

HMIS 2024 Basic Data Collection HMIS Form (LA-503)

HUD COC/ESG/SNOFO/ES/SO/SH/PSH/TH/ RRH/CE/OTHER PROJECTS

Client ID:	Project Entry Date:		
First, Mi., Last Name, Suf:	<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Client Doesn't Know	
	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Client Prefers Not To Answer	
	<input type="checkbox"/> Partial Street Name or Code Name Reported		
Social Security Number:	<input type="checkbox"/> Full SSN Reported	<input type="checkbox"/> Client Doesn't Know	
	<input type="checkbox"/> Partial SSN Reported	<input type="checkbox"/> Client Prefers Not to Answer	
	<input type="checkbox"/> Data Not Collected		
U.S. Military Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	
	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected	
	<input type="checkbox"/> Partial or Partial Reported	<input type="checkbox"/> Client Prefers Not to Answer	
Date of Birth:	<input type="checkbox"/> Full DOB Reported	<input type="checkbox"/> Client Doesn't Know	
	<input type="checkbox"/> Partial or Partial Reported	<input type="checkbox"/> Data Not Collected	
	<input type="checkbox"/> Client Prefers No to Answer		
Race and Ethnicity:	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Asian or Asian American
	<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Hispanic/Latina/e/o	<input type="checkbox"/> Middle Eastern or North African
	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Client Prefers Not to Answer	
Additional Race and Ethnicity Detail:			
Gender:	<input type="checkbox"/> Woman (Girl if child)	<input type="checkbox"/> Man (Boy if child)	<input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit)
	<input type="checkbox"/> Transgender	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Questioning
	<input type="checkbox"/> Different Identity	<input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Prefers Not to answer	<input type="checkbox"/> Client Doesn't Know
If Different Identity, please specify:			
Do You Have a Disability of Long Duration:	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	
	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected	
	<input type="checkbox"/> Client Prefers Not to Answer		
Relationship to Head of Household:	<input type="checkbox"/> Self (Head of Household)	<input type="checkbox"/> Head of Household's Child	
	<input type="checkbox"/> Head of Household's Spouse or Partner	<input type="checkbox"/> Head of Household's Other Relation Member (Other Relation to Head of Household)	
	<input type="checkbox"/> Other: Non- Relation Member	<input type="checkbox"/> Data Not Completed	

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Enrollment CoC: LA – 503

Prior Living Situation (Where Client Stayed the night before program)

Homeless Situation	Institutional Situation	Temporary & Permanent Housing Situation
<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, incl. hotel/motel paid for w/ES voucher, or RHY- funded Host Home Shelter <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non – crisis) <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 Permanent Housing Situation <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Renter by client, ongoing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy

Rental Subsidy Type

- | | |
|---|--|
| <input type="checkbox"/> GPD TIP housing subsidy
<input type="checkbox"/> RRH or equivalent subsidy
<input type="checkbox"/> Public housing unit
<input type="checkbox"/> Housing Stability Voucher
<input type="checkbox"/> Foster Youth to Independence Initiative
<input type="checkbox"/> Other permanent housing dedicated for formerly homeless person | <input type="checkbox"/> VASH housing subsidy
<input type="checkbox"/> HCV voucher (tenant or project based)
<input type="checkbox"/> Rental by client, with other ongoing subsidy
<input type="checkbox"/> Family Unification Program Voucher (FUP)
<input type="checkbox"/> Permanent Supportive Housing |
|---|--|

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)
<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month

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<input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client Refused	<input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know
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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:

<input type="checkbox"/> Street, parks, sidewalks, camp <input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Vacant or Abandoned building <input type="checkbox"/> Other place not intended for human habitation	<input type="checkbox"/> Bus or train section <input type="checkbox"/> Shelters
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Zip Code of Last Permanent Address:

Are you a resident of Jefferson Parish:

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
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When Did you originally move to the New Orleans area:

<input type="checkbox"/> Five Years or More or Native of New Orleans	<input type="checkbox"/> In the Past Three Months	<input type="checkbox"/> More Than Three Months but less than Five Years
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Primary reason for being homeless:

<input type="checkbox"/> Addiction/Substance Abuse <input type="checkbox"/> Eviction/Foreclosure due to Covid-19 <input type="checkbox"/> Loss of income due to Covid-19 <input type="checkbox"/> Mental health issue <input type="checkbox"/> Not allowed to stay on family member's lease or voucher	<input type="checkbox"/> By Choice <input type="checkbox"/> Family Conflict <input type="checkbox"/> Loss of job/unemployment <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Physical disability	<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Low income <input type="checkbox"/> Other <input type="checkbox"/> Underemployment
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Highest Level of Education Completed:

Total Monthly Income:

\$ _____

(Income from any source)

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
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Source of Income

