

State of New Hampshire Client Coordinated Entry Intake Form for HMIS

You are required to obtain the data in this form for each client entering the project.

This form can be found on the NH-HMIS website at www.nh-hmis.org.

Date Form Completed: ___ - ___ - _____

Client ID: _____

Client ID is generated by the HMIS system.

Intake Interviewer's Name: _____

Client Location: NH-500 (Balance of State/Concord)
 NH-501 (Manchester)
 NH-502 (Nashua)

Client Coordinated Entry Intake

In ServicePoint, click ClientPoint.

Client's first name, middle, last and suffix: _____

Alias: _____

Name Data Quality: Full Name Reported Partial, street name or code name reported
 Client Doesn't Know Client Refused Data Not Collected

Social Security number (SSN): ___ - ___ - _____ SSN Data Quality: Full SSN Reported Approximate or Partial SSN reported
 Client Refused Data Not Collected

Is client a US Military Veteran? Yes No

If Yes to "US Military Veteran," has client ever received health care benefits from a VA Center? Yes No

Is client receiving Veterans Services? Yes No

Is client eligible for Veterans Services? Yes No

If No to "eligible for Veterans services," please select Reason:

Client not interested Client doesn't know Data not collected

Please select discharge type for all persons who answered Yes to "US Military Veteran" and are not currently serving:

<input type="checkbox"/> Honorable	<input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Under other than honorable conditions (OTH)
<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Uncharacterized
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

Date of Birth: ___ - ___ - _____ Date of Birth Type: Full D.O.B. Reported Approximate or Partial D.O.B. reported
 Client Doesn't Know Client Refused Data Not Collected

Race (Client may choose up to 5): American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White
 Black or African American Asian
 Client Doesn't Know Client Refused Data Not Collected

Ethnicity (Choose One): Non-Hispanic/Non-Latino Hispanic/Latino Client Doesn't Know Client Refused
 Data Not Collected

Gender: Female Male Transgender Male-to-Female Transgender Female-to-Male Client Doesn't Know
 Client Refused Does not identify as female, male, or transgender Data Not Collected

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Click to display the Entry/Exit tab then click Add Entry

Relationship to Head of Household (choose one): Self Head of Household's Child Head of Household's Spouse or Partner
 Head of Household's Other Relation Member (other relation to HOH)
 Other: Non-relation Member

Client Location <i>Please select the applicable CoC code(s).</i>	<input type="checkbox"/> NH-500 Balance of State/Concord <input type="checkbox"/> NH-501 Manchester <input type="checkbox"/> NH-502 Nashua
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Referrals and Services

In ServicePoint, click the **Service Transactions** tab to display it and add referrals and services.

Needs Assignment

Select the referral type from the Service Code Quicklist in the Needs Assignment section.

- Emergency Shelter (BH-1800)
- Homeless Drop In Centers (BH-1800.3500)
- Homeless Financial Assistance Programs (NL-1000.3000)
- Missions (BH-1800.8500-500)
- Public Assistance Programs (NL)
- Runaway/Youth Shelters (BH-1800.1500-700)
- Supportive Housing (BH-8400)
- Supportive Housing Placement/Referral (BH-8500)
- Transitional Housing/Shelter (BH-8600)
- Domestic Violence Shelters (BH-1800.1500-100)
- AIDS/HIV Prevention Counseling (LH-2700.0150)
- City Offices of Emergency Services (TH-1500.1400)

Referral Provider Name: _____

Needs Referral Date: __-__-____

Referral Ranking: High Medium Low

Projected Follow-up Date: __-__-____

Follow-up User: Select **State of NH Coordinated Entry. User**

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Name: _____

Need Status: Identified Closed In Progress

Outcome: Fully Met Partially Met Not Met Service Pending

If not met, reason: All Services Full Client Not Eligible Client Refused Service Service Does Not Exist
 Service Not Accessible

Referral Data

After you have saved and completed the initial referral, click the pencil icon to re-open the referral and scroll down to the Referral Data section to enter the information recorded in this section of the form.

Needs Referral Date: __-__-__

Referral Outcome Accepted Accepted on wait list Declined Cancelled

Follow-up made? Yes No

Completed Follow-up date: __-__-__

Service Information


Scroll down to the Service Information section at the bottom of the page to enter the information recorded in this section of the form.

Click the **Provide Service** button to display the **Services** tab > **Add Service** page and verify that the information matches the referral.

End Date: __-__-__

Service Type: Select the same service that you selected in the referral. Click **Save and Continue**.

- Emergency Shelter (BH-1800)
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- Homeless Financial Assistance Programs (NL-1000.3000)
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 **Support Documentation:** This button is an option that allows you to attach any relevant supporting documentation.

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Exit Data

Exit Reason for Leaving and Destination <i>In ServicePoint, click to select the Entry/Exit tab</i>	
Exit Date: ____/____/____	
Reason for leaving (choose one):	
<input type="checkbox"/> Completed program <input type="checkbox"/> Criminal activity/violence <input type="checkbox"/> Death <input type="checkbox"/> Unknown/Disappeared	<input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Housing opportunity before completing <input type="checkbox"/> Needs could not be met <input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Non-payment of rent <input type="checkbox"/> Reached maximum time allowed	
Destination (choose one):	
<input type="checkbox"/> Deceased <input type="checkbox"/> Emergency shelter, including hotel or motel paid with emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility) <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA - PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA - TH <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (such as: CoC project; HUD legacy programs, or HOPWA PH) <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other (please specify below.)
If "Other," please specify:	

- Housing Assessment Disposition:**
- Referred to emergency shelter/safe haven
 - Referred to transitional housing
 - Referred to rapid re-housing
 - Referred to permanent supportive housing
 - Referred to homelessness prevention
 - Referred to street outreach
 - Referred to other continuum project type
 - Referred to homelessness diversion program
 - Unable to refer/accept within continuum; ineligible for continuum projects
 - Unable to refer/accept within continuum; continuum services unavailable
 - Referred to other community project (non-continuum)
 - Applicant declined referral/acceptance
 - Applicant terminated assessment prior to completion
 - Other/ specify: