

# HMIS Data Entry Form

## Section 1: Demographics *(required for ALL clients, secondary race is optional)*

<b>Client Name:</b> _____		<b>Alias:</b> _____	<b>SSN:</b> ____/____/____	
<b>DOB:</b> ____/____/____ Month Day Year		<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Transgendered (Female to Male) <input type="checkbox"/> Refused <input type="checkbox"/> Other <input type="checkbox"/> Male <input type="checkbox"/> Transgendered (Male to Female) <input type="checkbox"/> Don't Know		
<b>Primary Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> Does not know <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Refused				
<b>Secondary Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> Does not know <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Refused				
<b>Ethnicity:</b> <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused				

## Section 2: Household *(Household Type required for ALL clients)*

<b>Household Type:</b> <input type="checkbox"/> Couple with No Children <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Grandparent(s) & Child <input type="checkbox"/> Other <input type="checkbox"/> Single Parent <input type="checkbox"/> Foster Parents <input type="checkbox"/> Non-custodial Caregiver(s)			
Name	Age	Relationship to Head of Household	Joined Household Date
1.		self	<i>(program entry date)</i>
2.			<i>(program entry date)</i>
3.			<i>(program entry date)</i>
4.			<i>(program entry date)</i>
5.			<i>(program entry date)</i>
6.			<i>(program entry date)</i>
7.			<i>(program entry date)</i>
8.			<i>(program entry date)</i>

## Section 3: Release of Information

<b>Release Granted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Start Date:</b> <i>(program entry date)</i>	<b>End Date:</b> ____/____/____ Month Day Year
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## Section 4: Program Entry/Exit *(required for ALL clients)*

<b>Type:</b> <input type="checkbox"/> Basic <input type="checkbox"/> Basic Center Program Entry/Exit <input type="checkbox"/> HUD <input type="checkbox"/> Quick Call <input type="checkbox"/> VA <input type="checkbox"/> Transitional Living Program Entry/Exit <input type="checkbox"/> PATH <input type="checkbox"/> Standard			
<b>Start Date:</b> ____/____/____ Month Day Year		<b>End Date:</b> ____/____/____ Month Day Year	

## Section 5: Case Manager & Case Plans

Case Manager	Title	Phone	Email
<b>Start Date:</b> ____/____/____ Month Day Year		<b>End Date:</b> ____/____/____ Month Day Year	
Goal (classification & type)	Overall Status	Date Goal Set	
1.		<i>(program entry date)</i>	
2.		<i>(program entry date)</i>	
3.		<i>(program entry date)</i>	
4.		<i>(program entry date)</i>	
5.		<i>(program entry date)</i>	

## Section 6: Housing Status *(required for ALL clients)*

<b>Housing Status:</b> <input type="checkbox"/> Literally Homeless <input type="checkbox"/> Imminently losing their housing <input type="checkbox"/> Unstably housed and at-risk of losing their housing <input type="checkbox"/> Stably housed <input type="checkbox"/> Don't know <input type="checkbox"/> Refused			
<b>Category of Permanent Housing:</b> <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 <input type="checkbox"/> Other (ineligible)			
<b>Formerly Chronically Homeless?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused			
<b>Is Client Chronically Homeless?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>HH Income as a % of Area Median Income (AMI)?</b> <input type="checkbox"/> < 30% AMI <input type="checkbox"/> 30-50% AMI <input type="checkbox"/> > 50% AMI (ineligible)			

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## Section 7: Client Income (required for ALL clients)

<b>Income received from any source in past 30 days?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused				
Income Source (use number from list below)	Last 30 Day Income	Receiving Income Source	Start Date	End Date
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	(program entry date)	____/____/____ Month Day Year
If other, please specify:				
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	(program entry date)	____/____/____ Month Day Year
If other, please specify:				
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	(program entry date)	____/____/____ Month Day Year
If other, please specify:				
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	(program entry date)	____/____/____ Month Day Year
If other, please specify:				

