HMIS 2022 Update Collection Form (2022)

Client ID:	Update Date:
Housing Move In Date:	Client Location: LA - 503

Total Monthly Income: $_____ (Income from any source)	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Source of Income	Receiving income from any source?	Amount of income	How often:	Start Date	End Date
Alimony or other spousal support	☐ Yes ☐ No ☐ Data Not Completed				
Child support	☐ Yes ☐ No ☐ Data Not Completed				
Earned income	☐ Yes ☐ No ☐ Data Not Completed				
Other	☐ Yes ☐ No ☐ Data Not Completed				
Pension or retirement income from another job	☐ Yes ☐ No ☐ Data Not Completed				
Private disability insurance	☐ Yes ☐ No ☐ Data Not Completed				
Retirement income from social security	☐ Yes ☐ No ☐ Data Not Completed				
SSDI	☐ Yes ☐ No ☐ Data Not Completed				
SSI	☐ Yes ☐ No ☐ Data Not Completed				
TANF	☐ Yes ☐ No ☐ Data Not Completed				
Unemployment insurance	☐ Yes ☐ No ☐ Data Not Completed				

HMIS 2022 Update Collection Form (2022)

Continued, Source of Income	Receiving income from any source?	Amount of income	How often:	Start Date	End Date
VA Non- service connected disability pension	☐ Yes ☐ No ☐ Data Not Completed				
Worker's compensation	☐ Yes ☐ No ☐ Data Not Completed				

Non cash benefit from any source:	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Source of non-cash benefit	Receiving income from any source?	Start Date	End Date
Supplemental Nutritional Assistance Program (Food Stamps)	☐ Yes ☐ No ☐ Data Not Completed		
Special Supplemental Nutrition Program for WIC	☐ Yes ☐ No ☐ Data Not Completed		
TANF Child Care Services	☐ Yes ☐ No ☐ Data Not Completed		
TANF Transportation Services	☐ Yes ☐ No ☐ Data Not Completed		
Other TANF Funded Services	☐ Yes ☐ No ☐ Data Not Completed		
Other	☐ Yes ☐ No ☐ Data Not Completed		

Covered by health insurance:	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Source of Health Insurance	Covered	Start Date	End Date
Medicaid	☐ Yes ☐ No ☐ Data Not Completed		
Medicare	☐ Yes ☐ No ☐ Data Not Completed		
State Children's Health	☐ Yes ☐ No ☐ Data Not Completed		
Veteran's Admin Medical	☐ Yes ☐ No ☐ Data Not Completed		
Employer Provided Health Insurance	☐ Yes ☐ No ☐ Data Not Completed		
Health Insurance obtained through COBRA	☐ Yes ☐ No ☐ Data Not Completed		

HMIS 2022 Update Collection Form (2022)

Continued, Covered by health insurance:	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected	
Private pay health insurance	☐ Yes	☐ No	☐ Data Not Completed			
State health insurance	☐ Yes	☐ No	☐ Data Not Completed			
Indian health insurance	☐ Yes	☐ No	☐ Data Not Completed			
Other	☐ Yes	☐ No	☐ Data Not Completed			

Disability Type	**Currently Receiving Services or Treatment**	**Condition Long Term? (Y/N)**	**Start Date**	**Disability Determination (Y/N)**	**Disability Verification on File (Y/N)**	**End Date**
Alcohol use	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Both Alcohol and Drug Use	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Drug Use	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Chronic Health Condition	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Developmental	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
HIV/AIDS	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Mental Health Disorder	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					

HMIS 2022 Update Collection Form (2022)

Continued, Disability Type	Currently Receiving Services or Treatment	Condition Long Term? (Y/N)	Start Date	Disability Determination (Y/N)	Disability Verification on File (Y/N)	End Date
Physical	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					

Domestic violence victim/survivor:	☐ Yes ☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
If Yes for domestic violence victim/survive; when experiences occurred:	☐ Within the past 3 months ☐More than 1 year ago	☐ 3-6 months ☐ Client doesn't know	☐ 6-12 months ☐ Client refused	☐ Data Not Collected
If Yes for domestic violence/survivor, are you fleeting:	☐ Yes ☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Have you ever been placed in foster care:	☐ Yes ☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

HMIS 2022 Update Collection Form (2022)

Current Living Situation

Required by Street Outreach, Coordinated Entry and Emergency Shelter

Required when a Project Start Date is entered, Date of Engagement is recorded. Data is recorded for Head of Household on each occurrence/update.

