

# New Hampshire Continua of Care HUD CoC APR ES Entry Data Collection Form for HMIS

(Required by HUD for each client entering your project)

Refer to the 2014 HUD HMIS Data Standards Version 5.1 on the NH-HMIS website at: [www.nh-hmis.org](http://www.nh-hmis.org) for an explanation of the data elements in this form.

**Project entry** – Use this form to collect the data elements about each client when they enter your project. These data elements must reflect the client’s circumstances on the date of project entry, regardless of the exact date these data elements are collected or entered into HMIS. The only reason changes should be made to Entry information is to correct errors, enter additional information related to project entry that is provided by the client at a later time (e.g., social security number or name change). It is important that data be accurate as of the *Project Entry Date*.

This data should be added to HMIS using the ServicePoint software within three (3) days of client intake.

### Data Collection and HMIS Instruction Tips:

- i In ServicePoint, always set the Entry Data Type to “HUD”.
- i In ServicePoint, confirm backdate matches project entry date.
- i If a family, complete the Project Creation Intake Form
- i and this APR ENTRY form for each family member (see last page of this form).
- i Do NOT enter “Client doesn’t know” or “Client refused” unless the client tells you they do not know or they refuse to answer.
- i *Information Date* must match the client’s *Project Entry Date*.

Single Client

Household/ family (complete this form for each family member)

Date Form Completed:    /    /

Client’s Project Entry Date:    /    /

<p>Intake Interviewer’s Name: _____</p> <p>Case Manager’s Name: _____</p>	<p>Project Name: _____</p>
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### Section 1: Project Entry (in ServicePoint use Entry/Exit Tab)

<p>Client’s First, Middle, Last Name, Suffix: _____</p>
<p>Client’s ID #: _____</p>
<p>Relationship to Head of Household (HoH) (choose one):</p> <p><input type="checkbox"/> Self   <input type="checkbox"/> Head of household’s child   <input type="checkbox"/> Head of household’s spouse or partner</p> <p><input type="checkbox"/> Head of household’s other relation member (other relation to HoH)   <input type="checkbox"/> Other: non-relation member   <input type="checkbox"/> Data not collected</p>

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## Section 2: Disability Type

Date of information collection: \_\_\_/\_\_\_/\_\_\_\_\_

**Does the client have a disabling condition?**     No     Yes     Client doesn't know     Client refused

- i Answer the group of questions associated with each applicable disability type, using HUD verification.
- i This information should be collected for all clients, regardless of age.

### Physical Disability

Date of information collection: \_\_\_/\_\_\_/\_\_\_\_\_

<b>Physical Disability?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
<b>If "Yes" to Physical Disability, expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
<b>If "Yes," to Physical Disability, is documentation of the disability and severity on file?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If "Yes" to Physical Disability, is client currently receiving services or treatment for this disability?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

### Developmental Disability

Date of information collection: \_\_\_/\_\_\_/\_\_\_\_\_

<b>Developmental Disability?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
<b>If "Yes" to Developmental Disability, is it expected to substantially impair client's ability to live independently?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
<b>If "Yes," to Developmental Disability, is documentation of the disability and severity on file?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If "Yes," to Developmental Disability, is client currently receiving services or treatment for it?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

### Chronic Health Condition

Date of information collection: \_\_\_/\_\_\_/\_\_\_\_\_

<b>Chronic Health Condition?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
<b>If "Yes", to Chronic Health Condition, is it expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
<b>If "Yes," to Chronic Health Condition, is documentation of the disability and severity on file?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If "Yes," to Chronic Health Condition, is client currently receiving services or treatment for it?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

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**HIV/AIDS**

Date of information collection: \_\_\_/\_\_\_/\_\_\_\_\_

<b>HIV/AIDS?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
<b>If "Yes", to HIV/AIDS, is it expected to substantially impair client's ability to live independently?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
<b>If "Yes," to HIV/AIDS, is documentation of the disability and severity on file?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If "Yes," to HIV/AIDS, is client currently receiving services or treatment for it?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

**Mental Health Problem**

Date of information collection: \_\_\_/\_\_\_/\_\_\_\_\_

<b>Mental Health Problem?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
<b>If "Yes", to Mental Health Problem, is it expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
<b>If "Yes," to Mental Health Problem, is documentation of the disability and severity on file?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If "Yes," to Mental Health Problem, is client currently receiving services or treatment for it?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

