

HMIS 2024 Basic Data Collection HMIS Form (LA-506)

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 – 506

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
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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)
<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):

Total Monthly Income: \$ <input style="width: 150px;" type="text"/> (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"/> 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"/> Unemployed Insurance <input type="checkbox"/> VA Service- Connected Disability Compensation <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Worker's Compensation <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"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Prefers Not to Answer				
Source of Health Insurance	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health <input type="checkbox"/> Veteran's Health Admin <input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> Health Insurance Obtained Through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance <input type="checkbox"/> Indian Health Insurance <input type="checkbox"/> Other				
Start Date			End Date		
Disability Type	<input type="checkbox"/> Alcohol Use <input type="checkbox"/> Both Alcohol and Drug Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Developmental <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Health Disorder <input type="checkbox"/> Physical				
Currently Receiving Services or Treatment? (Y/N)	Condition Long Term? (Y/N)	Start Date	Disability Determination (Y/N)	Disability Verification (Y/N)	End Date
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				

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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 & 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"/> 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 <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

Living Situation verified by: LA-503

Is client going to have to leave their current living situation within 14 days?

- Yes
 No
 Client Prefers Not to Answer
 Client Doesn't Know
 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 Prefers Not to Answer
 Client Doesn't Know
 Data Not Collected

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Does individual or family have resources or support networks to obtain other permanent housing?	<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	
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"/> Client Doesn't Know
	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
	<input type="checkbox"/> Client Prefers Not to Answer	
Has the client moved 2 or more times in the last 60 days?	<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	

Location Details:

Date of Engagement:

Coordinated Entry Assessment

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

Coordinated Entry Event

Access Events

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

Referral Events

- | | |
|---|--|
| <input type="checkbox"/> Referral to post-placement/follow-up case management | <input type="checkbox"/> Referral to Street Outreach project or services |
| <input type="checkbox"/> Referral to Housing Navigation project or services | <input type="checkbox"/> Referral to Non-continuum services: Ineligible for continuum services |
| <input type="checkbox"/> Referral to Emergency Shelter bed opening | <input type="checkbox"/> Referral to Transitional Housing bed/unit opening |
| <input type="checkbox"/> Referral to Joint TH-RRH project/unit/resource opening | <input type="checkbox"/> Referral to RRH project resource opening |
| <input type="checkbox"/> Referral to PSH project resource opening | <input type="checkbox"/> Referral to Other PH project/unit/resource opening |
| <input type="checkbox"/> Referral to emergency assistance /flex fund/furniture assistance | <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:

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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"/> Client Doesn’t Know <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Prefers Not to Answer
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Preferred Language:	<input type="checkbox"/> Different Preferred Language <input type="checkbox"/> Client Doesn’t Know <input type="checkbox"/> Client Prefers Not to Say <input type="checkbox"/> Data Not collected
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If Different Preferred Language, please specify:

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