NH-CoC Emergency Solutions Grants (ESG)
Homelessness Prevention (HP) and Rapid Rehousing (RRH) Programs
Data Collection Supplement for BHHS and HMIS
(Required for each client entering or exiting your project)

Fill out this form to determine if client is homeless or in need of services in order to prevent homelessness. In this packet, data is collected for:

1. **BHHS Required Data** - *to be signed by client and filed with the client's record (pages 1-4).*
2. **HMIS Data Collection Information** – *to be input into ServicePoint* (pages 5-8).

☐ **Homeless** (needs RRH/Rapid Rehousing)   ☐ **Prevention** (at risk, but not homeless)

Record Identifiers	
Client Name:	
Client ID #:	
Head of Household Name:	
Information Collection Date:	
Intake Interviewer Name:	
Case Manager Name:	
Project Entry Date:	
Project Exit Date:	

BHHS Required Data
✓   *This data is required by BHHS; it is not input to HMIS.*
ⓘ   *In ServicePoint, always set the Entry/Exit and Services Type to "HUD".*

Marital Status	
Marital Status:	☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Housing Status	
Where are you currently living?	
Are you living in Subsidized Housing?	☐ No ☐ Yes
Have you applied for Section 8 or other Subsidized Housing?	☐ No ☐ Yes
(If YES to "applied for Section 8 or other Subsidized Housing,") **where and when?**	
Do you own your own home?	☐ No ☐ Yes
(If YES to "own your own home,") **are you facing foreclosure?**	☐ No ☐ Yes
Please explain your answer to "foreclosure":	

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What barriers do you face that could prevent you from obtaining and keeping stable housing? (Check all that apply.)	☐ Finances ☐ Legal ☐ Unemployed ☐ Low-level education ☐ Lack of skills ☐ Poor rental history ☐ Mental health diagnosis ☐ History of substance abuse ☐ Other
(If "other,") **please specify:**	

Residence History			
Dates of Residence (**From** mm/dd/yyyy **To** mm/dd/yyyy):	**Most Recent Residence**	**Second Most Recent**	**Third Most Recent**
Address: • Street and Number • Apartment Number • City, State, Zip Code			
Housing Type:			
Rent Amount:	$	$	$
Rent Amount Past Due:	$	$	$
Utilities Amount Past Due:	$	$	$
Reason Left – Evicted?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Name of Current Landlord:			
Address: • **Street and Number** • **Apartment Number** • **City, State, Zip Code**			
Phone Number:			
Fax Number:			

Citizenship	
Are you a US Citizen?	☐ No ☐ Yes
(If NO, to US Citizen) **what is your current alien status?**	☐ Lawfully qualified alien ☐ Lawfully non-qualified alien ☐ Undocumented alien

Transportation	
Do you have a car?	☐ No ☐ Yes
Do you have a valid driver's license?	☐ No ☐ Yes

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Employment			
	Most Recent Employer	**Second Most Recent**	**Third Most Recent**
Employer:			
Position:			
Salary (avg $/hr):	$	$	$
Start/End Dates (**From** mm/dd/yyyy **to** mm/dd/yyyy):			

Assets			
Source of Asset (List value of all liquid assets, [i.e. savings, stocks, etc.] as of date of application.)	**Current Value**	**Less Withdrawal Penalty**	**Total Net Value**
	$	$	$
	$	$	$
	$	$	$

Monthly Expenses					
Expense	**Amount**	**Expense**	**Amount**	**Expense**	**Amount**
Rent:	$	Food:	$	Childcare:	$
Phone:	$	Transportation:	$	Other:	$
Heat:	$	Electricity:	$	Other:	$

Education	
Are you currently in school?	☐ No ☐ Yes
Last grade completed?	☐ No schooling completed ☐ 11th grade ☐ Nursery school to 4th gr. ☐ 12th grade, no diploma ☐ 5th or 6th grade ☐ High school diploma ☐ 7th or 8th grade ☐ GED ☐ 9th grade ☐ Post-secondary school ☐ 10th grade ☐ Other:
Are you now or have you been in a job training program?	☐ No ☐ Yes
Do you have difficulty with reading or writing?	☐ No ☐ Yes

Medical History	
Do you or anyone in your household have any physical or mental health concerns?	☐ No ☐ Yes
(If YES,) **please describe:**	

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Emergency Contact Information	
Emergency Contact:	
Phone Number:	

FALSE INFORMATION WILL RESULT IN DISMISSAL FROM THIS PROJECT

Client's Signature: _____ Date: ___/___/_____

Staff Signature (witness):_____ Date: ___/___/_____

✓ *After client and staff sign, this non-HMIS form should be filed with the client's record.*

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HMIS Data Collection Information
✓ *Collection is required for all clients by HUD. Data will be entered into HMIS.*

☐ **Homeless** (needs RRH/Rapid Rehousing)   ☐ **Prevention** (at risk, but not homeless)

ⓘ *In ServicePoint, always set the Entry/Exit and Services Type to "HUD".*

Record Identifiers	
Intake Interviewer Name:	
Form Completed Date:	
Case Manager Name:	
ServicePoint Client ID#:	
Client's First, MI, Last Name, Suffix:	
Name Data Quality:	☐ Full name reported ☐ Partial, street name, or code name reported ☐ Client doesn't know ☐ Client refused
Entry Date:	
Client's ID #:	
Alias:	
Project:	
Location:	

Household	
Is this person the head of a household? ⓘ *Households can have only one head.*	☐ No ☐ Yes
ⓘ *If YES to previous question, list other members of the household and their relationship to the head of household below.* ⓘ *You must complete all information for each household member.*	

Household Member #1	
First Name:	
Middle Initial:	
Last Name:	
SSN:	
ServicePoint Assigned Client ID:	

Relationship to Head of Household (HoH)	☐ Wife ☐ Husband ☐ Mother ☐ Father	☐ Daughter ☐ Son ☐ Step-Daughter ☐ Step-Son	☐ Grandfather ☐ Grandmother ☐ Granddaughter ☐ Grandson	☐ Other relative ☐ Other non-relative ☐ Significant other ☐ Unknown

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Household Member #2

First Name:	
Middle Initial:	
Last Name:	
SSN:	
ServicePoint Assigned Client ID:	

Relationship to Head of Household (HoH)	☐ Wife	☐ Daughter	☐ Grandfather	☐ Other relative
	☐ Husband	☐ Son	☐ Grandmother	☐ Other non-relative
	☐ Mother	☐ Step-Daughter	☐ Granddaughter	☐ Significant other
	☐ Father	☐ Step-Son	☐ Grandson	☐ Unknown

Household Member #3

First Name:	
Middle Initial:	
Last Name:	
SSN:	
ServicePoint Assigned Client ID:	

Relationship to Head of Household (HoH)	☐ Wife	☐ Daughter	☐ Grandfather	☐ Other relative
	☐ Husband	☐ Son	☐ Grandmother	☐ Other non-relative
	☐ Mother	☐ Step-Daughter	☐ Granddaughter	☐ Significant other
	☐ Father	☐ Step-Son	☐ Grandson	☐ Unknown

Household Member #4

First Name:	
Middle Initial:	
Last Name:	
SSN:	
ServicePoint Assigned Client ID:	

Relationship to Head of Household (HoH)	☐ Wife	☐ Daughter	☐ Grandfather	☐ Other relative
	☐ Husband	☐ Son	☐ Grandmother	☐ Other non-relative
	☐ Mother	☐ Step-Daughter	☐ Granddaughter	☐ Significant other
	☐ Father	☐ Step-Son	☐ Grandson	☐ Unknown

Household Member #5

First Name:	
Middle Initial:	
Last Name:	
SSN:	
ServicePoint Assigned Client ID:	

Relationship to Head of Household (HoH)	☐ Wife	☐ Daughter	☐ Grandfather	☐ Other relative
	☐ Husband	☐ Son	☐ Grandmother	☐ Other non-relative
	☐ Mother	☐ Step-Daughter	☐ Granddaughter	☐ Significant other
	☐ Father	☐ Step-Son	☐ Grandson	☐ Unknown

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Household Member #6				
First Name:				
Middle Initial:				
Last Name:				
SSN:				
ServicePoint Assigned Client ID:				
Relationship to Head of Household (HoH)	☐ Wife ☐ Husband ☐ Mother ☐ Father	☐ Daughter ☐ Son ☐ Step-Daughter ☐ Step-Son	☐ Grandfather ☐ Grandmother ☐ Granddaughter ☐ Grandson	☐ Other relative ☐ Other non-relative ☐ Significant other ☐ Unknown

ⓘ *Please complete Universal Data, Living Situation, and ESG/HP & RRH Forms for each person listed above.*
ⓘ *If household has more than six members, please make additional copy of previous page and continue.*

Additional Supportive Services Provided			
✓ *This data is required upon provision of services for all clients.*			
Service	**Start Date (MM/DD/YYYY)**	**End Date (MM/DD/YYYY)**	**Amount**
Rental payment (includes rental arrears)	__/__/____	__/__/____	$
Rental deposit (security deposit)	__/__/____	__/__/____	$
Housing search (includes rental application and costs for housing inspection)	__/__/____	__/__/____	$
Moving expense	__/__/____	__/__/____	$
Utility deposit	__/__/____	__/__/____	$
Utility service payment	__/__/____	__/__/____	$
Credit counseling	__/__/____	__/__/____	$
Case/care management	__/__/____	__/__/____	$
Transportation (only for ESG-Prevention)	__/__/____	__/__/____	$
Total amount:			$

W5 Housing Assessment at Exit	
✓ *Collection is required at exit for HP only.*	
Date of Information Collection:	
Housing Assessment at Exit:	☐ Able to maintain the housing they had at project entry ☐ Moved to new housing unit ☐ Moved in with family/friends on a temporary basis ☐ Moved in with family/friends on a permanent basis ☐ Moved to a transitional or temporary housing facility or program ☐ Client became homeless – moving to a shelter or other place unfit for human habitation ☐ Client went to jail/prison ☐ Client died ☐ Client doesn't know ☐ Client refused ☐ Data not collected
(If Able to maintain the housing they had at project entry for "Housing Assessment at Exit,") **please provide subsidy Information:**	☐ Without a subsidy ☐ With the subsidy they had at project entry ☐ With an on-going subsidy acquired since project entry ☐ Only with financial assistance other than a subsidy
(If Moved to a new housing unit for "Housing Assessment at Exit,") **with or without subsidy?**	☐ With an on-going subsidy ☐ Without an on-going subsidy

✓ ***When a client exits, be sure to do the following in ServicePoint from the Service Transaction Tab:***
1. *Update the End Date; especially watch for Services that have been added quarterly.*
2. *Change the Need Status to "Closed."*
3. *Edit the Outcome of the need related to the service at this time.*

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