|  |  |
| --- | --- |
| **HMIS HOUSEHOLD QUESTIONNAIRE (INTAKE)** | Adapted from form developed by Lutheran Social Services |
| * Check only one  per question except where noted * Answers in **bold** have additional follow-up questions * ‘DK’ = client doesn’t know |

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Name** | **Program Start Date** | | **Case Manager Name** |
|  |  | |  |
| New Individual Enrollment  New Family/Group Application  Add to Existing Group: | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WHAT** General Demographic (Profile) Information  **WHO** All clients | | | | | | | | | | | | | |
|  | **Group Member 1** | | | | **Group Member 2** | | | | | **Group Member 3** | | | |
| Relationship to household | i.e., self, husband, wife, significant other, son, daughter, aunt, etc. | | | | i.e., self, husband, wife, significant other, son, daughter, aunt, etc. | | | | | i.e., self, husband, wife, significant other, son, daughter, aunt, etc. | | | |
| Is individual or head of household? | Yes  No | | | | Yes  No | | | | | Yes  No | | | |
| *(optional)*  *Curre­­­­­nt/contact address*  *type* | Home  Emergency  Mailing  Other | | | | Home  Emergency  Mailing  Other | | | | | Home  Emergency  Mailing  Other | | | |
| *Street address*  *City, State*  *Zip Code* |  | | | |  | | | | |  | | | |
|  | | | |  | | | | |  | | | |
|  | | | |  | | | | |  | | | |
|  | | | |  | | | | |  | | | |
| Phone number | ( ) - | | | | ( ) - | | | | | ( ) - | | | |
| Email address |  | | | |  | | | | |  | | | |
| Zip code of last permanent address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DK  Refused | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DK  Refused | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DK  Refused | | | |
| SSN | -       - | | | | -       - | | | | | -       - | | | |
| Quality of SSN | Full  Partial  DKl  Refused | | | | Full  Partial  DKl  Refused | | | | | Full  Partial  DKl  Refused | | | |
| DOB | /     / | | | | /     / | | | | | /     / | | | |
| Quality of DOB | Full  Partial  DKl  Refused | | | | Full  Partial  DKl  Refused | | | | | Full  Partial  DKl  Refused | | | |
| Last name |  | | | |  | | | | |  | | | |
| First name |  | | | |  | | | | |  | | | |
| Middle name |  | | | |  | | | | |  | | | |
| Alias |  | | | |  | | | | |  | | | |
| Suffix | Jr  Sr. | I  II  III | | None  DK  Refused | Jr  Sr. | | I  II  III | | None  DK  Refused | Jr  Sr. | I  II  III | | None  DK  Refused |
| Quality of name | Full  DK | Partial / street name  Refused | | | Full  DK | Partial / street name  Refused | | | | Full  DK | Partial / street name  Refused | | |
|  | **Group Member 1** | | | | **Group Member 2** | | | | | **Group Member 3** | | | |
| Gender assigned at birth | Female  Male  Intersex  DK  Refused | | | | Female  Male  Intersex  DK  Refused | | | | | Female  Male  Intersex  DK  Refused | | | |
| Gender  identity | Female  Male | | DK  Refused | | Female  Male | DK  Refused | | | | Female  Male | | DK  Refused | |
|  | Trans female (male to female)  Trans male (female to male)  **Gender non-conforming**  (not exclusively male or female) | | | | Trans female (male to female)  Trans male (female to male)  **Gender non-conforming**  (not exclusively male or female) | | | | | Trans female (male to female)  Trans male (female to male)  **Gender non-conforming**  (not exclusively male or female) | | | |
| If **gender non-conforming**: | Gender fluid  Agender  Non-binary  Two spirit | | Gender queer  Not listed: | | Gender fluid  Agender  Non-binary  Two spirit | | | Gender queer  Not listed: | | Gender fluid  Agender  Non-binary  Two spirit | | Gender queer  Not listed: | |
