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 INFORMATION This form is for dependent children only. Print additional copies as needed.

First Name	MI	Last Name	Aliases

RELATIONSHIP TO HEAD OF HOUSEHOLD (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

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):

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	☐	☐	☐	☐

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: