

HMIS FOLLOW-UP Data Collection Form for Solano County HMIS Projects

General Instructions

This is the follow-up for ALL projects in Solano County.

This form should be filled out for all household members and entered into HMIS accordingly.

No question should remain blank at the end of the assessment. The administrator of this intake must ask all questions of the client and mark the appropriate response.

Please note, current HMIS policies require that all data be entered into HMIS within three days of acquisition.

If you are confused about how to answer a question, please refer to the HMIS Data Dictionary which is contained in the resources folder for HMIS accessible through ServicePoint.

If the data dictionary does not answer your question, please reach out to solanoHMIS@homebaseccc.org for assistance.

CLIENT NAME:

DATE ADMINISTERED:

HOUSING RETENTION

Provide the following information, if applicable.

DATE OF CONTACT

		/			/				
Month		Day				Year			

TYPE OF FOLLOW-UP

<input type="checkbox"/>	1 month
<input type="checkbox"/>	2 months
<input type="checkbox"/>	3 months
<input type="checkbox"/>	6 months
<input type="checkbox"/>	9 months
<input type="checkbox"/>	1 year

TYPE OF CALL

<input type="checkbox"/>	Contact was made (email)
<input type="checkbox"/>	Contact was made (landlord)
<input type="checkbox"/>	Contact was made (phone)
<input type="checkbox"/>	Contact was made (text message)
<input type="checkbox"/>	Disconnected
<input type="checkbox"/>	Email sent
<input type="checkbox"/>	Left a message
<input type="checkbox"/>	No answer
<input type="checkbox"/>	Wrong number

IS THE CLIENT AT THE SAME PLACE WHERE LAST ASSISTED?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
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IS THE CLIENT HOUSED?

<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 THE CLIENT OWE RENT?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
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EMPLOYMENT

IS THE CLIENT EMPLOYED?

<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] SPECIFY THE TYPE OF EMPLOYMENT

<input type="checkbox"/>	Full-time
<input type="checkbox"/>	Part-time
<input type="checkbox"/>	Seasonal/sporadic (including day labor)
<input type="checkbox"/>	Not employed
<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused

[IF YES] HOW WAS EMPLOYMENT VERIFIED?

<input type="checkbox"/>	Case manager
<input type="checkbox"/>	Employer
<input type="checkbox"/>	Employment specialist
<input type="checkbox"/>	Offer letter
<input type="checkbox"/>	Participant
<input type="checkbox"/>	Pay stubs

[IF NO] WHY IS THE CLIENT NOT EMPLOYED?

<input type="checkbox"/>	Laid off (no fault of own)
<input type="checkbox"/>	Job seeking (less than 13 weeks)
<input type="checkbox"/>	Job seeking (less than 26 weeks)
<input type="checkbox"/>	Quit
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Other (specify)
<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Deceased
<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused

[IF YES] HOW MANY HOURS DID THE CLIENT WORK LAST WEEK?

[IF YES] WHAT IS THE CLIENT'S STARTING HOURLY WAGE?

\$.	0	0
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[IF YES] WHAT IS THE CLIENT'S NEW MONTHLY INCOME?

\$.	0	0
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CLIENT'S RESIDENCE OR LAST PERMANENT ADDRESS

Address _____ Apt/Unit _____

City _____ State _____ ZIP Code _____

County _____

Phone number _____ Email address _____

What is the data quality of the client's residence or last permanent address?

<input type="checkbox"/>	Full address reported	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Incomplete or estimated address reported	<input type="checkbox"/>	Client refused

EMERGENCY CONTACT

Name _____

Address _____ Apt/Unit _____

City _____ State _____ ZIP Code _____

Phone number _____ Email address _____

LANDLORD CONTACT

Name _____

Address _____ Apt/Unit _____

City _____ State _____ ZIP Code _____

Phone number _____ Email address _____

EMPLOYER CONTACT

Name _____

Address _____ Apt/Unit _____

City _____ State _____ ZIP Code _____

Phone number _____ Email address _____