| Sexual  orientation  14+ | Heterosexual  Asexual  Gay  Pansexual  Lesbian  Fluid  Bisexual  Gray-sexual | | Queer  Demi sexual  Questioning  DK  Refused | | Heterosexual  Asexual  Gay  Pansexual  Lesbian  Gender Fluid  Bisexual  Gray-sexual | | | Queer  Demi sexual  Questioning  DK  Refused | | Heterosexual  Asexual  Gay  Pansexual  Lesbian  Gender fluid  Bisexual  Gray-sexual | | Queer  Demi sexual  Questioning  DK  Refused | |
| Race | American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Pacific Islander  White  Other  DK  Refused | | | | American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Pacific Islander  White  Other  DK  Refused | | | | | American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Pacific Islander  White  Other  DK  Refused | | | |
| Ethnicity | Non Hispanic/Non Latino  Hispanic/Latino  DK  Refused | | | | Non Hispanic/Non Latino  Hispanic/Latino  DK  Refused | | | | | Non Hispanic/Non Latino  Hispanic/Latino  DK  Refused | | | |
| Primary language |  | | | |  | | | | |  | | | |
| US Citizen | Yes  No  DK  Refused | | | | Yes  No  DK  Refused | | | | | Yes  No  DK  Refused | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WHAT** Veteran Information  **WHO** Any client 18+ | | | | | | |
|  | **Group Member 1** | | **Group Member 2** | | **Group Member 3** | |
| Veteran | **Yes**  No  DK  Refused | | **Yes**  No  DK  Refused | | **Yes**  No  DK  Refused | |
| If **Yes (veteran)**, continue, otherwise **STOP** and proceed to next page | | | | | | |
| Year Entered Military |  | |  | |  | |
| Year Separated Military |  | |  | |  | |
| World War II Operations  1939 – 1945 | Yes  No  DK  Refused | | Yes  No  DK  Refused | | Yes  No  DK  Refused | |
| Korean War Operations  1950 – 1953 | Yes  No  DK  Refused | | Yes  No  DK  Refused | | Yes  No  DK  Refused | |
| Vietnam War Operations  1961 – 1973 | Yes  No  DK  Refused | | Yes  No  DK  Refused | | Yes  No  DK  Refused | |
| Persian Gulf War Operations  1990 – 1991 | Yes  No  DK  Refused | | Yes  No  DK  Refused | | Yes  No  DK  Refused | |
| Afghanistan Operations  2001 – Present | Yes  No  DK  Refused | | Yes  No  DK  Refused | | Yes  No  DK  Refused | |
| Iraq (Freedom Operations  2003 – 2010 | Yes  No  DK  Refused | | Yes  No  DK  Refused | | Yes  No  DK  Refused | |
| Iraq (New Dawn Operations**)**  2010 – 2011 | Yes  No  DK  Refused | | Yes  No  DK  Refused | | Yes  No  DK  Refused | |
| Other War Operations | Yes  No  DK  Refused | | Yes  No  DK  Refused | | Yes  No  DK  Refused | |
| Military Branch | Air Force  Army  Coast Guard  Navy | Marines  DK  Refused | Air Force  Army  Coast Guard  Navy | Marines  DK  Refused | Air Force  Army  Coast Guard  Navy | Marines  DK  Refused |
| Discharge Status | Honorable  General (honorable conditions)  Other (under other than honorable)  Bad Conduct  Dishonorable  Uncharacterized  DK  Refused | | Honorable  General (honorable conditions)  Other (under other than honorable)  Bad Conduct  Dishonorable  Uncharacterized  DK  Refused | | Honorable  General (honorable conditions)  Other (under other than honorable)  Bad Conduct  Dishonorable  Uncharacterized  DK  Refused | |
| Discharge Status Verified (DD-214) | Yes  No  DK  Refused | | Yes  No  DK  Refused | | Yes  No  DK  Refused | |

|  |  |  |  |
| --- | --- | --- | --- |
| **WHAT** History of Homelessness Information & General Health  **WHO** Heads of Household & Adults (18+) only | | | |
|  | **Group Member 1** | **Group Member 2** | **Group Member 3** |
| **RRH, PH & PSH ONLY**  Date client moved into permanent housing | /     /  *For RRH, must be after program start date* | Same as Group Member 1         /     / | Same as Group Member 1       /     / |
| Primary reason for homelessness | Not homeless  Loss of job  Financial  Incarceration  Gambling  Domestic violence  Drug and/or alcohol problems  Eviction - foreclosure (**owned**)  Eviction – foreclosure (**rental**)  Eviction – non-financial reasons  Eviction – non payment  Fire/condemnation  Kicked out by family/friends  Left state foster care  Loss of public assistance/aid  Medical problems (non-mental)  Mental health problems  Medical problems, non-mental  New to area (**no deposit money**)  New to area (**no social supports**)  Previous evictions/unpaid utilities  Unable to find work  Other | Not homeless  Loss of job  Financial  Incarceration  Gambling  Domestic violence  Drug and/or alcohol problems  Eviction - foreclosure (**owned**)  Eviction – foreclosure (**rental**)  Eviction – non-financial reasons  Eviction – non payment  Fire/condemnation  Kicked out by family/friends  Left state foster care  Loss of public assistance/aid  Medical problems (non-mental)  Mental health problems  Medical problems, non-mental  New to area (**no deposit money**)  New to area (**no social supports**)  Previous evictions/unpaid utilities  Unable to find work  Other | Not homeless  Loss of job  Financial  Incarceration  Gambling  Domestic violence  Drug and/or alcohol problems  Eviction - foreclosure (**owned**)  Eviction – foreclosure (**rental**)  Eviction – non-financial reasons  Eviction – non payment  Fire/condemnation  Kicked out by family/friends  Left state foster care  Loss of public assistance/aid  Medical problems (non-mental)  Mental health problems  Medical problems, non-mental  New to area (**no deposit money**)  New to area (**no social supports**)  Previous evictions/unpaid utilities  Unable to find work  Other |
| Where did you sleep last night? |  | *Same as Group Member 1* | *Same as Group Member 1* |
| Homeless Situations | Homeless Situations | Homeless Situations |
| **Place not for habitation** ✭  **Emergency shelter/hotel w/ voucher** ✭  **Safe haven** ✭  **Interim housing** ✭  (proceed to **Length of Stay)** | **Place not for habitation** ✭  **Emergency shelter/hotel w/ voucher** ✭  **Safe haven** ✭  **Interim housing** ✭  (proceed to **Length of Stay)** | **Place not for habitation** ✭  **Emergency shelter/hotel w/ voucher** ✭  **Safe haven** ✭  **Interim housing** ✭  (proceed to **Length of Stay)** |
| Institutional Situations | Institutional Situations | Institutional Situations |
|  | Hospital **(non-psychiatric**)  Psychiatric hospital/facility  Foster care/foster group home  Jail/prison or juvenile detention  Long-term care/nursing facility  Substance abuse/detox center  - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  On the night before your stay at this institution, were you on the streets or at a safe haven or emergency shelter?  **Yes** ✭  No  DK  Refused | Hospital **(non-psychiatric**)  Psychiatric hospital/facility  Foster care/foster group home  Jail/prison or juvenile detention  Long-term care/nursing facility  Substance abuse/detox center  - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  On the night before your stay at this institution, were you on the streets or at a safe haven or emergency shelter?  **Yes** ✭  No  DK  Refused | Hospital **(non-psychiatric**)  Psychiatric hospital/facility  Foster care/foster group home  Jail/prison or juvenile detention  Long-term care/nursing facility  Substance abuse/detox center  - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  On the night before your stay at this institution, were you on the streets or at a safe haven or emergency shelter?  **Yes** ✭  No  DK  Refused |
| Where did you sleep last night?  (cnt’d) | **Transitional, Permanent & Other** | **Transitional, Permanent & Other** | **Transitional, Permanent & Other** |
| Hotel/motel **(no ES voucher**)  Transitional housing for homeless  PSH for formerly homeless  Host home (non-crisis)  Staying with friends/family  Residential/halfway house, no  homeless criteria  **Client rental with subsidy:**  GPD TIP  VASH subsidy  HCV  RRH or similar  Other type of ongoing subsidy  **Client rent/own, other:**  Public housing  Rental, no subsidy  Owned by client, w/ subsidy  Owned by client, no subsidy    DK  Refused  - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  On the night before your stay in that residence, were you on the streets or at a safe haven or emergency shelter?  **Yes** ✭  No  DK  Refused | Hotel/motel **(no ES voucher**)  Transitional housing for homeless  PSH for formerly homeless  Host home (non-crisis)  Staying with friends/family  Residential/halfway house, no  homeless criteria  **Client rental with subsidy:**  GPD TIP  VASH subsidy  HCV  RRH or similar  Other type of ongoing subsidy  **Client rent/own, other:**  Public housing  Rental, no subsidy  Owned by client, w/ subsidy  Owned by client, no subsidy    DK  Refused  - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  On the night before your stay in that residence, were you on the streets or at a safe haven or emergency shelter?  **Yes** ✭  No  DK  Refused | Hotel/motel **(no ES voucher**)  Transitional housing for homeless  PSH for formerly homeless  Host home (non-crisis)  Staying with friends/family  Residential/halfway house, no  homeless criteria  **Client rental with subsidy:**  GPD TIP  VASH subsidy  HCV  RRH or similar  Other type of ongoing subsidy  **Client rent/own, other:**  Public housing  Rental, no subsidy  Owned by client, w/ subsidy  Owned by client, no subsidy    DK  Refused  - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  On the night before your stay in that residence, were you on the streets or at a safe haven or emergency shelter?  **Yes** ✭  No  DK  Refused |
| Length of stay in previous place | One night or less  Two to six nights  One week or more, but less than 1 month  One month or more, but less than 90 days  90 days or more, but less than a year  One year or longer  DK  Refused | One night or less  Two to six nights  One week or more, but less than 1 month  One month or more, but less than 90 days  90 days or more, but less than a year  One year or longer  DK  Refused | One night or less  Two to six nights  One week or more, but less than 1 month  One month or more, but less than 90 days  90 days or more, but less than a year  One year or longer  DK  Refused |
| ✭ Answer the following **only if selection starred (**✭) **above** | | | |
| Start date of this episode | /     /  *must be before enrollment date* | /     / | /     / |
| **Past 3 Years:** Total times homeless\* (on streets or ES) | One time (this is the first time)  Two times  Three times  Four+ times  DK  Refused | One time (this is the first time)  Two times  Three times  Four+ times  DK  Refused | One time (this is the first time)  Two times  Three times  Four+ times  DK  Refused |
| **Past 3 years:** Months homeless (on streets or ES) | months | months | months |
| **General Health** | Excellent  Very good  Good  Fair  Poor  DK  Refused | Excellent  Very good  Good  Fair  Poor  DK  Refused | Excellent  Very good  Good  Fair  Poor  DK  Refused |
| **Pregnant** | Yes, Due Date:  No  DK  Refused | Yes, Due Date:  No  DK  Refused | Yes, Due Date:  No  DK  Refused |

\* ‘times’ = periods spent on streets, ES, or safe haven, separated by a break of 7+ days in a housed situation (s/a rental, with friends/family, or PSH) or institution up to 90 days

|  |  |  |  |
| --- | --- | --- | --- |
| **WHAT** Disability Information  **WHO** Everybody  **Note: LT & Impairs** = Expected to be **long-term** and **impairs** ability to live independently  For additional information on disability types, please see Disability Types Appendix on Page 8 | | | |
| **Disability:** | **Group Member 1** | **Group Member 2** | **Group Member 3** |
| **Physical** | **Yes**  No  DK  Refused | **Yes**  No  DK  Refused | **Yes**  No  DK  Refused |
| *Answer if* ***Yes****:*  Receiving services  LT & impairs | *Answer if* ***Yes****:*  Yes  No  DK  Refused  **Yes\***  No  DK  Refused | *Answer if Yes:*  Yes  No  DK  Refused  **Yes\***  No  DK  Refused | *Answer if* ***Yes****:*  Yes  No  DK  Refused  **Yes\***  No  DK  Refused |