**Substance Abuse**

Date of information collection: \_\_\_/\_\_\_/\_\_\_\_\_

<b>Substance Abuse?</b>		
<input type="checkbox"/> No	<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Drug abuse
<input type="checkbox"/> Both alcohol and drug abuse	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<b>If "Yes", to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for "Substance Abuse," is it expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
<b>If "Yes," to Alcohol abuse, Drug abuse or Both alcohol and drug abuse for "Substance Abuse Problem," is documentation of the disability and severity on file?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If "Yes," to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for "Substance Abuse Problem," is client currently receiving services or treatment for it?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

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## Section 3: Health Insurance (in ServicePoint use Entry/Exit Tab)

Information collection date: \_\_\_/\_\_\_/\_\_\_

**Covered by health insurance?**  No  Yes  Client doesn't know  Client refused  Data not collected

Health Insurance Source:	(If yes, indicate all sources that apply.)
MEDICAID	<input type="checkbox"/> No <input type="checkbox"/> Yes
MEDICARE	<input type="checkbox"/> No <input type="checkbox"/> Yes
State Children's Health Insurance Program	<input type="checkbox"/> No <input type="checkbox"/> Yes
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> No <input type="checkbox"/> Yes
Employer-Provided Health Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes
Health insurance obtained through COBRA	<input type="checkbox"/> No <input type="checkbox"/> Yes
Private Pay Health Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes
State Health Insurance for Adults	<input type="checkbox"/> No <input type="checkbox"/> Yes
Indian Health Services Program	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other	<input type="checkbox"/> No <input type="checkbox"/> Yes
If "other," please specify:	

**Zip Code of Last Permanent Address:**

\_\_\_\_\_ (where client last lived 90 days or more)

**Zip Code data quality:**

Full or Partial  Client Doesn't Know  Client Refused  
 Data not collected

## Section 4: Living Situation: Residence Prior to Project Entry

**Was client Literally Homeless?**  Yes  No

**i** If "Yes," then select type from table below, the answer follow-up questions. If "No," then skip to **Institutional Situation section**.

- A place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Safe Haven

- An emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Interim Housing

**Was client in an Institutional Situation?**  Yes  No

**i** If "Yes," then select type from table below, then answer follow-up questions. If "No," then skip to **Transitional or Permanent Housing section**.

- Foster care home or foster care group home
- Jail, prison or juvenile detention facility
- Psychiatric hospital or other psychiatric facility

- Hospital or other residential non-psychiatric medical facility
- Long-term care facility or nursing home
- Substance abuse treatment facility or detox center

**Was client in a Transitional or Permanent Housing situation?**  Yes  No

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy

- 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

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- |  |   |
|--|---|
| <input type="checkbox"/> Permanent housing for formerly homeless persons (such as a CoC project, HUD legacy program, or HOPWA PH)<br><input type="checkbox"/> Rental by client, no ongoing housing subsidy<br><input type="checkbox"/> Rental by client, with VASH subsidy<br><input type="checkbox"/> Rental by client, with GPD TIP subsidy<br><input type="checkbox"/> Rental by client, with other ongoing housing subsidy | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)<br><input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client refused<br><input type="checkbox"/> Data not collected |
|--|---|

**Length of stay in prior living situation?**

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

**Approximate date homelessness started:** \_\_\_\_\_

**Regardless of where they stayed last night, how many times has the client been on the streets, in ES, or SH in the past three years including today?**

**i** Enter the number of times the client has been homeless on the streets, in ES or SH in the past three years including today. If this is the first time the client has been homeless in the past three years then the response is One time.

- |  |   |   |   |
|--|---|---|---|
| <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 | <input type="checkbox"/> Data not collected |   |

**What is the client's total number of months homeless on the street, in ES or SH in the past three years?**

**i** Record the total number of months homeless the client has been on the streets, in ES or SH in the past three years. (The number of cumulative, but not necessarily consecutive months spent homeless.)

- |   |  |   |   |                                    |                                   |                                   |
|---|--|---|---|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> One month (This is the first month.) | <input type="checkbox"/> 2 months            | <input type="checkbox"/> 3 months       | <input type="checkbox"/> 4 months           | <input type="checkbox"/> 5 months  | <input type="checkbox"/> 6 months | <input type="checkbox"/> 7 months |
| <input type="checkbox"/> 8 months                             | <input type="checkbox"/> 9 months            | <input type="checkbox"/> 10 months      | <input type="checkbox"/> 11 months          | <input type="checkbox"/> 12 months |                                   |                                   |
| <input type="checkbox"/> More than 12 months                  | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |                                    |                                   |                                   |

**Section 5: Income Sources and Non-Cash Benefits (in ServicePoint use Entry/Exit Tab)**

**Income Sources:**

- i** Ask client whether they receive income from EACH source listed rather than asking them to state the sources of income they receive.
- i** Record income for HOH and adult household members.
- i** Updates are required for persons aging into adulthood
- i** Income or Benefits received by a minor child should be assigned to the HOH.

**Date of information collection:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Income from any source?**

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

If "Yes," to "income from any source," please check "No" or "Yes" for each income source in the list below, and add amount.

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Monthly Income (cash) Source:		Amount:
Earned Income (i.e., employment income)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Unemployment Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Supplemental Security Income (SSI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Social Security Disability Income (SSDI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
VA Service-Connected Disability Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
VA Non-Service-Connected Disability Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Private disability insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Worker's compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
TANF	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Retirement Income from Social Security	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Pension/retirement income from former job	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Child support	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Alimony or other spousal support	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Other source (specify below)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
<b>If "other source," please specify:</b>		
Monthly Income Total \$ _____		

### Non-Cash Benefits:

**i** Ask client whether they receive income from EACH source listed rather than asking them to state the sources of income they receive.

<b>Date of information collection:</b> ____/____/_____ <b>Non-Cash Benefit from any source?</b>  If "Yes," to "non-cash benefit from any source," please check "No" or "Yes" for each income source in the list below, and add amount.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know
<b>Monthly Non-Cash Benefit Source:</b>		<b>Amount:</b>
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
TANF child care services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
TANF transportation services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Other TANF-funded services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Section 8, public housing or other ongoing rental assistance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Temporary rental assistance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Other source (specify below)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
<b>If "other source," please specify source:</b>		
Monthly Income Total: \$ _____		

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**Section 6: Domestic Violence**

<p><b>Domestic Violence Victim/Survivor?</b></p> <p> <input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> Client doesn't know    <input type="checkbox"/> Client refused  <input type="checkbox"/> Data not collected         </p>	<p><b>If yes, When Experience Occurred:</b></p> <p> <input type="checkbox"/> Within the past 3 months    <input type="checkbox"/> More than a year  <input type="checkbox"/> 3 - 6 months ago    <input type="checkbox"/> Client doesn't know  <input type="checkbox"/> 6 - 12 months ago    <input type="checkbox"/> Client refused    <input type="checkbox"/> Data not collected         </p>
<p><b>(If Yes) Are you currently fleeing?</b></p> <p> <input type="checkbox"/> No    <input type="checkbox"/> Yes  <input type="checkbox"/> Client doesn't know    <input type="checkbox"/> Client refused    <input type="checkbox"/> Data not collected         </p>	

**Section 7: Information Required by BHHS:**

**Housing Status:**

*Housing status as of the day before project entry.*

**Homelessness and at-risk of homelessness status**

- Category 1** -- Homeless (lacks fixed, regular and adequate nighttime residence)
- Category 2** -- At imminent risk of losing housing (will lose primary nighttime residence in 14 days)
- Category 3** -- Homeless only under other federal statutes (unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition)
- Category 4** -- Fleeing domestic violence (when client or household does NOT meet any other criteria but is homeless solely because they are fleeing domestic violence)
- At-risk of homelessness** (for clients being served by Homelessness Prevention or Coordinated Assessment projects)
  - Stably housed     Client doesn't know     Client refused     Data not collected

**Zip code of last permanent address:** \_\_\_\_\_

*Where client last lived for 90 days or more.*

**Zip code data quality:**

- Full or partial     Client doesn't know     Client refused

**Employment Status:**

<p><b>Is the client employed?</b></p>	<p> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Client doesn't know  <input type="checkbox"/> Client refused         </p>
<p><b>(If yes) what is tenure of employment?</b></p>	<p> <input type="checkbox"/> Full time  <input type="checkbox"/> Part time         </p>

**Homelessness Status:**

**First time homeless?**     Yes     No      
 **Is client's homelessness chronic?**     Yes     No

**Client Location:**

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<b>Select the HUD-assigned CoC code(s) that best apply:</b>	<input type="checkbox"/> Balance of State (NH-500) <input type="checkbox"/> Manchester (NH-501) <input type="checkbox"/> Greater Nashua (NH-502)
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## Section 8: Household Status

Is this person the head of a household? (Households can have only one HoH):  Yes  No

If Yes to previous question, please list other members of the household and their relationship to the head of household

First Name	Last Name	Relationship to Head of Household *

\*CHOOSE from this list:

- Self (head of household)
- Head of household's child
- Head of household's spouse or partner
- Head of household's other relation member (other relation to head of household)
- Other: non-relation member

**IMPORTANT:**

**Please complete the Client Record Creation Intake Form  
and**

**HUD COC APR ES ENTRY form for each person listed above.**

This form can be found on the NH-HMIS website at: [www.nh-hmis.org](http://www.nh-hmis.org).