

# HUD CoC & ESG Entry All Other Projects 2020 – PSH RRH TH

Please complete one sheet for each person served, whether they are an individual or a family member

**Project Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Project Name:** \_\_\_\_\_

**ServicePointClient ID** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

- Name Type:**
- Full Name Reported
  - Partial, Street Name, or Code Name Reported
  - Client Doesn't Know
  - Client Refused
  - Data Not Collected

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **SSN Type:**

- Full
- Approximate/Partial
- Client Doesn't Know
- Client Refused
- Data Not Collected

**U.S. Military Veteran? (clients 18 and older):**  Yes  No  Client Doesn't Know  Client Refused  Data Not Collected

**DOB(mm/dd/yyyy)** \_\_\_\_/\_\_\_\_/\_\_\_\_ **DOB Type:**

- Full DOB
- Approximate or Partial DOB
- Client Doesn't Know
- Client Refused
- Data Not Collected

**Primary Race:**

- American Indian or Alaska Native
- Asian
- Black/African American
- Native Hawaiian or Other Pacific Islander
- White
- Client Doesn't know
- Client Refused
- Data Not Collected

**Secondary Race:**

- American Indian or Alaska Native
- Asian
- Black/African American
- Native Hawaiian or Other Pacific Islander
- White
- Client Doesn't know
- Client Refused
- Data Not Collected

**Ethnicity:**

- Hispanic/Latino
- Non-Hispanic /Latino)
- Client Doesn't Know
- Client Refused
- Data Not Collected

**Gender:**

- Female
- Male
- Trans Male {FTM or female to male}
- Trans Female {MTF male to female}
- Gender non-conforming {IE not exclusively male or female}
- Client Doesn't Know
- Client Refused
- Data Not Collected

**Do you have a disabling condition?**  Yes  No  Client Doesn't Know  Client Refused  Data Not Collected

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- Relationship to Head of Household:**
- Self
  - Head of Household's Child
  - Head of Household's Spouse or Partner
  - Head of Household's other relation member
  - Other Non-Relation Member
  - Data Not Collected

**Housing Move-in Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Prior Living Situation:**

**-HOMELESS SITUATIONS-**

- Place Not Meant for Habitation
- Emergency Shelter, including hotel/motel paid for w/ES voucher, or RHY-funded host home shelter
- Safe Haven

**-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 AND PERMANENT HOUSING SITUATIONS-**

- Residential Project or Halfway House with no Homeless Criteria
- Hotel or Motel Paid for without an Emergency Shelter Voucher
- Transitional Housing for Homeless Persons (includes homeless youth)
- Host Home (non-crisis)
- Staying or Living in a Friend's Room, Apartment or House
- Staying or Living in a Family Member's Room, Apartment or House
- Rental by Client, with GPD TIP Housing Subsidy
- Rental by Client, with VASH Housing Subsidy
- Permanent Housing (other than RRH) for Formerly Homeless Persons
- Rental by Client, with RRH or Equivalent Subsidy
- Rental by Client, with HCV voucher (tenant or project based)
- Rental by Client in a Public Housing Unit
- Rental by Client, No Ongoing Housing Subsidy
- Rental by Client, with Other Ongoing Housing Subsidy
- Owned by Client, with Ongoing Housing Subsidy
- Owned by Client, No Ongoing Housing Subsidy

**-OTHER-**

- Client Doesn't Know
- Client Refused
- Data Not Collected

- Length of stay in prior living situation:**
- One night or less
  - Two to six nights
  - One week or more but less than one month
  - One month or more but less than 90 days
  - 90 days or more but less than one year
  - One year or longer
  - Client Doesn't Know
  - Client Refused
  - Data Not Collected

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Approximate Date Homelessness Started: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:

- |   |  |
|---|--|
| <input type="checkbox"/> One Time           | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Two Times          | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Three Times        | <input type="checkbox"/> Data Not Collected  |
| <input type="checkbox"/> Four or More Times |  |

**Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:**

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> One Month (this time is the first month) | <input type="checkbox"/> 6 Months  | <input type="checkbox"/> 11 Months           |
| <input type="checkbox"/> 2 Months                                 | <input type="checkbox"/> 7 Months  | <input type="checkbox"/> 12 Months           |
| <input type="checkbox"/> 3 Months                                 | <input type="checkbox"/> 8 Months  | <input type="checkbox"/> More than 12 Months |
| <input type="checkbox"/> 4 Months                                 | <input type="checkbox"/> 9 Months  | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 5 Months                                 | <input type="checkbox"/> 10 Months | <input type="checkbox"/> Client Refused      |
|   |                                    | <input type="checkbox"/> Data Not Collected  |

*If Institutional Setting, then:*

Did you stay less than 90 days: Yes No

*If less than 90 days, on the night before did you stay on the streets, ES, or SH?* Yes No

*If yes:* Approximate Date Homelessness Started: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:

- |   |  |
|---|--|
| <input type="checkbox"/> One Time           | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Two Times          | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Three Times        | <input type="checkbox"/> Data Not Collected  |
| <input type="checkbox"/> Four or More Times |  |

**Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:**

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> One Month (this time is the first month) | <input type="checkbox"/> 6 Months  | <input type="checkbox"/> 11 Months           |
| <input type="checkbox"/> 2 Months                                 | <input type="checkbox"/> 7 Months  | <input type="checkbox"/> 12 Months           |
| <input type="checkbox"/> 3 Months                                 | <input type="checkbox"/> 8 Months  | <input type="checkbox"/> More than 12 Months |
| <input type="checkbox"/> 4 Months                                 | <input type="checkbox"/> 9 Months  | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 5 Months                                 | <input type="checkbox"/> 10 Months | <input type="checkbox"/> Client Refused      |
|   |                                    | <input type="checkbox"/> Data Not Collected  |

*If Transitional or Permanent Housing Situation:*

Did you stay less than 7 nights? Yes No

*If less than 7 nights, on the night before did you stay on the streets, ES, or SH?* Yes No

*If yes:* Approximate Date Homelessness Started: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:

- |   |  |
|---|--|
| <input type="checkbox"/> One Time           | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Two Times          | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Three Times        | <input type="checkbox"/> Data Not Collected  |
| <input type="checkbox"/> Four or More Times |  |

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**Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:**

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> One Month (this time is the first month) | <input type="checkbox"/> 6 Months  | <input type="checkbox"/> 11 Months           |
| <input type="checkbox"/> 2 Months                                 | <input type="checkbox"/> 7 Months  | <input type="checkbox"/> 12 Months           |
| <input type="checkbox"/> 3 Months                                 | <input type="checkbox"/> 8 Months  | <input type="checkbox"/> More than 12 Months |
| <input type="checkbox"/> 4 Months                                 | <input type="checkbox"/> 9 Months  | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 5 Months                                 | <input type="checkbox"/> 10 Months | <input type="checkbox"/> Client Refused      |
|   |                                    | <input type="checkbox"/> Data Not Collected  |

**Income from any source?**  Yes  No  Client Doesn't Know  Client Refused  Data Not Collected

**Monthly Income**

Receiving Income	Source of Income <i>(Check all that apply)</i>	Income Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No	Earned Income	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Insurance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Disability Income (SSDI)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Service Connected Disability Compensation	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Disability Insurance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Worker's Compensation	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary Assistance for Needy Families (TANF)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	General Assistance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Income From Social Security	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Non-Service Connected Disability Pension	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension or Retirement Income from Another Job	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony or Other Spousal Support	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other – Specify Source _____	\$
	<b>Total Monthly Income</b>	\$

**Non-Cash Benefit from any source?**  Yes  No  Client Doesn't Know  Client Refused  Data Not Collected

**Non-Cash Benefits**

Receiving Benefit	Source of Non-Cash Benefit <i>(Check all that apply)</i>	Benefit Amount <i>(when applicable)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Nutrition Assistance Program (SNAP – Food Stamps)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF Child Care services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF Transportation services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other TANF-funded services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Source – Specify Source _____	\$

# HUD CoC & ESG Entry All Other Projects 2020 – PSH RRH TH

Covered by Health Insurance?    Yes    No    Client Doesn't Know    Client Refused    Data Not Collected

## Health Insurance

Covered	Health Insurance Type <i>(Check all that apply)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	MEDICAID
<input type="checkbox"/> Yes <input type="checkbox"/> No	MEDICARE
<input type="checkbox"/> Yes <input type="checkbox"/> No	State Children's Health Insurance Program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Administration (VA) Medical Services
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer-Provided Health Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Insurance obtained through COBRA
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pay Health Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	State Health Insurance for Adults
<input type="checkbox"/> Yes <input type="checkbox"/> No	Indian Health Services Program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other – Specify: _____

## Health, Substance Abuse, and Disabilities

Disability Type	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
<b>Physical</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Developmental</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<b>Not Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Chronic Health Condition</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>HIV/AIDS</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<b>Not Required</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Mental Health Problem</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Alcohol Abuse</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Drug Abuse</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
<b>Both Alcohol and Drug Abuse</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC

# HUD CoC & ESG Entry All Other Projects 2020 – PSH RRH TH

**Domestic violence victim/survivor?**

- Yes
- No
- Client Doesn't Know
- Client Refused
- Data Not Collected

**If yes for Domestic violence victim/survivor, when experience occurred:**

- Within the past three months
- Three to six months ago
- From six to twelve months ago
- More than a year ago
- Client Doesn't know
- Client Refused

**If yes, are you currently fleeing?**

- Yes
- No
- Client Doesn't Know
- Client Refused
- Data Not Collected

**Maine Required Data Elements:**

**Zip Code of Last Permanent Address:** \_\_\_\_\_

**Zip data quality for last permanent address:**  Full or Partial Zip Code Report  Client doesn't know  Client refused

**Release of Information Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Type of Release:**  None  Signed by Client  Verbal