HMIS 2022 Basic Data Collection HMIS Form (2022)

Client ID:	**Project Entry Date:**
First, Mi., Last Name, Suf:	☐ Full Name Reported ☐ Client Doesn't Know ☐ Data Not Collected ☐ Client Refused ☐ Partial Street Name or Code Name Reported
Social Security Number:	☐ Full SSN Reported ☐ Client Doesn't Know ☐ Partial SSN Reported ☐ Client Refused ☐ Data Not Collected
U.S. Military Veteran:	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Date of Birth:	☐ Full DOB Reported ☐ Client Doesn't Know ☐ Partial or Partial Reported ☐ Client Refused ☐ Data Not Collected
Race (Choose two if applicable):	☐ American Indian, Alaska Native, or Indigenous / ☐ Native Hawaiian or Pacific Islander / ☐ Asian or Asian American ☐ Black, African American, or African / ☐ White / ☐ Client Refused ☐ Data Not Collected / ☐ Other
Ethnicity (Choose One):	☐ Hispanic/Latino (a)(o)(x) ☐ Non-Hispanic/ Latino (a)(o)(x) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Gender:	☐ Female / ☐ Male / ☐ Questioning ☐ Transgender / ☐ A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) ☐ Client refused / ☐ Data Not Collected / ☐ Client Doesn't Know
Do You Have a Disability of Long Duration:	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Relationship to Head of Household:	☐ Self (Head of Household) / ☐ Head of Household's Child ☐ Head of Household's Spouse or Partner / ☐ Head of Household's Other Relation Member (Other Relation to Head of Household) ☐ Other: Non- Relation Member / ☐ Data Not Completed
Client Location: LA - 503	
When Did you originally move to the New Orleans area:	☐ Five Years or More or Native of New Orleans ☐ In the Past Three Months ☐ More Than Three Months but less than Five Years
Zip Code of Last Permanent Address:	

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Are you a resident of Jefferson Parish:	☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Prior Living Situation (Where Client Stayed the night before program

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 RRH or equivalent subsidy ☐ 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

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Length of stay at Prior Living Situation (Homeless Situation)	Length of stay at Prior Living Situation (Institutional Situation)	Length of stay at Prior Living Situation (Transitional and Permanent Situation)
☐ One night or less	☐ One night or less	☐ One night or less
☐ Two to six nights	☐ Two to six nights	☐ Two to six nights
☐ One week or more, but less than one month	☐ One week or more, but less than one month	☐ One week or more, but less than one month
☐ One month or more, but less than 90 days	☐ One month or more, but less than 90 days	☐ One month or more, but less than 90 days
☐ 90 days or more but less than one year	☐ 90 days or more, but less than one year	☐ 90 days or more, but less than one year
☐ One year or longer	☐ One year or longer	☐ One year or longer
☐ Data Not Collected	☐ Client Refused	☐ Client doesn't know

Number of times the client has been on the streets or in emergency shelter in the past three years (including today)

☐ 1 time ☐ 2 times ☐ 3 times ☐ 4 or more times ☐ Client doesn't know ☐ Client refused

Total number of months homeless on the street or in emergency shelter in the past three years (including today, which equals 1 month): _____

If place not meant for habitation, what type:

☐ Street, parks, sidewalks, camp	☐ Vacant or Abandoned building	☐ Bus or train section
☐ Motor Vehicle	☐ Other place not intended for human habitation	☐ Shelters

In the last 90 days, were you released from a hospital, jail, mental institution:	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Primary reason for being homeless:	☐ Addiction/Substance Abuse	☐ By Choice	☐ Domestic Violence		
	☐ Eviction/Foreclosure due to Covid-19	☐ Family Conflict	☐ Jail/Prison		
	☐ Loss of income due to Covid-19	☐ Loss of job/unemployment	☐ Low income		
	☐ Mental health issue	☐ Natural Disaster	☐ Other		
	☐ Not allowed to stay on family member's lease or voucher	☐ Physical disability	☐ Underemployment		

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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				
VA Non- service connected disability pension	☐ Yes ☐ No ☐ Data Not Completed				
Worker's compensation	☐ Yes ☐ No ☐ Data Not Completed				

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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		
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		

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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					
Physical	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					

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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

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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

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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 _____/_____/_____

Notes:

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Coordinated Entry Event:

Access Events

☐ Referral to Prevention Assistance project	☐ Problem Solving/Diversion/Rapid Resolution intervention or service
☐ Referral to scheduled Coordinated Entry Crisis Needs Assessment	☐ Referral to scheduled Coordinated Entry Housing Needs Assessment

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

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

Permanent Supportive Housing Only

Well-Being (Please check box for appropriate answer)	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strong Agree	Client doesn't Know or Refused
Client perceives their life has value and worth.					
Client perceives they have support from others who will listen to problems.					
Client perceives they have a tendency to bounce back after hard times.					
Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.					

Current school enrollment and attendance	☐ Not currently enrolled in any school or educational course	☐ Currently enrolled and attending regularly (when school or the course is in session)		
	☐ Currently enrolled but not attending regularly (when school or the course is in session)	☐ Client doesn't know	☐ Client refused	☐ Data Not collected
General Health Status	☐ Excellent	☐ Very Good	☐ Good	☐ Fair
	☐Poor	☐ Client Doesn't Know	☐ Client refused	☐ Data Not collected

Notes: