

VT HMIS Chittenden Coordinated Entry HOMELESS - Enrollment Form

HMIS Client ID: _____ Project Start Date: _____

Client Profile: Complete for ALL household members

Household Information (List everyone living in your household, related & unrelated.)

First Name	Last Name	Relationship to HoH	SSN	Date of Birth	Race and Ethnicity
		SELF			

- KEY:
- Relationship to Head of Household: Self (HoH); Head of Household’s child; Head of household’s spouse or partner; Head of household’s other relation member; Other: non-relation member
 - Race and Ethnicity: American Indian, Alaska Native, or Indigenous = I; Asian or Asian American = A; Black, African American, or African = B; Hispanic/Latina/o = H/L; Middle Eastern or North African = M; Native Hawaiian or Pacific Islander = H; White= W; Additional Race and Ethnicity Detail = (please write in)

U.S Military Veteran? Answer for all Adults in household (18 years older)

☐ Yes ☐ No

Gender: Optional, non-federal field
Woman (Girl, if child) = W; Man (Boy, if child) = M; Culturally Specific Identity=CSI; Transgender = T; Non-Binary = NB; Questioning = Q; Different Identity = (please write in)

Client Contact Information: Complete for Head of Household

Email Address: _____
Phone (#1) _____ Phone (#2) _____
Contact Date _____

Note: With client permission, this would be a place to add emergency contact, alternative contact, mailing address, etc.

Client Enrollment:

Chittenden Coordinated Entry Specific Questions: Answer for the Head of Household

Agency Completing Assessment: _____
Agency Providing HOP Housing Navigation: _____
Staff Providing Housing Navigation / Case Management: _____

Community Housing Review Committee Phase

☐ Phase 1	☐ Phase 2	☐ Phase 3	☐ Phase 4
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HUD Required Questions:

Prior Living Situation: Answer for all household members (Adults and Children)

Type of Residence:

----- HOMELESS SITUATIONS -----
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home

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☐ Place not meant for habitation
----- INSTITUTIONAL SITUATIONS -----
☐ Foster care home or foster care group home
☐ Hospital or other residential non-psychiatric medical facility
☐ Jail, prison, or juvenile detention facility
☐ Long-term care facility or nursing home
☐ Psychiatric hospital or other psychiatric facility
☐ Substance abuse treatment facility or detox center
--- TEMPORARY HOUSING SITUATIONS ---
☐ Transitional housing for homeless persons (including homeless youth)
☐ Residential project or halfway house with no homeless criteria
☐ Hotel or motel paid for without emergency shelter voucher
☐ Host Home (non-crisis)
☐ Staying or living with family (temporary) room, apartment, or house
☐ Staying or living with friends (temporary) room, apartment, or house
--- PERMANENT HOUSING SITUATIONS ---
☐ Staying or living with family (permanent)
☐ Staying or living with friends (permanent)
☐ Rental by client, no ongoing housing subsidy
☐ Rental by client, with ongoing housing subsidy (if selected, answer 'Rental Subsidy Type' below)
☐ Owned by client, with ongoing housing subsidy
☐ Owned by client, no ongoing housing subsidy

Rental Subsidy Type: Answer if 'Rental by client, with ongoing housing subsidy' is selected.

☐ GPD TIP housing subsidy
☐ VASH housing subsidy
☐ RRH or equivalent subsidy
☐ HCV voucher (tenant or project based) (not dedicated)
☐ Public housing unit
☐ Rental by client, with other ongoing housing subsidy
☐ Housing Stability Voucher
☐ Family Unification Program Voucher (FUP)
☐ Foster Youth to Independence Initiative (FYI)
☐ Permanent Supportive Housing
☐ Other permanent housing dedicated for formerly homeless persons

Length of Stay in Prior Living Situation:

☐ One day or less	☐ One month or more, but less than 90 days
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☐ Two Day to six nights	☐ 90 days or more, but then than one year
☐ One week or more, but less than one month	☐ One year or longer

Approximate Date This Episode of Homelessness Started: _____

Number of times on the streets, in ES, or Safe Haven in the past three years:

☐ One time	☐ Two times	☐ Three times	☐ Four or more times
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Total number of months homeless on the streets, in ES, or Safe Haven in the past 3 years:

☐ One month (This is first month)	☐ 4	☐ 7	☐ 10
☐ 2	☐ 5	☐ 8	☐ 11
☐ 3	☐ 6	☐ 9	☐ 12
			☐ More than 12 months

Disabling Conditions and Barriers: *Answer for all household members (Adults and Children)*

Does the client have a disabling condition? ☐Yes ☐ No

Disability Type	Disability Determination	If Yes, long term?
Alcohol Use Disability	☐ Yes ☐ No	☐ Yes ☐ No
Both Alcohol and Drug Use Disability	☐ Yes ☐ No	☐ Yes ☐ No
Drug Use Disability	☐ Yes ☐ No	☐ Yes ☐ No
Chronic Health Condition	☐ Yes ☐ No	☐ Yes ☐ No
Developmental Disability	☐ Yes ☐ No	Automatically considered long term
Mental Health Disability	☐ Yes ☐ No	☐ Yes ☐ No
Physical	☐ Yes ☐ No	☐ Yes ☐ No
HIV/AIDS	☐ Yes ☐ No	Automatically considered long term

Survivor of Domestic Violence: *Answer for all Adults in household (18 years older)*

☐Yes ☐No

If Yes for domestic violence survivor, when experience occurred:

☐ Within the past three months	☐ From six to twelve months ago
☐ Three to six months ago	☐ More than a year

If Yes for domestic violence survivor, are you currently fleeing? ☐ Yes ☐ No

Monthly Income: *Answer for HoH and all Adults in household (18 years older)*

Income from Any Source: ☐Yes ☐ No

Total Monthly Income: _____

Source of Income	Receiving Income Source?		Monthly Amount
Alimony or Other Spousal Support	☐ Yes	☐ No	\$
Child Support	☐ Yes	☐ No	\$
Earned Income	☐ Yes	☐ No	\$
General Assistance	☐ Yes	☐ No	\$

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Other	☐ Yes	☐ No	\$
Pension or retirement income from another job	☐ Yes	☐ No	\$
Private Disability Insurance	☐ Yes	☐ No	\$
Retirement Income from Social Security	☐ Yes	☐ No	\$
SSDI	☐ Yes	☐ No	\$
SSI	☐ Yes	☐ No	\$
TANF – (VT Reach Up)	☐ Yes	☐ No	\$
Unemployment Insurance	☐ Yes	☐ No	\$
VA Non-Service Connected Disability Pension	☐ Yes	☐ No	\$
VA Service Connected Disability Compensation	☐ Yes	☐ No	\$
Workers Compensation	☐ Yes	☐ No	\$

Non-Cash Benefits: *Answer for HoH and all Adults in household (18 years older)*

Non-cash benefits from any source: ☐Yes ☐ No

Source of Benefit	Receiving Benefit Source?	
Supplemental Nutrition Assistance Program (Food Stamps)	☐ Yes	☐ No
Special Supplemental nutrition Program for WIC	☐ Yes	☐ No
TANF Child Services	☐ Yes	☐ No
TANF Transportation Services	☐ Yes	☐ No
Other TANF-Funded Services	☐ Yes	☐ No
Other Source	☐ Yes	☐ No

Health Insurance: *Answer for all household members (Adults and Children)*

Covered by Health Insurance: ☐Yes ☐ No

Source	Receiving?	
MEDICAID	☐ Yes	☐ No
MEDICARE	☐ Yes	☐ No
State Children’s Health Insurance Program	☐ Yes	☐ No
Veteran’s Health Administration (VHA)	☐ Yes	☐ No
Employer – Provided Health Insurance	☐ Yes	☐ No
Health Insurance obtained through Cobra	☐ Yes	☐ No
Private Pay Health Insurance	☐ Yes	☐ No
State Health Insurance for Adults	☐ Yes	☐ No
Indian Health Services Program	☐ Yes	☐ No
Other	☐ Yes	☐ No

Family Supportive Housing Prioritization Questions:

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Do you currently have an open case with DCF Services? ☐Yes ☐ No

If yes, are any children placed outside of the home? ☐Yes ☐ No

If yes, what is the date of birth of the youngest child placed outside of the home? _____

Additional Information:

Sex: Answer for all household members (Adults and Children)

☐ Male	☐ Female
☐ Client Doesn’t Know	☐ Client Prefers Not to Answer
☐ Data Not Collected	

Current Living Situation: Located on the Assessments tab within a program enrollment. Required for Coordinated Entry, PATH-enrolled clients, and other projects for Head of Household

Date of Contact: _____

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Is Client going to have to leave their current living situation within 14 days? *This field will populate if the client is coming from an institutional, temporary, or permanent housing situation*

☐Yes ☐ No

If Yes answer the following questions:

Has subsequent residence been identified?	☐ Yes ☐ No
Does the individual or family have resources or supper networks to obtain other permanent housing?	☐ Yes ☐ No
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	☐ Yes ☐ No
Has the client moved 2 or more times in the last 60 days?	☐ Yes ☐ No

Living Situation Verified by: *This field will populate for Coordinated Entry. Select appropriate program type and project*

Location Details: *Optional note section to put in specific details about location of client. Most helpful when unsheltered*

VT Chittenden Scores Assessment: *Located on the Assessments tab within a program enrollment. Must be completed on the HoH client enrollment and referral to Community Queue must be sent for clients to prioritize on the Chittenden prioritization report.*

Assessment Date:			
Assessment Location:			
Assessment Type:	☐ Phone	☐ Virtual	☐ In Person
Assessment Level:	Housing Needs Assessment		

Individual Vulnerability Score: _____
Family Vulnerability Score: _____

Sustainability Score:	☐ Low
	☐ Medium
	☐ High – Income

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	☐ High – Subsidy
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[VT Chittenden Housing Queue/List Assessment:](#) *Located on the Assessments tab within a program enrollment.*

Assessment Date:

Does the Household have subsidy? ☐Yes ☐ No

Unit Size Needed (check all that apply)

☐ Studio
☐ 1 bedroom
☐ 2 bedroom
☐ 3 bedroom
☐ 4 bedroom
☐ 5+ bedroom

Does the household need an accommodation? ☐ None ☐ Stairs ☐ ADA Compliant

Desired Housing Location (check all that apply)

☐ Chittenden County
☐ Franklin County
☐ Franklin Grand Isle

Does the household have any special considerations?