HMIS Data Collection Form for Project START – RHY

This form can be used by all RHY project types

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"
The form is broken into two sections for *All Clients*, and *Head of Household and Other Adults in the Household* in order to eliminate duplication of data gathering when characteristics apply to certain members of households.

DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

PROJECT START DATE (e.g., 08/24/2017)

The Project Start Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

		/			/				
Month			Day			Year			

NAME (first, middle, last name, suffix, e.g., Jr, Sr, III)

Use a client's full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents, unless specifically required by a funder.

Client ID#	
First name	
Middle name	
Last name	
Suffix	

NAME DATA QUALITY

Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time. If using a "made up name" for such an initial identification, indicate that here.

- ☐ Full name reported
- ☐ Partial, street name, or code name reported
- ☐ Client doesn't know
- ☐ Client refused

SOCIAL SECURITY NUMBER

			-			-				

DATE OF BIRTH (e.g., 10/23/1978)

		/			/				
Month			Day			Year			

SOCIAL SECURITY NUMBER DATA QUALITY

Some projects may serve clients that do not have an SSN. In these cases, select 'Client doesn't know.'

- ☐ Full SSN reported
- ☐ Approximate or partial SSN reported
- ☐ Client doesn't know
- ☐ Client refused

DATE OF BIRTH TYPE

Use 01/01/YEAR and select 'approximate or partial date of birth' if client cannot recall DOB.

- ☐ Full date of birth reported
- ☐ Approximate or partial date of birth reported
- ☐ Client doesn't know
- ☐ Client refused

DATA FOR ALL CLIENTS (CONTINUED)

ETHNICITY

- ☐ Non-Hispanic / Non-Latino
- ☐ Hispanic / Latino
- ☐ Client doesn't know
- ☐ Client refused

RACE

More than one race is permitted. Client doesn't know and Client refused should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client doesn't know
- ☐ Client refused

GENDER

Which of these genders best describes how the client identifies?

- ☐ Female
- ☐ Male
- ☐ Trans Female (MTF, or male to female)
- ☐ Trans Male (FTM, or female to male)
- ☐ Gender Non-Conforming (i.e. not exclusively male or female)
- ☐ Client doesn't know
- ☐ Client refused

VETERAN STATUS

Is the client a veteran?

Veteran Status is only collected on heads of household who are 18 years of age and older, as well as all other adults in the household. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service.

- *For the **Army, Navy, Air Force, Marine Corps,** and **Coast Guard**, active duty begins when a military member reports to a duty station after completion of training.*
- *For the **Reserves** and **National Guard**, active duty is any time spent activated or deployed, either in the United States or abroad.*
- *Or Anyone who was disabled in the line of duty during a period of active duty training.*
- *Or Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.*

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

RELATIONSHIP TO HEAD OF HOUSEHOLD

In a household of a single individual, that person must be identified as the head of household. In multi-person households, one of person must be designated as the head of household and the rest must have their relationship to the head of household recorded. If the group of persons is composed of adults and children, an adult must be indicated as the 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

1. TYPE OF PRIOR LIVING SITUATION

What was the situation the client was living in immediately prior to project start?

Adult members of the same household may have different prior living situations

Homeless Situations	☐	Place not meant for habitation
	☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher
	☐	Safe Haven
	☐	Interim Housing*
Institutional Situations	☐	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
Other	☐	Client doesn't know
	☐	Client refused
Transitional and Permanent Housing Situations	☐	Hotel or motel paid for without emergency shelter voucher
	☐	Owned by client, no ongoing housing subsidy
	☐	Owned by client, with ongoing housing subsidy
	☐	Permanent housing (other than RRH) for formerly homeless persons
	☐	Rental by client, with no housing subsidy
	☐	Rental by client, with GPD TIP housing subsidy
	☐	Rental by client, with VASH housing subsidy
	☐	Rental by client, with other housing subsidy (including RRH)
	☐	Residential project or halfway house with no homeless criteria
	☐	Staying or living in a family member's room, apartment, or house
	☐	Staying or living in a friend's room, apartment, or house
	☐	Transitional housing for homeless persons (including homeless youth)

**Interim housing is <u>not a type</u> of housing but rather a housing situation for a client that meets the following criteria:*

1. *Must have been chronically homeless at start in interim housing,*
2. *Must have applied for permanent housing, accepted, and have a unit/voucher for perm. hsg. reserved for them,*
3. *Must have been prevented from immediately accessing permanent housing unit or using a voucher in a permanent housing unit (e.g. apartment getting painted, old tenant moving out, has a voucher but is looking for the unit, etc.), &*
4. *Client and transitional housing project must have determined that transitional housing is an acceptable option until permanent housing unit is ready for occupancy.*

2. LENGTH OF STAY IN PRIOR LIVING SITUATION

How long was the client staying in that place?