| **Developmental** | **Yes**  No  DK  Refused | **Yes**  No  DK  Refused | **Yes**  No  DK  Refused |
| Receiving services  LT & impairs | Yes  No  DK  Refused  **Yes\***  No  DK  Refused | Yes  No  DK  Refused  **Yes\***  No  DK  Refused | Yes  No  DK  Refused  **Yes\***  No  DK  Refused |
| **Chronic** | **Yes**  No  DK  Refused | **Yes**  No  DK  Refused | **Yes**  No  DK  Refused |
| Receiving services  LT & impairs | Yes  No  DK  Refused  **Yes\***  No  DK  Refused | Yes  No  DK  Refused  **Yes\***  No  DK  Refused | Yes  No  DK  Refused  **Yes\***  No  DK  Refused |
| **Mental Health** | **Yes**  No  DK  Refused | **Yes**  No  DK  Refused | **Yes**  No  DK  Refused |
| Receiving services  LT & impairs | Yes  No  DK  Refused  **Yes\***  No  DK  Refused | Yes  No  DK  Refused  **Yes\***  No  DK  Refused | Yes  No  DK  Refused  **Yes\***  No  DK  Refused |
| **HIV/AIDS** | **Yes**  No  DK  Refused | **Yes**  No  DK  Refused | **Yes**  No  DK  Refused |
| Receiving services  LT & impairs | Yes  No  DK  Refused  **Yes\***  No  DK  Refused | Yes  No  DK  Refused  **Yes\***  No  DK  Refused | Yes  No  DK  Refused  **Yes\***  No  DK  Refused |
| **Substance Abuse** | **Yes**  No  DK  Refused | **Yes**  No  DK  Refused | **Yes**  No  DK  Refused |
| Which type(s)?  Receiving services  LT & Impairs | Alcohol  Drugs  Both  Yes  No  DK  Refused  **Yes\***  No  DK  Refused | Alcohol  Drugs  Both  Yes  No  DK  Refused  **Yes\***  No  DK  Refused | Alcohol  Drugs  Both  Yes  No  DK  Refused  **Yes\***  No  DK  Refused |
| **\*Disabling Condition** | Yes (if **Yes\*** to any above, or other)  No  DK  Refused | Yes (if **Yes\*** to any above, or other)  No  DK  Refused | Yes (if **Yes\*** to any above, or other)  No  DK  Refused |

|  |  |  |  |
| --- | --- | --- | --- |
| **WHAT** Domestic Violence  **WHO** Heads of Household & Adults (18+) only | | | |
|  | **Group Member 1** | **Group Member 2** | **Group Member 3** |
| Domestic Violence Survivor | **Yes**  No  DK  Refused | **Yes**  No  DK  Refused | **Yes**  No  DK  Refused |
| If **survivor,** currently fleeing? | **Yes**  No  DK  Refused | **Yes**  No  DK  Refused | **Yes**  No  DK  Refused |
| If **fleeing,** then last date of DV | Within the past 3 months  3 to 6 months ago  6 months to one year  Over a year ago  DK  Refused | Within the past 3 months  3 to 6 months ago  6 months to 12 months  Over a year ago  DK  Refused | Within the past 3 months  3 to 6 months ago  6 months to 12 months  Over a year ago  DK  Refused |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WHAT** Income & Non-Cash Benefits  **WHO** Heads of Household & Adults (18+) only | | | | | | |
| Cash Income? | **Yes**  No  DK  Refused | | **Yes**   No  DK  Refused | | **Yes**  No  DK  Refused | |
| If **cash income**, check all that apply and include amounts | **Source of Income** | **Amount** | **Source of Income** | **Amount** | **Source of Income** | **Amount** |
|  | Employment income |  | Employment income |  | Employment income |  |
|  | Unemployment Ins. |  | Unemployment Ins. |  | Unemployment Ins. |  |
|  | Workers comp |  | Workers comp |  | Workers comp |  |
|  | Private disability ins. |  | Private disability ins. |  | Private disability ins. |  |
|  | VA Disability (**service**) |  | VA Disability (**service**) |  | VA Disability (**service**) |  |
|  | SSDI (**disability**) |  | SSDI (**disability**) |  | SSDI (**disability**) |  |
|  | SSI VA pension |  | SSI VA pension |  | SSI VA pension |  |
|  | SSA (**retirement**) |  | SSA (**retirement**) |  | SSA (**retirement**) |  |
|  | VA pension (non-service) |  | VA pension (non-service) |  | VA pension (non-service) |  |
|  | Pension from former job |  | Pension from former job |  | Pension from former job |  |
|  | TANF/Cal Works |  | TANF/Cal Works |  | TANF/Cal Works |  |
|  | GA |  | GA |  | GA |  |
|  | Alimony/spousal support |  | Alimony/spousal support |  | Alimony/spousal support |  |
|  | Child support |  | Child support |  | Child support |  |
|  | Other/Kids |  | Other/Kids |  | Other/Kids |  |
| Receives Non-Cash Benefits? | **Yes**   No  DK  Refused | | **Yes**   No  DK  Refused | | **Yes**   No  DK  Refused | |
| If **Receives**, sources of non-cash benefits (check all that apply) | SNAP/Cal Fresh/Food Stamps  WIC (Women, Infant & Child Sup)  TANF Child Care  TANF Transportation  Other TANF Benefits  Other | | SNAP/Cal Fresh/Food Stamps  WIC (Women, Infant & Child Sup)  TANF Child Care  TANF Transportation  Other TANF Benefits  Other | | SNAP/Cal Fresh/Food Stamps  WIC (Women, Infant & Child Sup)  TANF Child Care  TANF Transportation  Other TANF Benefits  Other | |
| Covered by  Health Insurance | **Yes**   No  DK  Refused | | **Yes**   No  DK  Refused | | **Yes**   No  DK  Refused | |
| If **Covered**, source of health insurance | Medicare  VA Medical  Medicaid/Medi-Cal  Employer  Obtained through Cobra  Indian Health Services Program  Private pay health insurance  Other | | Medicare  VA Medical  Medicaid/Medi-Cal  Employer  Obtained through Cobra  Indian Health Services Program  Private pay health insurance  Other | | Medicare  VA Medical  Medicaid/Medi-Cal  Employer  Obtained through Cobra  Indian Health Services Program  Private pay health insurance  Other | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WHAT** Employment  **WHO** Everybody 16+ | | | | | | |
|  | **Group Member 1** | | **Group Member 2** | | **Group Member 3** | |
| **Employed?** | **Yes**   **No**  DK  Refused | | **Yes**   **No**  DK  Refused | | **Yes**   **No**  DK  Refused | |
| If **Yes** (employed)  Employment tenure | Permanent  Seasonal  Temporary  DK  Refused | | Permanent  Seasonal  Temporary  DK  Refused | | Permanent  Seasonal  Temporary  DK  Refused | |
| Hours worked  last week | hours | | hours | | hours | |
| If **No** (unemployed)  Seeking? | Yes  No  DK  Refused | | Yes  No  DK  Refused | | Yes  No  DK  Refused | |
|  |  |  |  |  |  |  |
| **WHAT** Education  **WHO** Everybody 5+ | | | | | | |
| Currently enrolled in school? | **Yes**  **No**  DK  Refused | | **Yes**  **No**  DK  Refused | | **Yes**  **No**  DK  Refused | |
| If **Yes (enrolled)** | | | | | | |
| Enrolled in vocational school? | Yes  No DK  Refused | | Yes  No DK  Refused | | Yes  No  DK  Refused | |
| Name of school |  | |  | |  | |
| Type of school | Public  Parochial or Private DK  Refused | | Public  Parochial or Private DK  Refused | | Public  Parochial or Private DK  Refused | |
| Highest level  of school completed | No School Completed  Nursery School to 4th Grade  5-6th Grade  7-8th Grade  9th Grade  10th Grade  11th Grade  12th Grade (no diploma)  **High School Diploma**  **GED**  **Post-Secondary School**  DK  Refused | | No School Completed  Nursery School to 4th Grade  5-6th Grade  7-8th Grade  9th Grade  10th Grade  11th Grade  12th Grade (no diploma)  **High School Diploma**  **GED**  **Post-Secondary School**  DK  Refused | | No School Completed  Nursery School to 4th Grade  5-6th Grade  7-8th Grade  9th Grade  10th Grade  11th Grade  12th Grade (no diploma)  **High School Diploma**  **GED**  **Post-Secondary School**  DK  Refused | |
| If **HS Diploma, GED, Post-Secondary:**  Highest Degree Earned | Associates  Bachelors  Masters  Doctorate (PhD)  Grad/Professional Degree  Cert. of Adv Training/Skilled Artisan  None  Other | | Associates  Bachelors  Masters  Doctorate (PhD)  Grad/Professional Degree  Cert. of Adv Training/Skilled Artisan  None  Other | | Associates  Bachelors  Masters  Doctorate (PhD)  Grad/Professional Degree  Cert. of Adv Training/Skilled Artisan  None  Other | |
| If **No** (notenrolled) and **5-17 years old:** | | | | | | |
| Date of last enrollment | /     / | | /     / | | /     / | |
| Barriers to enrolling child in school | None  Residency Requirements  Availability of School Records  Birth Certificates  Legal Guardianship Requirements  Transportation  Lack of Available Preschool Programs  Immunization Requirements  Physical Examination Records  Other  DK  Refused | | None  Residency Requirements  Availability of School Records  Birth Certificates  Legal Guardianship Requirements  Transportation  Lack of Available Preschool Programs  Immunization Requirements  Physical Examination Records  Other  DK  Refused | | None  Residency Requirements  Availability of School Records  Birth Certificates  Legal Guardianship Requirements  Transportation  Lack of Available Preschool Programs  Immunization Requirements  Physical Examination Records  Other  DK  Refused | |
| **HUD Homeless Liaison** | Yes  **No**  DK  Refused | | Yes  **No**  DK  Refused | | Yes  **No**  DK  Refused | |

**Disability Information – Definitions**

|  |  |  |
| --- | --- | --- |
| **Disability** | **Description (HUD Data Standards)** | **Examples** |
| **Physical Disability** | A physical impairment |  |
| **Developmental Disability** | A severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency |  |
| **Chronic Disability** | A chronic health condition means a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance | * heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease) * severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia) * adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions) * severe headache/migraine * cancer * chronic bronchitis * liver * condition * stroke * emphysema |
| **Mental Health Problem** | May range from situational depression to serious mental illnesses  \*If the mental health problem was a cause of homelessness, a significant issue for the individual, or is of a serious nature, select “Yes” to **LT & impairs** |  |

**HMIS SUPPORTIVE SERVICES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Case Manager:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | | |
| **Client Name:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **SSN:**       -       -      \_\_\_\_\_\_\_\_\_\_ | | **Today’s Date:**      /     / |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service** | | **Initial**  **Referral Date** | **In**  **Place** | **Start Date** | **1st QTR** | **2ND QTR** | **3RD QTR** | **4TH QTR** | **End**  **Date** |
| **Alcohol Or Drug Abuse Services** | | /     / |  | /     / |  |  |  |  | /     / |
| **Case Management** | | /     / |  | /     / |  |  |  |  | /     / |
| **Child Care (Child Action, etc.)** | | /     / |  | /     / |  |  |  |  | /     / |
| **Education (High School Diploma, GED, etc.)** | | /     / |  | /     / |  |  |  |  | /     / |
| **Employment Assistance - Placement (employed)** | | /     / |  | /     / |  |  |  |  | /     / |
| **Hourly Wage** | **Hours Per Week** |  | | | | | | | |
| **Employer** | |
| **Position** | |
| **Employment Assistance – Services (job search, etc.)** | | /     / |  | /     / |  |  |  |  | /     / |
| **HIV/AIDS Related Services** | | /     / |  | /     / |  |  |  |  | /     / |
| **Housing Placement Assistance (outside project)** | | /     / |  | /     / |  |  |  |  | /     / |
| **Housed with**  **(Lease Signed)** | | /     / |  | /     / |  |  |  |  | /     / |
| **Rental Assistance  For       (Lease Signed)** | | /     / |  | /     / |  |  |  |  | /     / |
| **Legal (CPS, Court, etc.)** | | /     / |  | /     / |  |  |  |  | /     / |
| **Life Skills (Outside of Case Management)** | | /     / |  | /     / |  |  |  |  | /     / |
| **Mental Health Services** | | /     / |  | /     / |  |  |  |  | /     / |
| **Other Health Care Services** | | /     / |  | /     / |  |  |  |  | /     / |
| **Transportation (Bus Passes, etc.)** | | /     / |  | /     / |  |  |  |  | /     / |

**Rental Amount** $       & date rent paid \_     /     /      (**FOR RRH PROGRAMS ONLY**)