<input type="checkbox"/> Earned Income <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> VA Non-Service-Connected Disability Pension <input type="checkbox"/> Private Disability Insurance	<input type="checkbox"/> Unemployed Insurance <input type="checkbox"/> VA Service- Connected Disability Compensation <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Worker's Compensation
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	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Retirement Income from Social Security <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Alimony and other Spousal Support	<input type="checkbox"/> General Assistance (GA) <input type="checkbox"/> Pension or Retirement Income from a Former Job <input type="checkbox"/> Child Support <input type="checkbox"/> Other Source
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Amount of Income:	How Often:	Start Date:	End Date
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Non Cash Benefit From Any Source:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
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Source of Non- Cash Benefit	<input type="checkbox"/> Supplemental Nutritional Assistance Program (Food Stamps) <input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> Other TANF Funded Services	<input type="checkbox"/> Special Supplemental Nutrition Program for WIC <input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other
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Start Date	End Date
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Covered by health insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
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Source of Health Insurance	<input type="checkbox"/> Medicaid <input type="checkbox"/> State Children's Health <input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Indian Health Insurance	<input type="checkbox"/> Medicare <input type="checkbox"/> Veteran's Health Admin <input type="checkbox"/> Health Insurance Obtained Through COBRA <input type="checkbox"/> State Health Insurance <input type="checkbox"/> Other
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Start Date	End Date
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Disability Type	<input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Developmental <input type="checkbox"/> Mental Health Disorder	<input type="checkbox"/> Both Alcohol and Drug Use <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Physical
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Currently Receiving Services or Treatment? (Y/N)	Condition Long Term? (Y/N)	Start Date	Disability Determination (Y/N)	Disability Verification (Y/N)	End Date
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Survivor of Domestic Violence:	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know		
	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected		
	<input type="checkbox"/> Client Prefers Not to Answer			
If Yes for Survivor of Domestic Violence; when experiences occurred:	<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/> 3-6 months	<input type="checkbox"/> 6-12 months	<input type="checkbox"/> Data Not Collected
	<input type="checkbox"/> More than 1 year ago	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	
If Yes for Survivor of Domestic Violence, are you fleeing:	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know		
	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected		
	<input type="checkbox"/> Client Prefers Not to Answer			

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 & Other	Temporary & Permanent Housing Situation
<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, incl. hotel/motel paid for w/ES voucher, or RHY- funded Host Home Shelter <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Other <input type="checkbox"/> Worker Unable to Determine <input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non – crisis) <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 Permanent Housing <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Renter by client, with other ongoing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy

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	<input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data Not Collected	
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Living Situation verified by: LA-503		
Is client going to have to leave their current living situation within 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
Does individual or family have resources or support networks to obtain other permanent housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
Has the client moved 2 or more times in the last 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected

Location Details:

Date of Engagement:

Coordinated Entry Assessment	
Assessment Location: LA 503	Assessment Type: <input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/> Virtual
Assessment Level: <input type="checkbox"/> Crisis Needs Assessment <input type="checkbox"/> Housing Needs Assessment	Prioritization Status: <input type="checkbox"/> Placed on Prioritization List <input type="checkbox"/> Not Placed on Prioritization List

Coordinated Entry Event	
Access Events	
<input type="checkbox"/> Referral to Prevention Assistance project <input type="checkbox"/> Referral to scheduled Coordinated Entry Crisis Needs Assessment	<input type="checkbox"/> Problem Solving/Diversion/Rapid Resolution intervention or service <input type="checkbox"/> Referral to scheduled Coordinated Entry Housing Needs Assessment

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Referral Events

- | | |
|---|--|
| <input type="checkbox"/> Referral to post-placement/follow-up case management
<input type="checkbox"/> Referral to Housing Navigation project or services
<input type="checkbox"/> Referral to Emergency Shelter bed opening
<input type="checkbox"/> Referral to Joint TH-RRH project/unit/resource opening
<input type="checkbox"/> Referral to PSH project resource opening

<input type="checkbox"/> Referral to emergency assistance /flex fund/furniture assistance | <input type="checkbox"/> Referral to Street Outreach project or services
<input type="checkbox"/> Referral to Non-continuum services: Ineligible for continuum services
<input type="checkbox"/> Referral to Transitional Housing bed/unit opening
<input type="checkbox"/> Referral to RRH project resource opening
<input type="checkbox"/> Referral to Other PH project/unit/resource opening
<input type="checkbox"/> Referral to Emergency Housing Voucher (EHV)
<input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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:

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	<input type="checkbox"/> Successful referral: client accepted	<input type="checkbox"/> Unsuccessful referral: client rejected	<input type="checkbox"/> 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:			
Translation Assistance Needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected	
Preferred Language:	<input type="checkbox"/> Different Preferred Language <input type="checkbox"/> Client Prefers Not to Say	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not collected	

If Different Preferred Language, please specify:

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Permanent Supportive Housing Only:		
Sexual Orientation:		
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Questioning/Unsure	<input type="checkbox"/> Other
<input type="checkbox"/> Different Identity	<input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Prefers Not to answer	<input type="checkbox"/> Client Doesn't Know