: Y=Y N=No DK=Doesn’t Know R=Refused NC=Not collected |
| Disability Type | Disability Determination (Has disability) | IF YES: | Expected to be of long continued and indefinite duration and substantially impairs ability to live independently |
| Alcohol abuse | Y N DK R NC | Y N DK R NC |
| Drug Abuse | Y N DK R NC | Y N DK R NC |
| Both alcohol and drug abuse | Y N DK R NC | Y N DK R NC |
| Chronic health condition | Y N DK R NC | Y N DK R NC |
| Developmental disability | Y N DK R NC | n/a |
| Mental health problem | Y N DK R NC | Y N DK R NC |
| Physical disability | Y N DK R NC | Y N DK R NC |
| HIV/AIDS | Y N DK R NC | n/a |

|  |
| --- |
| **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 |
| **Formerly a Ward of Child Welfare/Foster Care Agency**\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused **\*If yes, age you left Foster Care System:** \_\_\_\_\_  |
| **Employment Status** |
| \_\_\_ Part-time \_\_\_ Full-time \_\_Unemployed – Seeking work \_\_\_Unemployed – not seeking work \_\_\_Student \_\_\_Not a workforce Participant \_\_\_Not job ready or employable \_\_\_ Retired  |
| ***Monthly Income Information:***  **Does client have an Income from Any Source?**: \_\_\_\_\_ Yes \_\_\_\_\_ Client Doesn’t Know(check 1 and complete grid below) \_\_\_\_\_ No \_\_\_\_\_ Client Refused |
| **Receives Monthly Income Sources:** | **Monthly $** | **Yes** | **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 |  |  |  |  |
| Social Security Disability Income (SSDI) |  |  |  |  |
| Supplemental Security Income (SSI) |  |  |  |  |
| TANF (FIP) |  |  |  |  |
| Unemployment Insurance |  |  |  |  |
| VA Non-service connected disability pension |  |  |  |  |
| VA service-connected disability compensation |  |  |  |  |
| Worker’s Compensation |  |  |  |  |
| ***Non-Cash Benefits Information:*** \_\_\_\_\_ Yes \_\_\_\_\_ Client Doesn’t Know**Does client have non-cash benefits from any source?** \_\_\_\_\_ No \_\_\_\_\_ Client Refused(check 1 and complete grid below) |
| **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 |  |  |  |
| Other (specify): |  |  |  |
| ***Health Insurance Information:*** \_\_\_\_\_ Yes \_\_\_\_\_ Client Doesn’t Know**Covered by health insurance** (check 1 and complete grid below): \_\_\_\_\_ No \_\_\_\_\_ Client Refused |
| Insurance Type | Yes | No | Insurance Type | Yes | No |
| MEDICAID |  |  | Health insurance through COBRA |  |  |
| MEDICARE |  |  | Private pay health insurance |  |  |
| State children’s health insurance |  |  | State health insurance for adults |  |  |
| Veteran’s Admin. medical services |  |  | Indian Health Services Program |  |  |
| Employer-provided insurance |  |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

|  |
| --- |
| **Date Child Entered Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Social Security Number (SSN):** (write in SSN and check 1 data quality option): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_ Full SSN \_\_\_\_ Client Doesn’t Know \_\_\_\_\_ Approx. or partial SSN \_\_\_\_ Client Refused |
| **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  |
| **Date of Birth (DOB): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_ Full DOB \_\_\_\_\_ Client Doesn’t Know(write in DOB and check 1 data quality option):\_\_\_\_\_ Approx. or partial DOB \_\_\_\_\_ Client refused |
| **Gender**:\_\_\_\_\_Female \_\_\_\_\_Male \_\_\_\_\_ Gender Non-Conforming \_\_\_\_\_Trans Female (M to F) \_\_\_\_\_Trans Male (F to M) (not exclusively M or F)\_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused |
| **Race** (check all that apply):\_\_\_\_\_American Indian or Alaska Native \_\_\_\_\_Asian \_\_\_\_\_Black or African American\_\_\_\_\_Native Hawaiian/Pacific Islander \_\_\_\_\_White \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused |
| **Ethnicity**: \_\_\_\_\_Non-Hispanic/Non-Latino \_\_\_\_\_Hispanic/Latino \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client refused  |
| **Relationship to Head of Household**:\_\_\_\_\_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  |
| ***Disability Information:***  \_\_\_\_\_ Yes \_\_\_\_\_ Client Doesn’t Know**Does client have a disability of long duration?** (check 1 and complete grid below): \_\_\_\_\_ No \_\_\_\_\_ Client Refused |
| Circle below for each disability type: Y=Y N=No DK=Doesn’t Know R=Refused NC=Not collected |
| Disability Type | Disability Determination (Has disability) | IF YES: | Expected to be of long continued and indefinite duration and substantially impairs ability to live independently |
| Alcohol abuse | Y N DK R NC | Y N DK R NC |
| Drug Abuse | Y N DK R NC | Y N DK R NC |
| Both alcohol and drug abuse | Y N DK R NC | Y N DK R NC |
| Chronic health condition | Y N DK R NC | Y N DK R NC |
| Developmental disability | Y N DK R NC | n/a |
| Mental health problem | Y N DK R NC | Y N DK R NC |
| Physical disability | Y N DK R NC | Y N DK R NC |
| HIV/AIDS | Y N DK R NC | n/a |
| ***Health Insurance Information:*** \_\_\_\_\_ Yes \_\_\_\_\_ Client Doesn’t Know**Covered by health insurance** (check 1 and complete grid below): \_\_\_\_\_ No \_\_\_\_\_ Client Refused |
| Insurance Type | Yes | No | Insurance Type | Yes | No |
| MEDICAID |  |  | Health insurance through COBRA |  |  |
| MEDICARE |  |  | Private pay health insurance |  |  |
| State children’s health insurance |  |  | State health insurance for adults |  |  |
| Veteran’s Admin. medical services |  |  | Indian Health Services Program |  |  |
| Indian Health Services Program |  |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**WI UDE Shelter Entry – for Households Client ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Child Information (one for each child aged 17 years and younger)*  Head of Household Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_