

NHC Partner Agencies Entry Form for HMIS: MULTI-PERSON HOUSEHOLDS

Data Collection Instructions:

This intake form should be completed by agency staff, whenever possible, along with the appropriate LSNDG/NHC ROI form.

HMIS Instructions:

Be sure to use "Enter Data As" (EDA) for the appropriate Project Entry service provider.

If information is missing, follow-up with the client or staff person responsible for gathering information to complete the missing information. DO NOT enter "don't know" or "refused" unless the Client doesn't know or refused an answer.

Section I: Demographics and Household Set-up ([In HMIS: use ClientPoint search, Profile Tab, Household Tab.]

HMIS Tips

- Begin in the head of household's record then search for and add additional household members.
- Included Household members are shown in "Selected Clients" at bottom of the pop-up. When all members added, click "Continue."
- To switch between household members, click name under "Household Members." indicates the client record has been updated.

1. Complete table below. Enter head of household (HoH) in first line.

	First Name	Middle Name	Last Name	Suffix	Name Data Quality (DQ)	HMIS ID# <small>(for Data Entry Use Only)</small>	Household ID#
1	HoH:						
2							
3							
4							
5							
6							

	Relationship to HoH <small>(daughter, husband, significant other etc.)</small>	Social Security Number (SSN)	SSN DQ	Date of Birth*	D.O.B. Type (DQ)	Gender (from list)	Race (select up to five categories from list)	Ethnicity: Hispanic (Y/N)**	Veteran Status (Y/N) (18+only)
1	HoH: Self								
2									
3									
4									
5									
6									

*Date of Birth required for ALL clients. If client doesn't know or refuses to provide D.O.B., use 01/01/(estimated year of birth) as the birth date. Record quality as "full" or "approx." "Don't know" or "refused" should rarely be used.

**Hispanic and Latino must also choose a race (often white)

Data Quality (DQ) Options:

- Full - Full
- Approx- Partial/Approximate
- DK- Client doesn't know
- R- Client refused
- NC- Data not collected

Gender Options:

- F- Female
- M- Male
- MTF - Trans Female (Male to Female)
- FTM - Trans Male (Female to Male)
- DI - Doesn't identify as male, female or transgender
- DK - Client doesn't know R - Client refused
- NC - Data not collected

Race Options:

- American Indian or Alaskan Native
 - Asian
 - Black or African-American
 - Native Hawaiian or Other Pacific Islander
 - White
- DK- Client doesn't know
 - R- Client refused
 - NC- Data not collected

Veteran Status:

(Has the client served in the U.S. Armed Forces?)

Answer Choices:

- Yes, No, DK, R, NC

2. Household Type:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Couple with no children | <input type="checkbox"/> Female single parent | <input type="checkbox"/> Foster parent(s) | <input type="checkbox"/> Grandparent(s) and child |
| <input type="checkbox"/> Two parent family | <input type="checkbox"/> Male single parent | <input type="checkbox"/> Non-custodial caregiver(s) | <input type="checkbox"/> Other |

3. Joined Household Date (program entry date): ____/____/____ (Month/Day/Year)

Section II: Program Entry and Assessment (in HMIS: use Entry/Exit Tab)

HMIS Tips • Click "Add Entry/Exit."	• Check boxes next to all household members' names to include them. Confirm Provider, Type, and Entry Date. Save & Continue.
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4. Provider Name: _____ **5. Entry type:** HUD **6. Entry Date:** ____/____/____ (Month/Day/Year)

7. Does the client have a disability of long duration? (All Clients)

Documentation is not required to answer "Yes." Clients can answer "Yes" even if they have never been officially diagnosed with a disability (see definitions). Alcohol/drug abuse is considered a disability of long duration. If applicable use "DN" (client doesn't know), "R" (client refused), or "NC" (not collected).


Household Member Name	Disability of Long Duration?	Household Member Name	Disability of Long Duration?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	4.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	5.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	6.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC

7A. Disabilities Detail (All Clients)

HMIS Tips: Enter disabilities using HUD Verification. Disability Determination is "Yes" if the client has the disability during the time period. Start date is the program entry date. (HUD)=HUD-approved source.

Household Member Name (repeat client name if multiple disabilities are present)	Disability (record # from list below)	Disability determination	Start Date	If Yes, Expected to be of long-continued and indefinite duration and impairs ability to live independently?	If Yes, Documentation of the disability and severity on file?*	Condition is long term w/ substantial impact?	(If Yes) Currently receiving services or treatment?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	Program Entry Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC

- | | | |
|--|---|--------------------------------------|
| 1. <u>Mental Health Problem</u> (HUD) | 4. <u>Chronic Health Condition</u> (HUD Alcohol abuse (HUD) | 6. Both Alcohol and Drug Abuse (HUD) |
| 2. <u>Physical Disability</u> (HUD) | 5. <u>Drug abuse</u> (HUD) | 7. <u>HIV/AIDS</u> (HUD) |
| 3. <u>Developmental Disability</u> (HUD) | | 8. <u>Other</u> (Specify) |

HMIS Tips: Complete the remaining required questions for EACH household member.  indicates a household members record has been updated.

8. Health Insurance (All Adults and Heads of Household)

Data Collection Instructions: Record Health Insurance types for each member of the household. **HMIS Tips:** Enter health insurance using the HUD Verification tool. A response is required for each health insurance source. Check Yes/No/Data Not Collected for each health insurance type.

Adult/Head of Household Member Name	Covered by health insurance	Medicaid (MA)	Medicare	Children's Health Ins.	VA Medical Services	Employer-Provided Health Ins.	Health Ins. through COBRA	State Health Ins. for Adults	Private Pay Health Ins.	Indian Health Services Program	Other
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC

9. Relationship to Head of Household (All Clients)

Household Member Name	Self	HoH's Child	HoH's Spouse/Partner	HoH's Other relation member	Other: non-relation member	Data not collected
1. HoH:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSING INFORMATION - Required of ALL Adult/HoH Clients

10. Client Location: LA-506

11. Current Parish of Residence: _____

12. Parish Preference:

- Livingston
- St. Helena
- St. Tammany
- Tangipahoa
- Washington

13A. Type of Living Situation on Night Before Entry (Pick ONLY ONE under literally homeless, institutional, OR transitional and permanent housing)

Literally Homeless Situation

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



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



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 (other than RRH) 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 (including RRH)
- 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)
- Other (specify): _____
- Client doesn't know
- Client refused
- Data not collected



13B. Length of Stay at Prior Living Situation

(Literally homeless 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



Skip 13C. Move to 13D.

13B. Length of Stay at Prior Night Living Situation

(Institutional 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



13B. Length of Stay at Prior Night Living Situation

(Transitional and permanent 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



13C. If unshaded response, this series of questions is complete; proceed to 13.

If shaded response is selected, ask question:

Did you stay on the streets or in emergency shelter last night?

- Yes [Proceed to 13D.]
- No [Proceed to 14.]

13D. Approximate date homelessness started ____/____/____

13E. Regardless of where you stayed last night, number of times the client has been on the streets or in emergency shelter in the past three years (including today):

- 1 time 2 times 3 times 4 or more times Client doesn't know Client refused Data not collected

13F. Total number of months homeless on the street or in emergency shelter in the past 3 years

- 1 month (this time is the first) 2 months 3 months 4 months 5 months 6 months 7 months 8 months
 9 months 10 months 11 months 12 months More than 12 months Client doesn't know Client refused Data not collected

14. INCOME AND BENEFITS INFORMATION - Required of ALL Adult/HoH Clients

Data Collection Instructions: Collect income information for all household members. Income received on behalf of minors should be recorded on the parent's/guardian's record.

HMIS Tips: Enter income using the HUD Verification tool. Start date is the program entry date. "Receiving income source" will remain "yes," even if income ends. (HUD)=HUD-approved source.

HoH/Adult Household Member Name	Income from any source	Start Date	Source 1 (enter # from List Below)	Monthly Amount	Source 2 (enter # from List Below)	Start Date	Monthly Amount	Total Monthly Income from ALL Sources
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	Project entry date		\$		Project entry date	\$	\$
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC			\$			\$	\$
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC			\$			\$	\$

- 1. Earned Income (HUD)
- 2. Unemployment insurance (HUD)
- 3. SSI (HUD)
- 4. SSDI (HUD)
- 5. VA Service Connected Disability Compensation (HUD)

- 6. Private disability insurance (HUD)
- 7. Worker's compensation (HUD)
- 8. General Assistance (HUD)
- 9. TANF (MFIP) (HUD)
- 10. Retirement income from Social Security VA Non-Service Connected Disability Pension (HUD)

- 11. Pension or retirement income from a former job (HUD)
- 12. Child support (HUD)
- 13. Alimony or other spousal support (HUD)
- 14. Other (specify) (HUD)

15. Non-Cash Benefits (All Adults and Heads of Household)

Data Collection Instructions: Record non-cash benefits for each adult and head of household. Non-cash benefits generally apply to all members of the household who benefit, even indirectly.

HMIS Tips: Enter non-cash benefits using the HUD Verification tool. Start date is the program entry date. "Receiving benefit" remains "Yes" even if benefit ends. Do not record an amount for non-cash benefits in HMIS.

- 7. Temporary rental assistance (HUD)

HoH/Adult Household Member Name	Non-cash benefit from any source	Source 1 (enter # from List Below)	Start Date	Source 2 (enter # from List Below)	Start Date
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		Project entry date		Project entry date
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC				
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC				

- 1. Supplemental Nutrition Assistance Program (Food Stamps) (HUD)
- 2. Special supplemental nutrition program (WIC) (HUD)
- 3. TANF Child Care Services (HUD)

- 4. Other TANF-Funded Services
- 5. Section 8, Public Housing or other ongoing rental assistance (HUD)

**16. Domestic violence victim/survivor?
(ever)** *(All Adults and Heads of Household)*

**16A. If yes for Domestic violence
victim/ survivor, when experience
occurred?**

**16B. If yes for domestic violence
victim/survivor, currently fleeing?**

HoH/Adult Household Member Name	16.					16A.							16B.					
	Yes	No	DK	R	NC	Within the past	3-6 months	6-12 months	More than 1		R	NC	Yes	No	DK	R	NC	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17. Have you ever been in foster care?
(ever)** *(All Adults and Heads of Household)*

**16A. If yes for Foster Care, at what age did you
exit foster care?**

**16B. If yes for Foster Care, where
did you reside immediately
exiting foster care?**

HoH/Adult Household Member Name	17.					16A.							16B.
	Yes	No	DK	R	NC	0-5	6-12	13-17	18+	DK	R	NC	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

****Required for Street Outreach Only****

18. Date of First Contact

____/____/____

19. Date of Engagement

____/____/____

****Required for PH Projects Only****

*This should not be recorded until the client
has moved into PH unit.*

20. Housing Move-in Date

____/____/____