

HMIS Data Collection Form – BHAP and SNHG - Households

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

PROJECT START DATA ENTRY SETTINGS

ENTER DATA AS (EDA) PROJECT	PROJECT START DATE

HEAD OF HOUSEHOLD HMIS RECORD IDENTIFIERS

1 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	STATEWIDE DATA SHARING CONSENT? <input type="checkbox"/> Yes (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> No (Use <u>unshared</u> record in HMIS)
HOUSEHOLD TYPE <input type="checkbox"/> Single Individual <input type="checkbox"/> Single Parent <input type="checkbox"/> Grandparent(s) and Child <input type="checkbox"/> Noncustodial Caregiver(s) <input type="checkbox"/> Couple With No Children <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other			

HOUSEHOLD MEMBER HMIS RECORD IDENTIFIERS

2 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	STATEWIDE DATA SHARING CONSENT? <input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
RELATIONSHIP TO HEAD OF HOUSHOLD <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			

3 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	STATEWIDE DATA SHARING CONSENT? <input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
RELATIONSHIP TO HEAD OF HOUSHOLD <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			

4 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	STATEWIDE DATA SHARING CONSENT? <input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
RELATIONSHIP TO HEAD OF HOUSHOLD <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			

HMIS Data Collection Form – BHAP and SNHG - Households

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

HOUSEHOLD MEMBER HMIS RECORD IDENTIFIERS, CONTINUED

5	FIRST NAME	MI	LAST NAME	ALIASES
SOCIAL SECURITY NUMBER		US MILITARY VETERAN		STATEWIDE DATA SHARING CONSENT?
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
RELATIONSHIP TO HEAD OF HOUSHOLD				
<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				

6	FIRST NAME	MI	LAST NAME	ALIASES
SOCIAL SECURITY NUMBER		US MILITARY VETERAN		STATEWIDE DATA SHARING CONSENT?
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
RELATIONSHIP TO HEAD OF HOUSHOLD				
<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				

7	FIRST NAME	MI	LAST NAME	ALIASES
SOCIAL SECURITY NUMBER		US MILITARY VETERAN		STATEWIDE DATA SHARING CONSENT?
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
RELATIONSHIP TO HEAD OF HOUSHOLD				
<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				

8	FIRST NAME	MI	LAST NAME	ALIASES
SOCIAL SECURITY NUMBER		US MILITARY VETERAN		STATEWIDE DATA SHARING CONSENT?
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
RELATIONSHIP TO HEAD OF HOUSHOLD				
<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				

9	FIRST NAME	MI	LAST NAME	ALIASES
SOCIAL SECURITY NUMBER		US MILITARY VETERAN		STATEWIDE DATA SHARING CONSENT?
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
RELATIONSHIP TO HEAD OF HOUSHOLD				
<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				