

HMIS Project Roomkey **Non-FEMA** Assessment

General Instructions

This is the non-FEMA data entry form for Project Roomkey sites in Solano County. This form should be filled out for each head of household and entered into HMIS accordingly.

If a household presents as two minor youth, one of the youth should be designated as the head of household.

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

CLIENT NAME:

DATE ADMINISTERED:

PROJECT ROOMKEY DATA (NON-FEMA)

CLIENT ABILITY

Does the client have the ability to self-isolate or quarantine without assistance?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

CLIENT CONTACT INFORMATION

Address _____ Apt/Unit _____

City _____ State _____ ZIP Code _____ County _____

County _____

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 |

Phone number _____ Email address _____

START DATE

| | | | | | | | | |
|-------|-----|---|------|--|---|--|--|--|
| | | / | | | / | | | |
| Month | Day | | Year | | | | | |

END DATE (if applicable)

| | | | | | | | | |
|-------|-----|---|------|--|---|--|--|--|
| | | / | | | / | | | |
| Month | Day | | Year | | | | | |

Landlord's Name _____ Landlord's Address _____

Landlord's City _____ Landlord's State _____ Landlord's Phone _____

HEAD OF HOUSEHOLD CONTACT INFORMATION

Head of household cell phone number _____

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

| | | |
|--|---|--|
| <input type="checkbox"/> Full address reported | <input type="checkbox"/> Client refused | <input type="checkbox"/> Client doesn't know |
|--|---|--|

Head of household 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 refused | <input type="checkbox"/> Client doesn't know |
|--|---|--|

PROJECT ROOMKEY DATA (NON-FEMA)

COVID-19 SCREENING RESULT

What are the COVID-19 screening results for the qualifying household member? If possible, please upload the verification documentation for the COVID-19 screening results using “Entry/Exit File Attachments.”

| | | | | | |
|--------------------------|--|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Asymptomatic Low Risk, Presumed COVID negative | <input type="checkbox"/> | Asymptomatic High Risk per CA guidance (age 60–64 without underlying medical conditions) | <input type="checkbox"/> | Person Under Investigation: positive symptom screen or positive secondary screen (medical professional thinks high risk of infection) |
|--------------------------|--|--------------------------|--|--------------------------|---|

HOUSEHOLD COMPOSITION AND NEEDS

What is the total number of **adults** in the client’s household? The number should reflect the total number of adults in the household who will need to be permanently housed at exit from the NCS project.

What is the total number of **children** in the client’s household? The number should reflect the total number of children in the household who will need to be permanently housed at exit from the NCS project.

Does the client’s household have any pets?

| | | | |
|--------------------------|-----|--------------------------|---------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client doesn’t know |
| <input type="checkbox"/> | No | <input type="checkbox"/> | Client refused |

Does the client’s household have any service animals?

| | | | |
|--------------------------|-----|--------------------------|---------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client doesn’t know |
| <input type="checkbox"/> | No | <input type="checkbox"/> | Client refused |

Have the household’s access/functional needs been identified?

| | | | |
|--------------------------|-----|--------------------------|---------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client doesn’t know |
| <input type="checkbox"/> | No | <input type="checkbox"/> | Client refused |

UNIT PLACEMENT

Select the unit type that will be used to house the client.

| | | | | | | | |
|--------------------------|-------------|--------------------------|-----------|--------------------------|---------|--------------------------|---------|
| <input type="checkbox"/> | Hotel/motel | <input type="checkbox"/> | Apartment | <input type="checkbox"/> | Shelter | <input type="checkbox"/> | Trailer |
|--------------------------|-------------|--------------------------|-----------|--------------------------|---------|--------------------------|---------|

Unit Name _____

Unit Address _____

City _____ State _____ ZIP Code _____ County _____