Information Date: _____/_____/_____

Homeless Situation	Institutional Situation	Temporary & Permanent Housing Situation
☐ Place not meant for habitation ☐ Emergency shelter, incl. hotel/motel paid for w/ES voucher, or RHY- funded Host Home Shelter ☐ Safe Haven	☐ 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 ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Transitional housing for homeless persons (including homeless youth ☐ Host Home (non – crisis) ☐ Staying or living in a family member's room, apartment or house ☐ Staying or living in a friend's room, apartment or house ☐ Rental by client, with GPD TIP housing subsidy ☐ Rental by client, with VASH housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons ☐ Rental by client, with HCV voucher (tenant or project based) ☐ Rental by client in a public housing unit ☐ Rental by client, no ongoing housing subsidy ☐ Renter by client, with other ongoing subsidy ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy

HMIS 2022 Update Collection Form (2022)

Living Situation verified by: LA-503					
Is client going to have to leave their current living situation within 14 days?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
If 'YES' Is client going to have to leave their current living situation within 14 days? Answer the following questions.					
Has a subsequent residence been identified?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Does individual or family have resources or support networks to obtain other permanent housing?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Has the client moved 2 or more times in the last 60 days?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

Date of Engagement _____/_____/_____

Coordinated Entry Assessment	
Date of Assessment:	
Assessment Location: LA-503	
Assessment Type:	☐ Phone ☐ Virtual ☐ In Person
Assessment Level:	☐ Crisis Needs Assessment ☐ Housing Needs Assessment
Prioritization Status:	☐ Placed on prioritization list ☐ Not placed on prioritization list

Coordinated Entry Event:

Access Events	
☐ Referral to Prevention Assistance project	☐ Problem Solving/Diversion/Rapid Resolution intervention or service

HMIS 2022 Update Collection Form (2022)

Referral Events

☐ Referral to post-placement/follow-up case management	☐ Referral to Street Outreach project or services
☐ Referral to Housing Navigation project or services	☐ Referral to Non-continuum services: Ineligible for continuum services
☐ Referral to Emergency Shelter bed opening	☐ Referral to Transitional Housing bed/unit opening
☐ Referral to Joint TH-RRH project/unit/resource opening	☐ Referral to RRH project resource opening
☐ Referral to PSH project resource opening	☐ Referral to Other PH project/unit/resource opening
☐ Referral to emergency assistance /flex fund/furniture assistance	☐ Referral to Emergency Housing Voucher (EHV)
☐ Referral to Housing Stability Voucher	

If 'Event' answer was 'Problem Solving/Diversion/Rapid Resolution intervention or service result', please answer the following question:

Problem Solving/ Diversion/ Rapid Resolution intervention or service result – Client housed/re-housed in a safe alternative:	☐ Yes ☐ No

If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer the following question:

Referral to post-placement/follow-up case management result- Enrolled in Aftercare project:	☐ Yes ☐ No

If 'Event' answer was 'Referral to an ES, TH, Joint TH-RRH, RRH, PSH or Other PH opening', please answer the following question:

Location of Crisis housing or Permanent Housing Referral:

If 'Event' answer was 'Referral to an ES, TH, Joint TH-RRH, RRH, PSH or Other PH opening', please answer the following question (below):

Referral Result: **Note: Housing Programs Must Add Referral Result & Date of Result**	☐ Successful referral: client accepted	☐ Unsuccessful referral: client rejected	☐ Unsuccessful referral: provider rejected

If 'Event' answer was 'Referral to an ES, TH, Joint TH-RRH, RRH, PSH or Other PH opening', please answer the following question:

Date of Result:	
Date of Moving On Assistance:	

HMIS 2022 Update Collection Form (2022)

Moving on Assistance:	☐ Subsidized housing application assistance	☐ Non financial assistance for Moving On (e.g., housing navigation, transition support)
	☐ Financial assistance for Moving on (e.g., security deposit, moving expenses)	☐ Not placed on prioritization list
Other (Please Specify)		

Notes: