

# HMIS Data Collection Form – BHAP and SNHG - Individuals

FOR USE BY BHAP AND SNHG PROGRAMS THAT SERVE INDIVIDUALS

## PROJECT START INFORMATION

ENTER DATA AS (EDA) PROJECT	PROJECT START DATE	CONSENT GIVEN FOR STATEWIDE DATA SHARING? <input type="checkbox"/> Yes (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> No (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) <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
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ENROLLMENT COC <input type="checkbox"/> AK-500 Anchorage Continuum of Care <input type="checkbox"/> AK-501 Alaska Balance of State Continuum of Care
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## 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
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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 (Heads 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>					

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

<b>TYPE OF RESIDENCE: LIVING SITUATION IMMEDIATELY PRIOR TO PROJECT START</b>		<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"/> RRR 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

<b>LENGTH OF STAY IN LIVING SITUATION IMMEDIATELY PRIOR TO PROJECT START</b>			<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	

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**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

Client doesn't know  
 Client prefers not to answer

- 1 time
- 2 times
- 3 times
- 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

Client doesn't know  
 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  |                                   |  |

## DV INFORMATION

DOMESTIC VIOLENCE VICTIM/SURVIVOR?

Client doesn't know  
 Client prefers not to answer

- Yes (If yes, select answer for each question below.)
- No

*When did the last experience occur?*

<input type="checkbox"/> Within past 3 months	<input type="checkbox"/> 6 to 12 months ago
<input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> More than a year ago

Client doesn't know  
 Client prefers not to answer

*Are you currently fleeing?*

- Yes
- No

Client doesn't know  
 Client prefers not to answer

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## PROJECT EXIT INFORMATION

ENTER DATA AS (EDA) PROJECT	PROJECT EXIT DATE

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

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