This should reflect the length of time the client was residing in the living situation selected above. If the client moved around, but in the same <u>type</u> of situation, include the total time in that type of situation. If the client moved around from one situation to another, only include the time in the situation selected in question 1, above.

☐	One night or less	☐	90 days or more, but less than one year
☐	Two to six nights	☐	One year or longer
☐	One week or more, but less than one month	☐	Client doesn't know
☐	One month or more, but less than 90 days	☐	Client refused

3. DATE THE CLIENT STARTED BEING HOMELESS THIS TIME

When did the client start staying on the streets, in emergency shelters, or in safe havens this time?**

Determine the date of the last time the client had a place to sleep that was not on the streets, in an emergency shelter, or in a safe haven. As the client looks back, there may be breaks in their stay on the streets, shelters, or safe havens. The breaks <u>are allowed</u> to be included in the look back period to calculate the start date <u>only if</u>:

- *The client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; OR*
- *The break in their time on the streets, shelters, or safe havens was less than 7 nights. A break is considered 6 or less consecutive nights not residing in a place not meant for human habitation, in shelter or in a safe haven. The look back time would not be broken by a stay less than 7 consecutive nights; OR*
- *The break in their time on the streets, ES, or SH was less than 90 days in any of the places listed under the header "institutional situations" on the previous page. The look back time would include all of those days (up to 89 days) when looking back for the start date.*

If this is the client's first day on the streets, shelters, or safe havens, enter today's date.

*** "The streets" is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground).*

		/			/				
Month			Day			Year			

4. NUMBER OF TIMES THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

How many times has the client been homeless on the streets, in shelter, or in safe havens in the past three years, including this time?

Count the times a client has been homeless, separated by breaks, in the last three years. A break means at least 7 consecutive nights of <u>not</u> living on the street, in an emergency shelter, or Safe Haven or at least 90 days in any of the places listed under the header "institutional situations" on the previous page.

☐	One time (this time)	☐	Four or more times
☐	Two times	☐	Client doesn't know
☐	Three times	☐	Client refused

5. TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

How many months, in total, has the client has been homeless on the street, in an emergency shelter, or Safe Haven over the past three years?

Add up the total number of months homeless of all the different times the client has spent homeless on the streets, in shelter, or in safe havens in the past three years. Include any time a client spent in an institution for a period of less than 90 days or time spent in permanent or transitional housing for a period of less than 7 days. The current month, even if a partial month, can be counted as a full month.

***Example:** The client has a project start date in an ES of March 15th. The client has been on the streets since January 15 and was in permanent housing prior to that, except for a two month period last year. The cumulative total would be 4.5 months (Last year = 2 months; January = 15 days, February = 1 month, March = 1 month). Enter 5 months where indicated.*

☐	One month or less (choose if this is the first time the client has been homeless)		
☐	Between 2 and 12 months ➔	**Enter the total number of months:**	
☐	More than 12 months		
☐	Client doesn't know		
☐	Client refused		

INCOME AND SOURCES

Does the client have any income from any source?

☐ No	☐ Client doesn't know
☐ Yes	☐ Client refused

[IF YES] Answer Yes or No for each income source.
If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate. Answer 'No' for sources that have been terminated, even if they were received in the past.

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No ☐	
	Yes ☐	$. 0 0
Unemployment Insurance	No ☐	
	Yes ☐	$. 0 0
Supplemental Security Income (SSI)	No ☐	
	Yes ☐	$. 0 0
Social Security Disability Insurance (SSDI)	No ☐	
	Yes ☐	$. 0 0
VA Service-Connected Disability Compensation	No ☐	
	Yes ☐	$. 0 0
VA Non-Service-Connected Disability Pension	No ☐	
	Yes ☐	$. 0 0
Private disability insurance	No ☐	
	Yes ☐	$. 0 0
Worker's Compensation	No ☐	
	Yes ☐	$. 0 0
Temporary Assistance for Needy Families (TANF)	No ☐	
	Yes ☐	$. 0 0
General Assistance (GA)	No ☐	
	Yes ☐	$. 0 0
Retirement Income from Social Security	No ☐	
	Yes ☐	$. 0 0
Pension or retirement income from a former job	No ☐	
	Yes ☐	$. 0 0
Child support	No ☐	
	Yes ☐	$. 0 0
Alimony or other spousal support	No ☐	
	Yes ☐	$. 0 0
Other source If yes, specify source:_____	No ☐	
	Yes ☐	$. 0 0
Total monthly income from all sources		$. 0 0

NON-CASH BENEFITS

Does the client have any non-cash benefits from any source?

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

☐ No	☐ Client doesn't know
☐ Yes	☐ Client refused

[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source.

