HMIS Data Collection Form – Universal Data Elements - Households

Adult / HoH

FOR USE BY PROGRAMS THAT SERVE HOUSEHOLDS WITH MORE THAN ONE PERSON

HOUSEHOLD MEMBER NAME

For the Head of Household and Adults only. Print additional as needed.

First Name	MI	Last Name	Aliases

FEDERAL REPORTING REQUIREMENTS

RELATIONSHIP TO HEAD OF HOUSEHOLD (HOH)

☐ Self (Hoh) ☐ 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
☐ 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 (HEAD 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)

HMIS Data Collection Form – Universal Data Elements - Households

Adult / HoH

FOR USE BY PROGRAMS THAT SERVE HOUSEHOLDS WITH MORE THAN ONE PERSON

DISABLING CONDITION INFORMATION

DISABLING CONDITIONS?

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

☐ Yes
☐ No

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	☐Sealaska	☐Doyon Limited	☐Calista	☐Chugach Alaska
☐Bering Straits Native	☐Ahtna	☐13th Regional	☐Koniag	☐NANA Regional
☐Cook Inlet Regional	☐Bristol Bay Native	☐Aleut	☐Arctic Slope Regional	

SECONDARY REGIONAL CORPORATION, IF APPLICABLE:

PRIOR LIVING SITUATION INFORMATION

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 <u>Rental by client, with housing subsidy</u>, 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

FOR USE BY PROGRAMS THAT SERVE HOUSEHOLDS WITH MORE THAN ONE PERSON

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

APPROXIMATE DATE THIS CURRENT EPISODE OF HOMELESSNESS STARTED

_____/_____/_____

IF THE CLIENT IS CURRENTLY EXPERIENCING HOMELESSNESS, 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 IS CURRENTLY EXPERIENCING HOMELESSNESS, 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)
☐ 2 months
☐ 3 months
☐ 4 months
☐ 5 months
☐ 6 months
☐ 7 months
☐ 8 months
☐ 9 months
☐ 10 months
☐ 11 months
☐ 12 months
☐ More than 12 months