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

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| **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:       |
| Sexualorientation14+ | [ ]  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 |

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| **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 Operations1939 – 1945 | [ ]  Yes [ ]  No [ ]  DK [ ]  Refused | [ ]  Yes [ ]  No [ ]  DK [ ]  Refused | [ ]  Yes [ ]  No [ ]  DK [ ]  Refused |
| Korean War Operations1950 – 1953 | [ ]  Yes [ ]  No [ ]  DK [ ]  Refused | [ ]  Yes [ ]  No [ ]  DK [ ]  Refused | [ ]  Yes [ ]  No [ ]  DK [ ]  Refused |
| Vietnam War Operations1961 – 1973 | [ ]  Yes [ ]  No [ ]  DK [ ]  Refused | [ ]  Yes [ ]  No [ ]  DK [ ]  Refused | [ ]  Yes [ ]  No [ ]  DK [ ]  Refused |
| Persian Gulf War Operations1990 – 1991 | [ ]  Yes [ ]  No [ ]  DK [ ]  Refused | [ ]  Yes [ ]  No [ ]  DK [ ]  Refused | [ ]  Yes [ ]  No [ ]  DK [ ]  Refused |
| Afghanistan Operations2001 – 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 |

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| **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

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| **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 servicesLT & 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 servicesLT & 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 servicesLT & 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 servicesLT & 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 servicesLT & 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 servicesLT & 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  |

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| **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  |

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| **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 byHealth 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**)