**Total Monthly Income: \$**

### Income Source

#	Source	#	Source
1	Alimony or Other Spousal Support	13	Retirement
2	Annuities	14	Retirement Disability
3	Child Support	15	Retirement Income From Social Security
4	Contributions from Other People	16	Self Employment Wages
5	Dividends (Investments)	17	SSDI
6	Earned Income	18	SSI
7	General Assistance	19	State Disability
8	No Financial Resources	20	TANF
9	Other	21	Unemployment Insurance
10	Pension From a Former Job	22	Veteran's Disability Payment
11	Private Disability Insurance	23	Veteran's Pension
12	Rental Income	24	Worker's Compensation

<b>Non-cash benefit received from any source in past 30 days?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused			
Non-cash benefit Source (use number from list below)	Receiving Income Source	Start Date	End Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No	(program entry date)	____/____/____ Month Day Year
If other, please specify:			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	(program entry date)	____/____/____ Month Day Year
If other, please specify:			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	(program entry date)	____/____/____ Month Day Year
If other, please specify:			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	(program entry date)	____/____/____ Month Day Year
If other, please specify:			

### Non-cash benefit source

#	Source	#	Source
1	Supplemental Nutrition Assistance Program (Food Stamps)	11	TANF Child Care Services
2	MEDICAID	12	TANF Transportation Services
3	MEDICARE	13	Other – TANF – Funded Services
4	SCHIP	14	Section 8, Public Housing or rental assistance
5	Special Supplemental Nutrition Program for WIC	15	Other Source
6	Veteran's Administration (VA) Medical Services	16	Temporary rental assistance

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## Section 8: Disability (required for ALL clients)

<b>Do you have a disability of long duration?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused				
Disability Type (use number from list below):	Disability determination	Condition is going to be long term?	If yes, Currently receiving services or treatment	End Date
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	____ / ____ / ____ Month    Day    Year
If other, please specify:				
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	____ / ____ / ____ Month    Day    Year
If other, please specify:				
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	____ / ____ / ____ Month    Day    Year
If other, please specify:				
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	____ / ____ / ____ Month    Day    Year
If other, please specify:				

### Disability Type

#	Type	#	Type
1	Alcohol Abuse (HUD 40118)	8	HIV/AIDS (HUD 40118)
2	Both alcohol and drug abuse (HUD 40118)	9	Mental Health Problem (HUD 40118)
3	Chronic Health Condition	10	Other
4	Developmental (HUD 40118)	11	Physical (HUD 40118)
5	Drug Abuse (HUD 40118)	12	Physical/Medical (HUD 40118)
6	Dual Diagnosis	13	Vision Impaired
7	Hearing Impaired		

## Section 9: Domestic Violence (required for all adults 18+) & Living Situation (required for ALL clients)

<b>Domestic violence victim/survivor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
<b>Extent of Domestic Violence (how long did it occur)?</b>	
<b>Type of Living Situation?</b>	<input type="checkbox"/> Don't Know <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Other <input type="checkbox"/> Owned by client, no housing subsidy <input type="checkbox"/> Owned by client, with housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) <input type="checkbox"/> Place not meant for habitation inclusive of 'non-housing service site(outreach programs only)''(HUD) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Refused <input type="checkbox"/> Rental by client, no housing subsidy <input type="checkbox"/> Rental by client, with housing subsidy <input type="checkbox"/> Rental by client with VASH housing subsidy <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <input type="checkbox"/> Staying or living in a friend's room, apartment, or house
<b>Length of stay:</b>	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <b>Zip code of Last Permanent Address:</b>

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## Section 10: Military Information (Veteran Status required for ALL clients, rest of the section required for all adults 18+)

