

# HMIS Data Collection Form – Common Program Specific Data Elements - Individuals

FOR USE BY PROGRAMS THAT SERVE INDIVIDUALS

## PROJECT START INFORMATION

ENTER DATA AS (EDA) PROJECT	PROJECT START DATE	CONSENT GIVEN FOR STATEWIDE DATA SHARING? <input type="checkbox"/> <b>Yes</b> (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> <b>No</b> (Use <u>unshared</u> record in HMIS)
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## CLIENT HMIS RECORD IDENTIFIERS

FIRST NAME	MI	LAST NAME
ALIASES	SOCIAL SECURITY NUMBER <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	US MILITARY VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

## 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

## HOUSING MOVE-IN INFORMATION (housing projects only)

IF THE CLIENT HAS NOT MOVED INTO HOUSING AT PROJECT START, LEAVE THIS FIELD BLANK IN HMIS.

HOUSING MOVE-IN DATE

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

GENDER  Client doesn't know  
 Client prefers not to answer

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

SEXUAL ORIENTATION (Heads of Household and Adults only)  Client doesn't know  
 Client prefers not to answer

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

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

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## HEALTH INSURANCE COVERAGE INFORMATION

<b>COVERED BY HEALTH INSURANCE?</b>	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each type below.) <input type="checkbox"/> No (If no, answer No for all types in HMIS.)	

HEALTH INSURANCE TYPES (HUD TABLE)	Yes	No	HEALTH INSURANCE TYPES (HUD TABLE)	Yes	No
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance through COBRA	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
State Children's Health Insurance Program	<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Health Administration	<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program	<input type="checkbox"/>	<input type="checkbox"/>
Employer-Provided Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

## DISABLING CONDITION INFORMATION

<b>DISABLING CONDITIONS?</b>	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each type below.) <input type="checkbox"/> No (If no, answer No for all types in HMIS.)	

DISABLING CONDITIONS (HUD TABLE)	Yes	No	Doesn't know	Prefers not to answer		Yes	No	Doesn't know	Prefers not to answer
Alcohol Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, does it affect their ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both Alcohol and Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV / AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AK DISABLING CONDITIONS	Yes	No	Doesn't know	Prefers not to answer
Alzheimer's Disease and Related Dementias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Alcoholism or other substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual or Developmental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Brain Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ALASKA NATIVE REGIONAL CORPORATION

<b>PRIMARY REGIONAL CORPORATION</b>	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Not Affiliated <input type="checkbox"/> Sealaska <input type="checkbox"/> Doyon Limited <input type="checkbox"/> Calista <input type="checkbox"/> Bering Straits Native <input type="checkbox"/> Ahtna <input type="checkbox"/> 13 <sup>th</sup> Regional <input type="checkbox"/> Koniag <input type="checkbox"/> Chugach Alaska <input type="checkbox"/> Cook Inlet Regional <input type="checkbox"/> Bristol Bay Native <input type="checkbox"/> Aleut <input type="checkbox"/> Arctic Slope Regional <input type="checkbox"/> NANA Regional	
<b>SECONDARY REGIONAL CORPORATION, IF APPLICABLE:</b>	

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

TYPE OF RESIDENCE: LIVING SITUATION IMMEDIATELY PRIOR TO PROJECT START		<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
<b>Homeless Situation</b>	<input type="checkbox"/> Place not meant for habitation (for example: car, park, abandoned building, bus station, airport, tent) <input type="checkbox"/> Emergency shelter (ES), including hotel or motel paid for with ES voucher, Host Home shelter		
<b>Institutional Situation</b>	<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 use treatment facility or detox center		
<b>Temporary Housing Situation</b>	<input type="checkbox"/> Transitional housing for homeless persons youth (including homeless youth) <input type="checkbox"/> Residential project/halfway house with no homeless criteria <input type="checkbox"/> Hotel/motel paid for without ES voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in friend's room, apartment, or house <input type="checkbox"/> Staying or living in family's room, apartment, or house		
<b>Permanent Housing Situation</b>	<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with housing subsidy (specify to the right) → <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	<b>if Rental by client, with housing subsidy, specify only one:</b> <input type="checkbox"/> GPD TIP <input type="checkbox"/> VASH <input type="checkbox"/> RRH or equivalent <input type="checkbox"/> Housing Choice (HCV) <input type="checkbox"/> Public housing <input type="checkbox"/> Other ongoing subsidy <input type="checkbox"/> Family Unification Program (FUP) <input type="checkbox"/> Foster Youth to Independence (FYI) <input type="checkbox"/> Permanent Supportive Housing (PSH) <input type="checkbox"/> Other PH dedicated to formerly homeless	

LENGTH OF STAY IN LIVING SITUATION IMMEDIATELY PRIOR TO PROJECT START	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> One night or less <input type="checkbox"/> One week or more, but less than a month <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> Two to six nights <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 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	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times <input type="checkbox"/> 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	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> 1 month (1 <sup>st</sup> month in the past 3 years) <input type="checkbox"/> 6 months <input type="checkbox"/> 10 months <input type="checkbox"/> 2 months <input type="checkbox"/> 7 months <input type="checkbox"/> 11 months <input type="checkbox"/> 3 months <input type="checkbox"/> 8 months <input type="checkbox"/> 12 months <input type="checkbox"/> 4 months <input type="checkbox"/> 9 months <input type="checkbox"/> More than 12 months <input type="checkbox"/> 5 months		

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## DV INFORMATION

<b>DOMESTIC VIOLENCE VICTIM/SURVIVOR?</b>			<input type="checkbox"/> Client doesn't know
			<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each question below.)			
<input type="checkbox"/> No			
<i>When did the last experience occur?</i>	<input type="checkbox"/> Within past 3 months	<input type="checkbox"/> 6 to 12 months ago	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> More than a year ago	<input type="checkbox"/> Client prefers not to answer
<i>Are you currently fleeing?</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No		<input type="checkbox"/> Client prefers not to answer

## MONTHLY INCOME INFORMATION

<b>INCOME FROM ANY SOURCE?</b>		<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each type below.)		
<input type="checkbox"/> No (If no, answer No for all types in HMIS.)		

SOURCES OF INCOME (HUD TABLE)	Yes (specify)	No	Yes (specify)	No
Alimony/Other spousal support	<input type="checkbox"/> \$	<input type="checkbox"/>	Retirement income from social security	<input type="checkbox"/> \$ <input type="checkbox"/>
Child support	<input type="checkbox"/> \$	<input type="checkbox"/>	SSDI	<input type="checkbox"/> \$ <input type="checkbox"/>
Earned income	<input type="checkbox"/> \$	<input type="checkbox"/>	SSI	<input type="checkbox"/> \$ <input type="checkbox"/>
General assistance	<input type="checkbox"/> \$	<input type="checkbox"/>	TANF	<input type="checkbox"/> \$ <input type="checkbox"/>
Other: AK Permanent Fund Dividend (PFD)	<input type="checkbox"/> \$	<input type="checkbox"/>	Unemployment insurance	<input type="checkbox"/> \$ <input type="checkbox"/>
Other: AK Native Corp. Dividend	<input type="checkbox"/> \$	<input type="checkbox"/>	VA non-svc connected disability pension	<input type="checkbox"/> \$ <input type="checkbox"/>
Other (specify):	<input type="checkbox"/> \$	<input type="checkbox"/>	VA svc connected disability compensation	<input type="checkbox"/> \$ <input type="checkbox"/>
Pension/Retirement income	<input type="checkbox"/> \$	<input type="checkbox"/>	Worker's Compensation	<input type="checkbox"/> \$ <input type="checkbox"/>
Private disability insurance	<input type="checkbox"/> \$	<input type="checkbox"/>	<b>Total Monthly Income: \$</b>	

## NON-CASH BENEFITS INFORMATION

<b>NON-CASH BENEFITS FROM ANY SOURCE?</b>		<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each type below.)		
<input type="checkbox"/> No (If no, answer No for all types in HMIS.)		

SOURCES OF NON-CASH BENEFITS (HUD TABLE)	Yes	No	Yes	No
TANF Child Care Services	<input type="checkbox"/>	<input type="checkbox"/>	SNAP (Food Stamps)	<input type="checkbox"/> <input type="checkbox"/>
Special Supp. Nutrition Program for WIC	<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services	<input type="checkbox"/> <input type="checkbox"/>
TANF Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/> <input type="checkbox"/>

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## PROJECT EXIT INFORMATION

<b>ENTER DATA AS (EDA) PROJECT</b>	<b>PROJECT EXIT DATE</b>

REASON FOR LEAVING		
<input type="checkbox"/> Advanced to new project	<input type="checkbox"/> Institutional stay	<input type="checkbox"/> Reached max time allow
<input type="checkbox"/> Aged out of project	<input type="checkbox"/> Relocated outside of community	<input type="checkbox"/> Seasonal shelter closed
<input type="checkbox"/> Completed program	<input type="checkbox"/> Left for housing opp. before completing program	<input type="checkbox"/> Unknown/disappeared
<input type="checkbox"/> Criminal activity / violence	<input type="checkbox"/> Lowered Breath Alcohol Content (BrAC)	<input type="checkbox"/> Violation of Probation / Parole
<input type="checkbox"/> Death	<input type="checkbox"/> Needs could not be met	<input type="checkbox"/> Voluntary break in shelter stay
<input type="checkbox"/> Disagreement with rules/person	<input type="checkbox"/> Non-compliance with program	<input type="checkbox"/> Voluntary checkout
<input type="checkbox"/> Housed	<input type="checkbox"/> Non-payment of rent	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Ineligible for project		

DESTINATION	
<b>Homeless Situation</b>	<input type="checkbox"/> Place not meant for habitation (for example: car, park, abandoned building, bus station, airport, tent) <input type="checkbox"/> Emergency shelter (ES), including hotel or motel paid for with ES voucher, Host Home shelter
<b>Institutional Situation</b>	<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 use treatment facility or detox center
<b>Temporary Housing Situation</b>	<input type="checkbox"/> Transitional housing for homeless persons youth (including homeless youth) <input type="checkbox"/> Residential project/halfway house with no homeless criteria <input type="checkbox"/> Hotel/motel paid for without ES voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living with family, temporary tenure <input type="checkbox"/> Staying or living with friends, temporary tenure
<b>Permanent Housing Situation</b>	<input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with housing subsidy (specify): <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy
<b>Other</b>	<input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other <input type="checkbox"/> Deceased <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer