

Nashville-Davidson County HMIS Coordinated Entry – UPDATE

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

Assessment Date: _____

Client Name: First _____ Middle _____ Last _____

Social Security Number _____ - _____ - _____

Date of Birth _____ / _____ / _____

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

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
------------------------------	-----------------------------	--	---

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
------------------------------	-----------------------------	--	---

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: _____

Is client pregnant?

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

If yes, does client know their approximate birth date? _____ If yes, projected birth date: _____

Nashville-Davidson County HMIS Coordinated Entry – UPDATE

Section 2: Complete for Head of Household and All Adults

INCOME INFORMATION

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

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: \$ _____
------------------------------	-----------------------------	--	---	--------------------------------

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
------------------------------	-----------------------------	--	---

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
------------------------------	-----------------------------	--	---

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
------------------------------	-----------------------------	--	---

Nashville-Davidson County HMIS Coordinated Entry – UPDATE

CURRENT 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
<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

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
------------------------------	-----------------------------	--	---

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
------------------------------	-----------------------------	--	---

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
------------------------------	-----------------------------	--	---

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
------------------------------	-----------------------------	--	---

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
------------------------------	-----------------------------	--	---

Location details/Are of Town: _____

Nashville-Davidson County HMIS
Coordinated Entry – UPDATE

[Section 3: Complete for Head of Household and All Adults](#)

Agency Collecting Data: _____

[CE ASSESSMENT INFORMATION](#)

Does the household want to work toward permanent housing?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Does the household want assistance and/or resources finding permanent housing?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If client is experiencing Literal Homelessness and answered yes to both questions above, and does not already have a VI-SPDAT, complete the appropriate VI-SPDAT.

[EMERGENCY CONTACT INFORMATION](#)

Name: _____

Address: _____

Phone: _____

Phone: _____

Relationship: _____