HMIS Data Collection Form – Anchorage Coordinated Entry

Adult/ HoH

FOR USE BY ANCHORAGE COORDINATED ENTRY ACCESS POINTS THAT SERVE HOUSEHOLDS WITH MORE THAN ONE PERSON

HOUSEHOLD MEMBER NAME

This form is for Heads of Household and Adults only. Print additional copies as needed.

First Name	MI	Last Name	Aliases

CLIENT CONTACT INFORMATION

Client Phone Number	
Email or Message Line	
Secondary Contact	
Secondary Contact Number	

Social Media Contact(s) *(e.g., "Twitter @myclientsname; Facebook: Client Name.")*

FEDERAL REPORTING REQUIREMENTS

RELATIONSHIP TO HEAD OF HOUSEHOLD (HOH)

☐ Self ☐ HoH's child ☐ HoH's other relation member ☐ HoH's spouse or partner ☐ Other: non-relation member ☐ Unknown

ENROLLMENT COC

☐ AK-500 Anchorage Continuum of Care
☐ AK-501 Alaska Balance of State Continuum of Care

CLIENT DEMOGRAPHICS

DATE OF BIRTH

☐ Client doesn't know
☐ Client prefers not to answer

☐ Full DOB ☐ Partial DOB

RACE AND ETHNICITY

☐ Client doesn't know
☐ Client prefers not to answer

☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Hispanic/Latina/e/o
☐ Middle Eastern or North African
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Additional (specify):

GENDER

☐ Client doesn't know
☐ Client prefers not to answer

☐ Woman (Girl, if child)
☐ Man (Boy, if child)
☐ Culturally Specific Identity (e.g., Two-Spirit)
☐ Transgender
☐ Non-Binary
☐ Questioning
☐ Different Identity (specify):

SEXUAL ORIENTATION (Heads of Household and Adults only)

☐ Client doesn't know
☐ Client prefers not to answer

☐ Heterosexual/Straight
☐ Gay
☐ Lesbian
☐ Bisexual
☐ Questioning/Unsure
☐ Other/Additional (specify to the right) →

☐ Aromantic
☐ Asexual
☐ Demisexual
☐ Pansexual
☐ Queer
☐ Other (Ex: same gender-loving, stud)

DISABLING CONDITION INFORMATION

DISABLING CONDITIONS?

☐ Client doesn't know
☐ Client prefers not to answer

☐ Yes (If yes, select answer for each type below.)
☐ No (If no, answer No for all types in HMIS.)

DISABLING CONDITIONS (HUD TABLE)

	Yes	No	Doesn't know	Prefers not to answer	If Yes, does it affect their ability to live independently?	Yes	No	Doesn't know	Prefers not to answer
Alcohol Use Disorder	☐	☐	☐	☐		☐	☐	☐	☐
Both Alcohol and Drug Use	☐	☐	☐	☐		☐	☐	☐	☐
Chronic Health Condition	☐	☐	☐	☐		☐	☐	☐	☐
Developmental	☐	☐	☐	☐					
Drug Use Disorder	☐	☐	☐	☐		☐	☐	☐	☐
HIV / AIDS	☐	☐	☐	☐					
Mental Health Disorder	☐	☐	☐	☐		☐	☐	☐	☐
Physical Disability	☐	☐	☐	☐		☐	☐	☐	☐

AK DISABLING CONDITIONS

	Yes	No	Doesn't know	Prefers not to answer
Alzheimer's Disease and Related Dementias	☐	☐	☐	☐
Chronic Alcoholism or other substance use disorder	☐	☐	☐	☐
Intellectual or Developmental Disabilities	☐	☐	☐	☐
Mental Illness	☐	☐	☐	☐
Traumatic Brain Injuries	☐	☐	☐	☐

ALASKA NATIVE REGIONAL CORPORATION

PRIMARY REGIONAL CORPORATION

☐ Client doesn't know
☐ Client prefers not to answer

☐Not Affiliated
☐Bering Straits Native
☐Cook Inlet Regional
☐Sealaska
☐Ahtna
☐Bristol Bay Native
☐Doyon Limited
☐13th Regional
☐Aleut
☐Calista
☐Koniag
☐Arctic Slope Regional
☐Chugach Alaska
☐NANA Regional

SECONDARY REGIONAL CORPORATION, IF APPLICABLE:

PRIOR LIVING SITUATION INFORMATION (Heads of Household and Adults only)

TYPE OF RESIDENCE: LIVING SITUATION IMMEDIATELY PRIOR TO PROJECT START

☐ Client doesn't know
☐ Client prefers not to answer

Homeless Situation
- ☐ Place not meant for habitation (for example: car, park, abandoned building, bus station, airport, tent)
- ☐ Emergency shelter (ES), including hotel or motel paid for with ES voucher, Host Home shelter

