

## Nashville-Davidson County HMIS Coordinated Entry – PRELIMINARY ASSESSMENT

This form was prepared by the Metro Homeless Impact Division and is optional and not required for HMIS monitoring.

Assessment Date: \_\_\_\_\_

### Section 1: Complete for All Household Members (Adults and Minors)

#### CLIENT INFORMATION

**Client Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

#### **Name Data Quality**

<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Partial, Street, or Code Name Reported	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### **Social Security Number Data Quality**

<input type="checkbox"/> Full SSN Reported	<input type="checkbox"/> Approximate or Partial SSN Reported	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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#### **Veteran Status**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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#### **Relationship to Head of Household**

<input type="checkbox"/> Self	<input type="checkbox"/> Head of household's spouse or partner	<input type="checkbox"/> Other: non-relation member
<input type="checkbox"/> Head of household's child	<input type="checkbox"/> Head of household's other relation member	

**Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### **Date of Birth Data Quality**

<input type="checkbox"/> Full DOB Reported	<input type="checkbox"/> Approximate or Partial DOB Reported	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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#### **Gender** (Select as many as apply)

<input type="checkbox"/> Female	<input type="checkbox"/> A gender that is not singularly "Female" or "Male"	<input type="checkbox"/> Questioning	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> Client Doesn't Know	

#### **Race**

<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> White
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Native Hawaiian or Pacific Islander	

#### **Ethnicity**

<input type="checkbox"/> Hispanic/Latin(a)(o)(x)
<input type="checkbox"/> Non-Hispanic/Latin(a)(o)(x)
<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Refused

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### DISABILITY INFORMATION

Does the client have a Disabling Condition?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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If yes, check all that apply

<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Substance Use Disorder
<input type="checkbox"/> Chronic health condition	<input type="checkbox"/> Mental Health Disorder	
<input type="checkbox"/> Developmental	<input type="checkbox"/> Physical	

### HEALTH INSURANCE INFORMATION

Is the client covered by Health Insurance?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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If yes, check all that apply

<input type="checkbox"/> _____ Medicaid	<input type="checkbox"/> _____ COBRA
<input type="checkbox"/> _____ Medicare	<input type="checkbox"/> _____ Private Pay Health Insurance
<input type="checkbox"/> _____ State Children's Health Insurance	<input type="checkbox"/> _____ State Health Insurance for Adults
<input type="checkbox"/> _____ VA Medical Services	<input type="checkbox"/> _____ Indian Health Services Program
<input type="checkbox"/> _____ Employer-Provided Health Insurance	<input type="checkbox"/> _____ Other: _____

If the client is a Veteran, do they qualify for health services through Tennessee Valley Healthcare System (TVHS)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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### PREGNANCY INFORMATION

Is client pregnant?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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If yes, does client know their approximate birth date? \_\_\_\_\_ If yes, projected birth date: \_\_\_\_\_

## Nashville-Davidson County HMIS Coordinated Entry – PRELIMINARY ASSESSMENT

### Section 2: Complete for Head of Household and All Adults

#### HOMELESS HISTORY QUESTIONS

**Living Situation** (Check where the client stayed last night):

#### HOMELESS SITUATION

<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, or anywhere outside)
<input type="checkbox"/> Emergency shelter, including hotel/motel paid for with an emergency shelter voucher
<input type="checkbox"/> Safe Haven (this is a type of emergency shelter bed - not Safe Haven Family Shelter)

#### INSTITUTIONAL SITUATION

<input type="checkbox"/> Jail, prison, or juvenile detention facility
<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Substance abuse treatment or detox center
<input type="checkbox"/> Foster care home or foster care group home
<input type="checkbox"/> Psychiatric Hospital or other psychiatric facility
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility

#### TRANSITIONAL OR PERMANENT HOUSING SITUATION

<input type="checkbox"/> Rental by client with VASH subsidy
<input type="checkbox"/> Rental by client with GPD TIP subsidy
<input type="checkbox"/> Owned by client, no ongoing housing subsidy
<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Rental by client with other ongoing housing subsidy
<input type="checkbox"/> Owned by client with ongoing housing subsidy
<input type="checkbox"/> Permanent housing for formerly homeless person
<input type="checkbox"/> Staying or living in a friend's room, apartment, or house
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher
<input type="checkbox"/> Residential project or halfway house with no homeless criteria

**How long did the client stay there (the place they stayed last night)?**

<input type="checkbox"/> One night or less	<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> 90 days or more, but less than one year
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> One year or longer

**Since what date has the client been literally homeless (streets or shelter) continuously with no gaps?:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Regardless of where they stayed last night, total # of times (episodes) the client has been on the streets or in an emergency shelter in the past 3 years including today:**

<input type="checkbox"/> One time	<input type="checkbox"/> Three times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Two times	<input type="checkbox"/> Four or more times	<input type="checkbox"/> Client refused

**Total # of months the client has been on the street or in an emergency shelter in the past 3 years (round up):**

<input type="checkbox"/> 1 (this is the 1st month)	<input type="checkbox"/> 4 months total	<input type="checkbox"/> 7 months total	<input type="checkbox"/> 10 months total	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> 2 months total	<input type="checkbox"/> 5 months total	<input type="checkbox"/> 8 months total	<input type="checkbox"/> 11 months total	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> 3 months total	<input type="checkbox"/> 6 months total	<input type="checkbox"/> 9 months total	<input type="checkbox"/> 12 months total	<input type="checkbox"/> Client refused

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### INCOME INFORMATION

Record each adult's income on their own intake form. If a minor child has income, include it on the HoH's form.

**Does the client have Income from any source?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	Total Monthly Income: \$ _____
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If yes, check all that apply and include amount per month:

\$ _____ Alimony or other spousal support	\$ _____ SSI
\$ _____ Child support	\$ _____ SSDI
\$ _____ Earned income	\$ _____ TANF
\$ _____ General Assistance	\$ _____ Unemployment Insurance
\$ _____ Other: _____	\$ _____ VA non-service connected disability pension
\$ _____ Pension or retirement income	\$ _____ VA service connected disability compensation
\$ _____ Private disability insurance	\$ _____ Worker's Compensation
\$ _____ Retirement income from social security	

### NON-CASH BENEFIT INFORMATION

**Does the client have Non-Cash Benefits from any source?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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If yes, check all that apply and include amount per month:

\$ _____ SNAP	\$ _____ TANF Child Care Services	\$ _____ Other TANF-Funded Services
\$ _____ WIC	\$ _____ TANF Transportation Services	\$ _____ Other: _____

### DOMESTIC VIOLENCE INFORMATION

**Is Client a Survivor of Domestic Violence?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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If yes, when did experience occur?

<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/> 6 to 12 months ago	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> More than a year ago	<input type="checkbox"/> Client refused

If yes, is the client currently fleeing domestic violence?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused
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## Nashville-Davidson County HMIS Coordinated Entry – PRELIMINARY ASSESSMENT

CURRENT LIVING SITUATION (at Entry, this will be the same as “Prior Living Situation.”)

What is the client’s Current Living Situation? (record at every contact)

### HOMELESS SITUATION

<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, or anywhere outside)
<input type="checkbox"/> Emergency shelter, including hotel/motel paid for with an emergency shelter voucher
<input type="checkbox"/> Safe Haven (this is a type of emergency shelter bed - not Safe Haven Family Shelter)

### INSTITUTIONAL SITUATION

<input type="checkbox"/> Jail, prison, or juvenile detention facility
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<input type="checkbox"/> Psychiatric Hospital or other psychiatric facility
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility

### TRANSITIONAL OR PERMANENT HOUSING SITUATION

<input type="checkbox"/> Rental by client with VASH subsidy
<input type="checkbox"/> Rental by client with GPD TIP subsidy
<input type="checkbox"/> Owned by client, no ongoing housing subsidy
<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Rental by client with other ongoing housing subsidy
<input type="checkbox"/> Owned by client with ongoing housing subsidy
<input type="checkbox"/> Permanent housing for formerly homeless person
<input type="checkbox"/> Staying or living in a friend’s room, apartment, or house
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher
<input type="checkbox"/> Residential project or halfway house with no homeless criteria

**Is the client going to have to leave their current living situation within 14 days?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn’t Know	<input type="checkbox"/> Client Refused
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**If yes, answer the following questions:**

Has a subsequent residence been identified?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn’t Know	<input type="checkbox"/> Client Refused
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Does individual or family have resources or support networks to obtain other permanent housing?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn’t Know	<input type="checkbox"/> Client Refused
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Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn’t Know	<input type="checkbox"/> Client Refused
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If yes, has the client moved 2 or more times in the last 60 days?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Doesn’t Know	<input type="checkbox"/> Client Refused
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Location details/Are of Town: \_\_\_\_\_

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Section 3: Complete for Head of Household Only:

Client Location (CoC code): \_\_\_\_\_

Agency Collecting Data: \_\_\_\_\_

CE ASSESSMENT INFORMATION

Where did the CE Intake take place? \_\_\_\_\_

Does the household want to work toward permanent housing?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does the household want assistance and/or resources finding permanent housing?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If client is experiencing Literal Homelessness and answered yes to both questions above, complete the appropriate VI-SPDAT.

*Please complete a Preliminary Assessment for each household member.*