

Best Single Source Plus ESG-CARES [CV]

HEAD OF HOUSEHOLD ENROLLMENT FORM

Agency _____ Case Manager _____ Entry Date _____

Client First Name _____ M.I. _____ Last Name _____ Suffix _____

Alias (if applicable) _____ Phone Number (_____) _____

Coordinated Entry Referral received from ECHO on _____ (date)

REQUIRED: HUD UNIVERSAL DATA ELEMENTS

Name Data Quality: Full Name Reported Partial, Street Name, or Code Name Client Doesn't Know Client Refused

U.S. Military Veteran? Yes No Client Doesn't Know Client Refused

Date of Birth: _____ **DOB Data Quality:** Full DOB Reported Approximate/ Partial DOB Client Doesn't Know Client Refused

Social Security # _____ - _____ - _____ **SS # Data Quality:** Full SS # Reported Approximate/ Partial SS #
 Client Doesn't Know Client Refused

Primary Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander
 White Client Doesn't Know Client Refused

Secondary Race: American Indian or Alaskan Native Asian Black or African American
(Optional) Native Hawaiian or Other Pacific Islander White Client Doesn't Know Client Refused

Ethnicity: Non-Hispanic/ Non-Latino Hispanic/Latino Client Doesn't Know Client Refused

Gender: Female Male Trans Female - Transgender Male to Female Trans Male - Transgender Female to Male Doesn't Identify as
Male, Female or Transgender Client Doesn't Know Gender Nonconforming Client Refused

Does client have disabling condition? Yes. (If YES specify on next page!) No Client Doesn't Know Client Refused

Relationship to Head of Household: Self (head of household) HOH's child HOH's spouse or partner
 HOH's other relation member Other: non-relation member

Homeless Situation:

Place not meant for habitation Emergency Shelter, including hotel or motel paid for with emergency shelter voucher Safe Haven
 Interim Housing (*only answer length of stay) Client Doesn't Know Client Refused

Length of Stay in Previous Place:

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

Approximate date homelessness started: _____ / _____ / _____

**Regardless of where they stayed last night, number of times the client has been on the Streets, in ES, in SH in the past 3 years
including today:** One Time Two Times Three Times Four or more Times Client Doesn't Know Client Refused

Total number of months homeless on the street, in ES or SH in the past 3 years: One month (this time is the first month) 2
3 4 5 6 7 8 9 10 11 12 More than 12 months Client Doesn't Know Client Refused

Client Location: Tx-503 Austin and Travis County Tx-607 Surrounding Counties

Residence Prior to Project Entry: *Depending on the situation, answer all questions that are applicable to your client, only complete one situation
per client

Institutional Situation:

- 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 Client Doesn't Know Client Refused

Length of Stay in Previous Place:

- 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

Did Client stay less than 90 days? Yes (If Yes, answer questions below) No (If No, data entry stops)

On the night before did you stay on the streets, ES or SH? Yes (If Yes, answer questions below) No (If No, data entry stops)

Approximate date homelessness started: ____/____/____

Regardless of where they stayed last night, number of times the client has been on the Streets, in ES, in SH in the past 3 years including today: One Time Two Times Three Times Four or more Times Client Doesn't Know Client Refused

Total number of months homeless on the street, in ES or SH in the past 3 years: One month (this time is the first month) 2 3 4 5 6 7 8 9 10 11 12 More than 12 months Client Doesn't Know Client Refused

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 Rental by client, no ongoing housing subsidy Rental by client, with VASH subsidy Rental by client, with GPD TIP subsidy Rental by client, with other ongoing housing subsidy Rental by client, with RRH or equivalent subsidy Permanent Housing (other than RRH) for formerly homeless persons 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) FEMA Subsidized Housing Client Doesn't Know Client Refused

Length of Stay in Previous Place:

- 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

Did Client stay less than 7 days? Yes (If Yes, answer questions below) No (If No, data entry stops)

On the night before did you stay on the streets, ES or SH? Yes (If Yes, answer questions below) No (If No, data entry stops)

Approximate date homelessness started: ____/____/____

Regardless of where they stayed last night, number of times the client has been on the Streets, in ES, in SH in the past 3 years including today: One Time Two Times Three Times Four or more Times Client Doesn't Know Client Refused

Total number of months homeless on the street, in ES or SH in the past 3 years: One month (this time is the first month) 2 3 4 5 6 7 8 9 10 11 12 More than 12 months Client Doesn't Know Client Refused

Length of time homeless-status documented? Yes No

Housing Status at Program Entry: Check HMIS Data Standards Manual if you are uncertain which of these applies to your client!

- Category 1-Homeless Category 4-Fleeing Domestic Violence

If Category 1- Homeless: Staying in Emergency Shelter, Safe Haven or Place not meant for habitation? Yes No

Is client chronically homeless? Yes No

A chronically homeless person is: An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for 12 months or more OR has had at least four (4) episodes of homelessness in the past three (3) years totaling at least 12 months with each period lasting at least 7 nights. The individual must have been on the streets, safe haven or in an emergency shelter (not transitional housing) during these episodes. Please reference HMS data standards manual for more guidance. *Updated for new Jan 15, 2016 HUD definition*

REQUIRED: ADDITIONAL INFORMATION BSS PLUS (ALL CLIENTS)

Type of BSS Plus Enrollment: One-Time Financial Assistance Case Management (up to 24 months)

Marital Status: Unanswered Single Married Common Law Marriage Partner Divorced Separated Widowed Client Refused

Are you on a shelter waiting list? Yes No Are you currently living in a shelter? Yes No

Client's Street Address: _____

City: Austin Bee Cave Del Valle Lakeway Oak Hill Pflugerville Sunset Valley Other _____

Current Zip Code: _____ Client's Phone Number: (_____) _____

County: Outside of Travis County Travis County

City Council District <http://www.austintexas.gov/GIS/CouncilDistrictMap/> [Districts 1 – 10 or outside city limits]

Client Alternative Contact Numbers/Email: _____

Emergency Contact Name : _____ Emergency Contact Phone Number: (_____) _____

USE A SEPARATE BOX FOR EACH SPECIFIC DISABILITY CONDITION AND ANSWER ALL QUESTIONS WITHIN A BOX

Check Disability Type if Client Answered "Yes" to Disabling Condition and Check Co-occurring Conditions

Disability Type: Alcohol abuse Drug abuse
 Both alcohol & drug abuse Chronic health condition
 Developmental HIV/AIDS Mental health condition
 Physical

Disability Determination: Yes No
 Client Doesn't Know Client Refused

If Yes: Expected to be of long continued/indefinite duration & impair ability to live independently? Yes No
 Client Doesn't Know Client Refused

Start Date: _____

Is the above condition long term-term? Yes No

End Date: _____

Disability Type: Alcohol abuse Drug abuse
 Both alcohol & drug abuse Chronic health condition
 Developmental HIV/AIDS Mental health condition
 Physical

Disability Determination: Yes No
 Client Doesn't Know Client Refused

If Yes: Expected to be of long continued/indefinite duration & impair ability to live independently? Yes No
 Client Doesn't Know Client Refused

Start Date: _____

Is the above condition long term-term? Yes No

End Date: _____

Disability Type: Alcohol abuse Drug abuse
 Both alcohol & drug abuse Chronic health condition
 Developmental HIV/AIDS Mental health condition
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Disability Determination: Yes No
 Client Doesn't Know Client Refused

If Yes: Expected to be of long continued/indefinite duration & impair ability to live independently? Yes No
 Client Doesn't Know Client Refused

Start Date: _____

Is the above condition long term-term? Yes No

End Date: _____

Disability Type: Alcohol abuse Drug abuse
 Both alcohol & drug abuse Chronic health condition
 Developmental HIV/AIDS Mental health condition
 Physical

Disability Determination: Yes No
 Client Doesn't Know Client Refused

If Yes: Expected to be of long continued/indefinite duration & impair ability to live independently? Yes No
 Client Doesn't Know Client Refused

Start Date: _____

Is the above condition long term-term? Yes No

End Date: _____

Homeless by HUD definition? Yes No
 Domestic Violence Victim/ Survivor? Yes No Client Doesn't Know Client Refused

If Yes for Domestic Violence Victim/Survivor when experience occurred:

Not a victim of Domestic Violence Within the past 3 months Three to Six months ago From six to twelve months ago
 Three to Six months ago More than a year ago Client Doesn't Know Client Refused

Area Median Family Income [AMI] Chart

Use for BSS+ ESG CARES One Year Client Recertification Process

**Use Gross Amounts to Calculate Annual Income*

Fiscal Year (FY) 2021 Area Median Family Income = \$98,900*			
ADJUSTED INCOME LIMITS BY HOUSEHOLD SIZE - AUSTIN/ROUND ROCK SMSA			
Household Size	Very Low (30% Limits)	Low (50% Limits)	Moderate (80% Limits)
1 person	\$20,800	\$34,650	
2 people	\$23,750	\$39,600	
3 people	\$26,700	\$44,550	
4 people	\$29,650	\$49,450	
5 people	\$32,050	\$53,450	
6 people	\$34,400	\$57,400	
7 people	\$36,800	\$61,350	
8 people	\$39,150	\$65,300	

DOCUMENTING INCOME

INCOME: Has your household received any income from any source in the past 30 days?

**Remember to respond YES or NO to ALL income types to *HUD verify* if the answer is "yes" add details including info below*

Yes: **If yes, identify sources, amounts and start dates and status** No: **If no, skip the table below.** Don't know

Total Included Income: \$ _____ % AMI _____ (see %AMI chart above & enter here)

If client can only provide partial proof of income, check box and place partial proof in client file under Proof of Income.

I certify, under penalty of perjury, I can only provide partial proof of my income. The reason I can only obtain partial proof of my income is due to: _____

Required: Explain attempt made for third-party verification: _____

Client Signature Required: _____

Source of Income <i>*DO NOT INCLUDE WHEN CALCULATING BSS+ ESG CARES INCOME</i>	Household Member	Amount	Start Date	End Date
Earned Income (HUD)				
Earned Income (HUD)				
Alimony or Other Spousal Support (HUD)				
Child Support (HUD) *				
General Assistance (HUD) *				
Pension or retirement income from another job (HUD)				

Retirement Income from Social Security (HUD)				
SSDI (HUD)				
SSI (HUD)				
TANF (HUD)				
Unemployment Insurance (HUD)				
VA Service Connected <i>Disability</i> Compensation (HUD)*				
Source of Income	Household Member	Amount	Start Date	End Date
*DO NOT INCLUDE WHEN CALCULATING BSS+ INCOME				
VA Non-Service Connected <i>Disability</i> Pension (HUD)*				
Worker's Compensation (HUD)				
VA Retirement Income				
Other:				

NON-CASH BENEFITS

Note: below is not exhaustive, refer to BSS Plus website for Texas Administrative Codes for included Income sources per City Contract

NON-CASH BENEFITS: Has your household received any non-cash benefits from any source in the past 30 days?

**Remember to respond YES or NO to ALL non-cash benefit types to *HUD verify* if the answer is "yes" add details including info below*

Yes: *If yes, identify sources, amounts and start dates and status* No: *If no, skip the table below.* Don't know

Source of Non-Cash Benefits	Household Member	Amount	Start Date	End Date
Supplemental Nutrition Assistance Program (Food Stamps) (HUD)				
Special Supplemental Nutrition Programs for WIC (HUD)				
TANF Child Care Services (HUD)				
TANF Transportation Services (HUD)				
Other TANF-funded Services (HUD)				
Other Source (HUD)				
Other				

INSURANCE

INSURANCE: Are members of your Household covered by Insurance?

**Remember to respond YES or NO to ALL insurance types to *HUD verify* if the answer is "yes" add details including info below*

Yes: *If yes, identify type, start date and end date* No: *If no, skip the table below.* Don't know

Health Insurance Type	Household Member	Start Date	End Date
Medicaid			
Medicare			
State Children's Health Insurance Program			
Veteran's Administration (VA) Medical Services			
Employer-Provided Health Insurance			
Health Insurance Obtained through COBRA			
State Health Insurance for Adults			
Private Pay Health Insurance			
Indian Health Services Program			

Client enrolled in MAP? Yes No Client Doesn't Know Client Refused

Date Form Completed _____ / _____ / _____