

Step 1: Universal Data Collection

Please complete the following basic client information and note that all fields with an * are required fields. Universal Data Elements are required for all project participants. The response “Data Not Collected” means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____

Middle Name: _____ Suffix: _____

Name Data Quality:*

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

Social Security Number:*

- _____
- Full SSN Reported
- Approximate or Partial SSN Reported
- Client Doesn't Know
- Client Refused

Birthdate:*

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

Ethnicity:*

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

Race: * (Select All That Apply)

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

Gender:*

- Male
- Female
- Transgender Female to Male
- Transgender Male to Female
- Client Doesn't Identify Male, Female or Transgender
- Client Doesn't Know
- Client Refused
- Data Not Collected

Disabling Condition:*

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

Marital Status:

- Single
- Divorced
- Married & Living w/Spouse
- Married & Not Living w/Spouse
- Common Law
- Living Together
- Widowed
- Civil Union
- Other

If Female, Pregnancy Status:*

- Yes
- Due Date: _____
- No
- Client Doesn't Know
- Client Refused
- Data Not Collected

Veteran Status:*

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

Citizenship:

- U.S. Citizen
- Eligible Non-Citizen
- Ineligible Non-Citizen

Primary Language:

- English
- Spanish
- French
- German
- Italian
- Polish
- Portuguese
- Russian
- Arabic
- Armenian
- Farsi
- Hebrew
- Turkish
- Cantone
- Mandarin
- Mien
- Other
- Chinese
- Cambodian
- Hmong
- Lao
- Thai
- Vietnamese
- Tagalog
- Ilacano
- Japanese
- Korean
- Samoan
- American Sign Language
- Other Sign Language
- Other-Non English

Relationship to Head of Household:*

- Self
- Son
- Daughter
- Dependent Child
- Spouse
- Foster Child
- Grandchild
- Other Family Member
- Other Non-Family Member

Contact Information:

Address: _____ City/State/Zip: _____

Home Phone: _____ Email: _____

Work Phone: _____ Message Phone: _____

Step 2: Project Enrollment

Complete the project enrollment information and please note all fields with an * are required fields. Complete additional forms for each household member to be enrolled.

Assessment Date:* _____

Case Assignment:* _____

Step 3: Entry Assessments

Complete the following entry assessments and please note all fields with an * are required fields.

Housing Status (Based on housing condition just prior to project entry)

- Category 1 – Homeless
- Category 2 – At Imminent Risk of Losing Housing
- Category 3 – Homeless Only Under Other Federal Statutes
- Category 4 – Fleeing Domestic Violence
- At Risk of Homelessness
- Stably Housed
- Client Doesn't Know
- Client Refused
- Data Not Collected

Type of Residence:*

HOMELESS SITUATION

- Place not meant for habitation (a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven
- Interim Housing

INSTITUTIONAL SITUATION

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, Prison or Juvenile Detention Center
- Long-term care facility or nursing home
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment Facility or Detox Center

TRANSITIONAL AND PERMANENT HOUSING SITUATION

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent Housing for Formerly Homeless Persons (a CoC project; HUD legacy programs; or HOPWA PH)
- Rental by client, with no ongoing housing subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with GPD TIP subsidy
- Rental by client, with other ongoing housing subsidy

- Residential project or halfway house with no homeless criteria
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Transitional Housing for Homeless Persons (Including Homeless Youth)
- Client Doesn't Know
- Client Refused
- Data Not Collected

Length of stay in the 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

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:*

- One time
- Two times
- Three times
- Four or more times
- Client Doesn't Know
- Client Refused
- Data Not Collected

Total number of months homeless on the street, in ES, or SH in the past three years:*

- One month (this time is the first month)
 - 2-12 months
 - More than 12 months
 - Client Doesn't Know
 - Client Refused
 - Data Not Collected
- Number of months (2-12):* _____

Covered by Health Insurance:*

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Yes | If Yes, Type:* | <input type="checkbox"/> Military Insurance | |
| <input type="checkbox"/> No | | <input type="checkbox"/> Private - COBRA | <input type="checkbox"/> Other Public |
| <input type="checkbox"/> Client Doesn't Know | | <input type="checkbox"/> Private – Employer | <input type="checkbox"/> State Funded (HIP or HIP 2.0) |
| <input type="checkbox"/> Client Refused | | <input type="checkbox"/> Private – Individual | <input type="checkbox"/> Indian Health Service (Native American) |
| <input type="checkbox"/> Data Not Collected | | <input type="checkbox"/> Medicare | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Medicaid | |
| | <input type="checkbox"/> State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP) | | |

Status:*

- | | | | |
|--|-----------------------------|---|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> No | <input type="checkbox"/> Applied; decision pending | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Start Date: _____ | | <input type="checkbox"/> Applied; client not eligible | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> End Date: _____ | | <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Data Not Collected |
| | | <input type="checkbox"/> Insurance type N/A for this client | |

ClientTrack Barriers Assessment:*

| <u>Barriers:*</u> | <u>Barrier Present?</u> | <u>Receiving Services/Treatment?</u> | <u>Condition Indefinite?</u> | <u>Documentation on File?</u> |
|--------------------------|---|---|---|---|
| Alcohol Abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Developmental Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drug Abuse | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HIV/AIDS | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mental Health | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physical Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chronic Health Condition | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- Unconfirmed; presumptive or self-report
- Confirmed through assessment and clinical evaluation
- Confirmed by prior evaluation or clinical records

Serious Mental Illness (SMI):

- No
- Unconfirmed; presumptive or self-report
- Confirmed through assessment and clinical evaluation
- Confirmed by prior evaluation or clinical records
- Client Doesn't Know
- Client Refused

Domestic Violence Assessment of Victim:*

Is client a victim of domestic violence:*

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

When Experience Occurred:*

- Within the past three months Client Doesn't Know
- Three to six months ago Client Refused
- Six months to one year ago Data Not Collected
- One year ago or more

Currently Fleeing:*

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

Victimization Date:*

Victimization Type:

- Primary Victimization Secondary Victimization

Interviewer: _____

Assessment Description: _____

Interview Type: In-Person Phone Call Only

Type of Abuse:

- Physical Stalking
- Sexual Human Trafficking
- Psychological

Weapon Used:

- Knife Other
- Gun Unknown

Associated with DV – Alcohol:

- Yes by Abuser Yes by Both
- Yes by Victim No

Associated with DV – Drugs:

- Yes by Abuser Yes by Both
- Yes by Victim No

Length of Violent Relationship:

- Under 1 Year 11-20 Years
- 1-5 Years Over 20 Years
- 6-10 Years Unknown

Sexual Assault Type:

- Adult Sexual Assault
- Adult Molested As Child
- Child Sex Abuse
- Rape
- Attempted Rape
- Other Sexual Contact

Sexual Assault Location:

- Victim's Home Victim's and Assailant's Home
- Assailant's Car Workplace
- Outside Institution
- Assailant's Home Other
- College Campus Unknown
- Friend's Home

Length Before Contact:

- Same Day 1-5 Years
- 1 Day 6-10 Years
- 3-6 Days 11-15 Years
- 1 Week to 1 Month Over 15 Years
- 2-6 Months Unknown
- 7-11 Months

Survivor of Incest

Other Child Sexual Abuse

Other Information and Offender Relationship to Victim

- Child Abuse (960s)
- Physical Abuse
- Psychological Abuse
- Child Witnessed Abuse
- Abuse Through Neglect
- Other Type of Abuse
 - Terrorizing
 - DUI/DWI Crash
 - Elderly Abuse
 - Stalking, Robbery
 - Non-DV Assault
 - Harassment
 - Disorderly Conduct
 - Survivor of Homicide
 - Violation of Court Order
 - Other _____

Relationship to Victim:

- Parent Spouse
- Grandparent Intimate Partner
- Guardian Sibling
- Other Family Member Acquaintance
- Other Non-Family Stranger
- Other Caretaker

Legal/Crime Information

Law Enforcement Called:

- Yes No
- No Yes – but didn't respond
- Unknown

Abuser Arrested:

- Yes
- No
- Unknown

Incident Report Filed:

- Yes
- No
- Unknown

Signer of Report:

- Victim
- Law Enforcement
- Other
- Unknown

Criminal Complaint Filed

- Went to Court
- Convicted
- Civil Resolution
- No Legal Resolution

Crimes:*

Incident Date:* _____

Abuser:* _____

Abuser DOB: _____

Relationship to Victim:

- | | |
|--|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Other Caretaker |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Intimate Partner |
| <input type="checkbox"/> Other Family Member | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Other Non-Family Member | <input type="checkbox"/> Acquaintance |
| | <input type="checkbox"/> Stranger |

Crime:*

- | | |
|---|---|
| <input type="checkbox"/> Adult Survivor of Child Physical Abuse/Neglect | <input type="checkbox"/> Incest |
| <input type="checkbox"/> Adult Survivor of Child Sexual Abuse | <input type="checkbox"/> Kidnapping |
| <input type="checkbox"/> Aggravated Harassment | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Bias/Hate Crime | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Criminal Mischief | <input type="checkbox"/> Strangulation |
| <input type="checkbox"/> Custodial Interference | <input type="checkbox"/> Trafficking |
| <input type="checkbox"/> Child Abuse – Physical/Neglect | <input type="checkbox"/> Violation of Order of Protection |
| <input type="checkbox"/> Child Abuse – Sexual | |
| <input type="checkbox"/> Domestic Violence | |
| <input type="checkbox"/> Elder Abuse | |
| <input type="checkbox"/> Harassment | |
| <input type="checkbox"/> Homicide | |
| <input type="checkbox"/> Identity Theft | |

VOCA Victimization Category

- A. Child Physical Abuse
- B. Child Sexual Abuse
- C. DUI/DWI Crashes
- D. Domestic Violence
- E. Adult Sexual Abuse
- F. Elder Abuse
- G. Adults Molested as Children
- H. Survivors of Homicide Victims
- I. Robbery or Bank Robbery
- J. Assault
- K. Violent Crime
- L. Economic Exploitation and Fraud
- M. Hate Crimes
- N. Other
- O. Stalking

Primary Victimization

Repeat Victim

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

Financial Assessment:* Cash Income:* Yes No

- Earned Income \$ _____
- Private Disability Insurance \$ _____
- Unemployment Insurance \$ _____
- Worker's Compensation \$ _____
- Pension From Former Job (VA Included) \$ _____
- Supplemental Security Income \$ _____
- Social Security Disability Income \$ _____
- Retirement (Social Security) \$ _____
- Alimony \$ _____
- VA Service-Connected Disability \$ _____
- VA NonService-Connected Disability \$ _____
- TANF \$ _____
- Child Support \$ _____
- Other Income \$ _____

Adult Education Assessment:*

Currently in School/Working on Degree:

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

Received Vocational Training/Apprenticeship:

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

Highest Grade Completed:*

- School program does not have grade levels 12 Grade, no diploma
- Less than grade 5 High School Diploma
- Grades 5-6 GED
- Grades 7-8 Some college
- 9th Grade Client Doesn't Know
- 10th Grade Client Refused
- 11th Grade Data Not Collected

Attendance Status:

- Attending school regularly Suspended
- Attending school irregularly Expelled
- Graduated from high school Client Doesn't Know
- Obtained GED Client Refused
- Dropped out Data Not Collected
- Suspended

Secondary Education:

- Associates Degree Doctorate Client Doesn't Know
- Bachelors Other Graduate/Professional Degree Client Refused
- Masters Certificate of Advanced Training or Skilled Artisan Data Not Collected

Non Cash Benefits:* Yes No

- Food Stamps/Money for Food on Benefits Card \$ _____
- Special Supplemental Nutrition Program (WIC)
- TANF Child Care Services
- TANF Transportation Services
- Other TANF Funded Services
- Section 8, Public Housing, Other Rental Asst. (PSH) \$ _____
- Temporary Rental Assistance (RRH) \$ _____
- Other Source

Child Education Assessment:*

Highest Grade Completed:*

- School program does not have grade levels 12 Grade, no diploma
- Less than grade 5 High School Diploma
- Grades 5-6 GED
- Grades 7-8 Some College
- 9th Grade Client Doesn't Know
- 10th Grade Client Refused
- 11th Grade Data Not Collected

Current Enrollment Status:*

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

If Yes, Type of School:

- Public School Technical/Career
- Homeschool Client Doesn't Know
- Charter Client Refused
- Parochial or Other Private School Data Not Collected

School Name: _____

Connected w/McKinney-Vento School Liaison?

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

If not enrolled, Last Enrollment Date: _____

Reason Not Enrolled: _____

Legal Assessment:*

Assessment Description: _____

Are you currently involved in any of the following legal situations?

- Divorce
- Eviction
- Bill Collector
- Pending Criminal Charges
 - Description: _____
- Order of Protection
- Probation/Parole
- Custody Issues
- Child or Spousal Support
- Warrant for Arrest
- CPS Involvement
- Other: _____

Do you currently have legal representation?

How many days, past 30 days, experiencing legal representation? _____

Legal Description Notes: _____

Transportation Assessment:*

Primary Transit Means:

- Own vehicle Bus
- Ride from friends/family VanTran
- Bicycle Walk
- Other: _____

Vehicle Ownership:

- Own
- Leased
- Borrowed

Vehicle Make: _____

Vehicle Model: _____

Vehicle Year: _____

Vehicle Description: _____

Vehicle Condition:

- Good running condition
- In Need of Repair
- Impounded

Vehicle Condition Description: _____

Registered State: _____

License Plate Number: _____

Insurance Company: _____

Insurance Renewal Date: _____

License Number: _____

License Expiration Date: _____

Other helpful resources at www.IndianaBOS.org.