

# HMIS Project Roomkey FEMA Assessment

---

## General Instructions

This is the FEMA reimbursement for eligible Project Roomkey sites.

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](mailto:solanoHMIS@homebaseccc.org) for assistance.

**CLIENT NAME:**

---

**DATE ADMINISTERED:**

---

# PROJECT ROOMKEY DATA (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 (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	<input type="checkbox"/>	COVID-19 Exposed (as documented by a healthcare professional)
<input type="checkbox"/>	Asymptomatic High Risk (65+ or underlying medical conditions)	<input type="checkbox"/>	COVID-19 Positive

## 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 \_\_\_\_\_