Institutional Situation
- ☐ 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 use treatment facility or detox center

Temporary Housing Situation
- ☐ Transitional housing for homeless persons youth (including homeless youth)
- ☐ Residential project/halfway house with no homeless criteria
- ☐ Hotel/motel paid for without ES voucher
- ☐ Host Home (non-crisis)
- ☐ Staying or living in friend's room, apartment, or house
- ☐ Staying or living in family's room, apartment, or house

Permanent Housing Situation
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with housing subsidy (specify to the right) →
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

if Rental by client, with housing subsidy, specify only one:

☐ GPD TIP	☐ Other ongoing subsidy
☐ VASH	☐ Family Unification Program (FUP)
☐ RRH or equivalent	☐ Foster Youth to Independence (FYI)
☐ Housing Choice (HCV)	☐ Permanent Supportive Housing (PSH)
☐ Public housing	☐ Other PH dedicated to formerly homeless

LENGTH OF STAY IN LIVING SITUATION IMMEDIATELY PRIOR TO PROJECT START

☐ Client doesn't know
☐ Client prefers not to answer

☐ One night or less	☐ One week or more, but less than a month	☐ 90 days or more, but less than one year
☐ Two to six nights	☐ One month or more, but less than 90 days	☐ One year or longer

IF THE CLIENT IS CURRENTLY EXPERIENCING HOMELESSNESS, ANSWER THE FOLLOWING.

APPROXIMATE DATE THIS CURRENT EPISODE OF HOMELESSNESS STARTED

_________/_________/_____________

IF THE CLIENT HAS EXPERIENCED HOMELESSNESS IN THE PAST THREE YEARS, ANSWER THE FOLLOWING.

NUMBER OF EPISODES OF HOMELESSNESS IN THE PAST THREE YEARS INCLUDING TODAY

☐ Client doesn't know
☐ Client prefers not to answer

- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 or more times

IF THE CLIENT HAS EXPERIENCED HOMELESSNESS IN THE PAST THREE YEARS, ANSWER THE FOLLOWING.

NUMBER OF MONTHS HOMELESS IN THE PAST THREE YEARS INCLUDING THIS MONTH

☐ Client doesn't know
☐ Client prefers not to answer

☐ 1 month (1st month in the past 3 years)	☐ 6 months	☐ 10 months
☐ 2 months	☐ 7 months	☐ 11 months
☐ 3 months	☐ 8 months	☐ 12 months
☐ 4 months	☐ 9 months	☐ More than 12 months
☐ 5 months		

DV INFORMATION

DOMESTIC VIOLENCE VICTIM/SURVIVOR?

☐ Client doesn't know
☐ Client prefers not to answer

☐ Yes (If yes, select answer for each question below.)
☐ No

When did the last experience occur?	☐ Within past 3 months ☐ 3 to 6 months ago	☐ 6 to 12 months ago ☐ More than a year ago	☐ Client doesn't know ☐ Client prefers not to answer
Are you currently fleeing?	☐ Yes ☐ No		☐ Client doesn't know ☐ Client prefers not to answer

INCOME INFORMATION

INCOME FROM ANY SOURCE?

☐ Client doesn't know
☐ Client prefers not to answer

☐ Yes (Specify Total Monthly Amount):
☐ No

COORDINATED ENTRY INFORMATION

COORDINATED ENTRY ASSESSMENT

Assessment Location (Specify):

Assessment Type: ☐ Phone ☐ Virtual ☐ In Person

Assessment Level: ☐ Crisis Needs ☐ Housing Needs

Was client placed on the Prioritization List? ☐ Yes ☐ No

Total number of months experiencing homelessness the last 3 years? Specify up to 36 months:

TRANSLATION ASSISSTANCE INFORMATION

TRANSLATION ASSISTANCE NEEDED?

☐ Client doesn't know
☐ Client prefers not to answer

☐ Yes (If yes, specify preferred language below.)
☐ No

Preferred Language	☐ English ☐ Spanish ☐ Akuzipigestun / St. Lawrence Island Yupik (aka Siberian Yupik) ☐ Alutiiq ☐ Atnakenaege' / Ahtna	☐ Central Alaskan Yup'ik / Yugtun ☐ Gwich'in ☐ Hawaiian ☐ Inupiatun / Inupiaq ☐ Koyukon ☐ Russian	☐ Samoan ☐ Tagalog ☐ Tanacross ☐ Tanana ☐ Tlingit ☐ Unangam Tunuu / Aleutian Aleut	☐ Upper Kuskokwim ☐ Xaat Kíl / Haida ☐ Yupik ☐ Different Preferred Language (Specify below.) ☐ Client doesn't know ☐ Client prefers not to answer

If Different Preferred Language, please specify: