

# HMIS Data Collection Form – Universal Data Elements

FOR USE BY PERMANENT SUPPORTIVE HOUSING, RAPID REHOUSING, AND OTHER PERMANENT HOUSING PROJECTS

## PROJECT START INFORMATION

ENTER DATA AS (EDA) PROJECT	PROJECT START DATE	STATEWIDE DATA SHARING <input type="checkbox"/> <b>Opted In</b> (Use <i>shared</i> 500,000 ID in HMIS) <input type="checkbox"/> <b>Opted Out</b> (Use <i>unshared</i> 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) <input type="checkbox"/> Self <input type="checkbox"/> HoH's child <input type="checkbox"/> HoH's other relation member <input type="checkbox"/> HoH's spouse or partner <input type="checkbox"/> Other: non-relation member <input type="checkbox"/> Unknown
ENROLLMENT COC <input type="checkbox"/> AK-500 Anchorage Continuum of Care <input type="checkbox"/> AK-501 Alaska Balance of State Continuum of Care

## HOUSING MOVE-IN INFORMATION

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

HOUSING MOVE-IN DATE
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## CLIENT DEMOGRAPHICS

DATE OF BIRTH <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Full DOB <input type="checkbox"/> Partial DOB
RACE AND ETHNICITY <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Additional (specify):
GENDER <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Non-Binary <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Questioning <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Different Identity (specify): <input type="checkbox"/> Transgender
SEXUAL ORIENTATION (HEAD OF HOUSEHOLD AND ADULTS ONLY) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Aromantic <input type="checkbox"/> Pansexual <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Other/Additional (specify to the right) → <input type="checkbox"/> Asexual <input type="checkbox"/> Queer <input type="checkbox"/> Demisexual <input type="checkbox"/> Other (Ex: same gender-loving, stud)

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## 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 <input type="checkbox"/> No	

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"/> Chugach Alaska	
<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"/> NANA Regional	
<input type="checkbox"/> Cook Inlet Regional <input type="checkbox"/> Bristol Bay Native <input type="checkbox"/> Aleut <input type="checkbox"/> Arctic Slope Regional	
<b>SECONDARY REGIONAL CORPORATION, IF APPLICABLE:</b>	

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## PRIOR LIVING SITUATION INFORMATION

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> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> GPD TIP</td> <td><input type="checkbox"/> Other ongoing subsidy</td> </tr> <tr> <td><input type="checkbox"/> VASH</td> <td><input type="checkbox"/> Family Unification Program (FUP)</td> </tr> <tr> <td><input type="checkbox"/> RRR or equivalent</td> <td><input type="checkbox"/> Foster Youth to Independence (FYI)</td> </tr> <tr> <td><input type="checkbox"/> Housing Choice (HCV)</td> <td><input type="checkbox"/> Permanent Supportive Housing (PSH)</td> </tr> <tr> <td><input type="checkbox"/> Public housing</td> <td><input type="checkbox"/> Other PH dedicated to formerly homeless</td> </tr> </table>	<input type="checkbox"/> GPD TIP	<input type="checkbox"/> Other ongoing subsidy	<input type="checkbox"/> VASH	<input type="checkbox"/> Family Unification Program (FUP)	<input type="checkbox"/> RRR or equivalent	<input type="checkbox"/> Foster Youth to Independence (FYI)	<input type="checkbox"/> Housing Choice (HCV)	<input type="checkbox"/> Permanent Supportive Housing (PSH)	<input type="checkbox"/> Public housing	<input type="checkbox"/> Other PH dedicated to formerly homeless
<input type="checkbox"/> GPD TIP	<input type="checkbox"/> Other ongoing subsidy											
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<input type="checkbox"/> RRR or equivalent	<input type="checkbox"/> Foster Youth to Independence (FYI)											
<input type="checkbox"/> Housing Choice (HCV)	<input type="checkbox"/> Permanent Supportive Housing (PSH)											
<input type="checkbox"/> Public housing	<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 IS CURRENTLY EXPERIENCING HOMELESSNESS, 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 IS CURRENTLY EXPERIENCING HOMELESSNESS, 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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## 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