<b>U.S. Military Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused		Months Served on Active Duty:					
Military Branch:	<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Navy	<input type="checkbox"/> Marines	<input type="checkbox"/> Other	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Military Service Era?	<input type="checkbox"/> Persian Gulf Era (August 1991 – September 10, 2001) <input type="checkbox"/> Post Vietnam (May 1975 – July 1991) <input type="checkbox"/> Vietnam Era ( August 1964 – April 1975) <input type="checkbox"/> Between Korean and Vietnam War (February 1955 – July 1964)						
Start Date: (program entry date)	<input type="checkbox"/> Korean War (June 1950 – January 1955) <input type="checkbox"/> Between WWII and Korean War (August 1947 – May 1950) <input type="checkbox"/> World War II (September 1940 – July 1947)						
End Date: ____/____/____	<input type="checkbox"/> September 11, 2001 – present <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused						
<b>Did You Serve in a War Zone?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused		Months Served in a War Zone:					
War Zone:	<input type="checkbox"/> Europe	<input type="checkbox"/> North Africa	<input type="checkbox"/> Vietnam	<input type="checkbox"/> Laos & Cambodia	<input type="checkbox"/> South China Sea	<input type="checkbox"/> China, Burma, India	
	<input type="checkbox"/> Korea	<input type="checkbox"/> South Pacific	<input type="checkbox"/> Persian Gulf	<input type="checkbox"/> Afghanistan	<input type="checkbox"/> Other	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
Received hostile or friendly fire in a War Zone:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused					
Start Date: Date of program entry				End Date: ____/____/____ Month    Day    Year			

**(Complete this portion of the assessment ONLY for the Head of Household (or a single person) assessment.)**

Household with one or more female veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household earns less than 30% AMI	<input type="checkbox"/> Yes <input type="checkbox"/> No
Very low-income Veteran household which is homeless & scheduled to become residence of permanent housing w/in 90 days	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have exited permanent housing within the previous 90 days to seek other housing that is responsive to their needs and preferences	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household is residing in permanent housing	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Answer the following for each adult in the household**

Serve in Iraq or Afghanistan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving VA Health Care and/or Other VA Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roommate(s) with separate lease agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 11: Emergency Contacts

Contact's Name	Phone	Second Phone	Relation to Client
1.			
2.			
3.			

## Section 12: Needs

Need (use number from list below):	Date of Need	Amount if Financial	Need Status	Outcome of Need	Notes
1.	(program entry date)	\$			
2.	(program entry date)	\$			
3.	(program entry date)	\$			
4.	(program entry date)	\$			
5.	(program entry date)	\$			
6.	(program entry date)	\$			

**Need Type**

#	Type	#	Type
1	Case/Care Management	5	Street Outreach Program
2	Moving Expense Assistance	6	Utility Deposit Assistance
3	Rental Deposit Assistance	7	Utility Service Payment Assistance
4	Rent Payment Assistance		

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## Section 13: Services (HPRP Housing Relocation & Stabilization Service Provided required for HUD funded programs)

Service (use number from list below):	Start Date	Service Costs	# of Units	Unit Type	Cost per Unit	Funding Source	End Date
1.	(program entry date)	\$					____/____/____ Month Day Year
<b>HPRP Housing Relocation &amp; Stabilization Service Provided</b>							
<input type="checkbox"/> Case management <input type="checkbox"/> Outreach & engagement <input type="checkbox"/> Housing search & placement <input type="checkbox"/> Legal Services <input type="checkbox"/> Credit repair							
HPRP Financial Assistance Type							
<input type="checkbox"/> Rental assistance <input type="checkbox"/> Security deposits <input type="checkbox"/> Utility deposits <input type="checkbox"/> Utility payments <input type="checkbox"/> Moving cost assistance <input type="checkbox"/> Motel & hotel vouchers							
Projected Follow-up Date: ____/____/____ Month Day Year				Completed Follow Up Date ____/____/____ Month Day Year			
2.	(program entry date)	\$					____/____/____ Month Day Year
<b>HPRP Housing Relocation &amp; Stabilization Service Provided</b>							
<input type="checkbox"/> Case management <input type="checkbox"/> Outreach & engagement <input type="checkbox"/> Housing search & placement <input type="checkbox"/> Legal Services <input type="checkbox"/> Credit repair							
HPRP Financial Assistance Type							
<input type="checkbox"/> Rental assistance <input type="checkbox"/> Security deposits <input type="checkbox"/> Utility deposits <input type="checkbox"/> Utility payments <input type="checkbox"/> Moving cost assistance <input type="checkbox"/> Motel & hotel vouchers							
Projected Follow-up Date: ____/____/____ Month Day Year				Completed Follow Up Date ____/____/____ Month Day Year			
3.	(program entry date)	\$					____/____/____ Month Day Year
<b>HPRP Housing Relocation &amp; Stabilization Service Provided</b>							
<input type="checkbox"/> Case management <input type="checkbox"/> Outreach & engagement <input type="checkbox"/> Housing search & placement <input type="checkbox"/> Legal Services <input type="checkbox"/> Credit repair							
HPRP Financial Assistance Type							
<input type="checkbox"/> Rental assistance <input type="checkbox"/> Security deposits <input type="checkbox"/> Utility deposits <input type="checkbox"/> Utility payments <input type="checkbox"/> Moving cost assistance <input type="checkbox"/> Motel & hotel vouchers							
Projected Follow-up Date: ____/____/____ Month Day Year				Completed Follow Up Date ____/____/____ Month Day Year			
4.	(program entry date)	\$					____/____/____ Month Day Year
<b>HPRP Housing Relocation &amp; Stabilization Service Provided</b>							
<input type="checkbox"/> Case management <input type="checkbox"/> Outreach & engagement <input type="checkbox"/> Housing search & placement <input type="checkbox"/> Legal Services <input type="checkbox"/> Credit repair							
HPRP Financial Assistance Type							
<input type="checkbox"/> Rental assistance <input type="checkbox"/> Security deposits <input type="checkbox"/> Utility deposits <input type="checkbox"/> Utility payments <input type="checkbox"/> Moving cost assistance <input type="checkbox"/> Motel & hotel vouchers							
Projected Follow-up Date: ____/____/____ Month Day Year				Completed Follow Up Date ____/____/____ Month Day Year			
5.	(program entry date)	\$					____/____/____ Month Day Year
<b>HPRP Housing Relocation &amp; Stabilization Service Provided</b>							
<input type="checkbox"/> Case management <input type="checkbox"/> Outreach & engagement <input type="checkbox"/> Housing search & placement <input type="checkbox"/> Legal Services <input type="checkbox"/> Credit repair							
HPRP Financial Assistance Type							
<input type="checkbox"/> Rental assistance <input type="checkbox"/> Security deposits <input type="checkbox"/> Utility deposits <input type="checkbox"/> Utility payments <input type="checkbox"/> Moving cost assistance <input type="checkbox"/> Motel & hotel vouchers							
Projected Follow-up Date: ____/____/____ Month Day Year				Completed Follow Up Date ____/____/____ Month Day Year			
6.	(program entry date)	\$					____/____/____ Month Day Year
<b>HPRP Housing Relocation &amp; Stabilization Service Provided</b>							
<input type="checkbox"/> Case management <input type="checkbox"/> Outreach & engagement <input type="checkbox"/> Housing search & placement <input type="checkbox"/> Legal Services <input type="checkbox"/> Credit repair							
HPRP Financial Assistance Type							
<input type="checkbox"/> Rental assistance <input type="checkbox"/> Security deposits <input type="checkbox"/> Utility deposits <input type="checkbox"/> Utility payments <input type="checkbox"/> Moving cost assistance <input type="checkbox"/> Motel & hotel vouchers							
Projected Follow-up Date: ____/____/____ Month Day Year				Completed Follow Up Date ____/____/____ Month Day Year			

**Service Type**

#	Type	#	Type
1	Case/Care Management	5	Street Outreach Program
2	Moving Expense Assistance	6	Utility Deposit Assistance
3	Rental Deposit Assistance	7	Utility Service Payment Assistance
4	Rent Payment Assistance		