Source of income	Receiving Benefits from source?	
Supplemental Nutrition Assistance Program (SNAP)	No	☐
	Yes	☐
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	☐
	Yes	☐
TANF Child Care services *(or use local name)*	No	☐
	Yes	☐
TANF transportation services *(or use local name)*	No	☐
	Yes	☐
Other TANF-Funded Services *(or use local name)*	No	☐
	Yes	☐
Other source If yes, specify source:_____	No	☐
	Yes	☐

HEALTH INSURANCE

Is the client currently covered by health insurance?

☐ No	☐ Client doesn't know
☐ Yes	☐ Client refused

[IF YES] Answer 'Yes' or 'No' for each health insurance source.

Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Source
☐	☐	Medicaid
☐	☐	Medicare
☐	☐	State Children's Health Insurance Program (or use local name)
☐	☐	Veteran's Administration (VA) Medical Services
☐	☐	Employer-Provided Health Insurance
☐	☐	Health insurance obtained through COBRA
☐	☐	Private Pay Health Insurance
☐	☐	State Health Insurance for Adults (or use local name)
☐	☐	Indian Health Services Program
☐	☐	Other If Yes, specify source: _____

DISABLING CONDITION

Does the client currently have a disabling condition?
A disabling condition is any of the below-indicated disabilities or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be of long–continued and indefinite duration and substantially impairs ability to live independently.

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES] Answer 'Yes' or 'No' for each Disability Type.

No	Yes	Disability Type	[IF YES], expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?
☐	☐	Physical Disability	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	Developmental Disability	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	Chronic Health Condition	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	HIV/AIDS	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	Mental Health Problem	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	Substance Abuse: ☐Drug ☐Alcohol ☐Both Drug & Alcohol	☐No ☐Yes ☐Doesn't Know ☐Refused
☐	☐	Other If Yes, specify source: _____	☐No ☐Yes ☐Doesn't Know ☐Refused

Referral Source:

☐	Self-Referral	☐	Juvenile Justice
☐	Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual	☐	Law Enforcement/Police
☐	Outreach Project	☐	Mental Hospital
☐	Temporary Shelter	☐	School
☐	Residential Project	☐	Other Organization
☐	Hotline	☐	Client Doesn't Know
☐	Child Welfare/CPS	☐	Client Refused

If Outreach Project is selected, Number of times approached by outreach prior to entering the project:

Date of BCP Status Determination:

		/			/				

Month Day Year

Youth Eligible for RHY Services?:

- ☐ No
- ☐ Yes

If No for "Youth Eligible for RHY Services", Reason why services are not funded by BCP grant:

- ☐ Out of age range
- ☐ Ward of the State – Immediate Reunification
- ☐ Ward of the Criminal Justice System – Immediate Reunification
- ☐ Other

If Yes for "Youth Eligible for RHY Services", Runaway youth?:

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

Sexual Orientation

- ☐ Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Questioning/Unsure
- ☐ Client refused
- ☐ Client Doesn't Know

Last Grade Completed:

School Status:

- ☐ Attending School Regularly
- ☐ Attending School Irregularly
- ☐ Graduated High School
- ☐ Obtained GED
- ☐ Dropped Out
- ☐ Suspended
- ☐ Expelled
- ☐ Client refused
- ☐ Client Doesn't Know

Employed?

- ☐ Client refused
- ☐ Yes
  - ☐ Full-time
  - ☐ Part-time
  - ☐ Seasonal/Sporadic (including day labour)
- ☐ Client doesn't know
- ☐ No
  - ☐ Looking for work
  - ☐ Unable to work
  - ☐ Not looking for work

General Health Status:

☐	Excellent	☐	Poor
☐	Very Good	☐	Client refused
☐	Good	☐	Client Doesn't Know
☐	Fair		

Dental Health Status:

☐	Excellent	☐	Poor
☐	Very Good	☐	Client refused
☐	Good	☐	Client Doesn't Know
☐	Fair		

Mental Health Status:

☐	Excellent	☐	Poor
☐	Very Good	☐	Client refused
☐	Good	☐	Client Doesn't Know
☐	Fair		

Pregnant?:

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

↓

Projected Due Date:

		/			/				
Month			Day			Year			

Formerly a Ward of Child Welfare/Foster Care Agency?:

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

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Number of Years/months:

Formerly a Ward of Juvenile Justice System?:

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

↓

Number of Years/months:

FAMILY CRITICAL ISSUES

Unemployment – Family member:	**Mental Health Issues – Family member:**
☐ No	☐ No
☐ Yes	☐ Yes
Physical Disability – Family member:	**Alcohol or Substance Abuse – Family member:**
☐ No	☐ No
☐ Yes	☐ Yes
Insufficient Income to support youth – Family member:	**Incarcerated Parent of Youth:**
☐ No	☐ No
☐ Yes	☐ Yes

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____