

HMIS Data Collection Form Project ENTRY – RHY Street Outreach (Operation Safehouse)

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN “X”

The form is broken into two sections for *All Clients*, and *Head of Household and Other Adults in the Household* in order to eliminate duplication of data gathering when characteristics apply to certain members of households.

DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

PROJECT START DATE (e.g., 08/24/2014)

Record the month, day, and year of project entry. The project entry date indicates a client is now being assisted by the project.

- **Street Outreach** – Date of first contact with the client.

		/			/				
Month		Day			Year				

NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First name																
Middle name																
Last name																
Suffix																

NAME DATA QUALITY

Full name reported

Partial, street name, or code name reported

Client doesn't know

Client refused

SOCIAL SECURITY NUMBER

			-			-			
--	--	--	---	--	--	---	--	--	--

DATE OF BIRTH (e.g., 10/23/1978)

		/			/			
Month		Day			Year			

SOCIAL SECURITY NUMBER DATA QUALITY

Full SSN reported

Approximate or partial SSN reported

Client doesn't know

Client refused

DATE OF BIRTH TYPE

Full date of birth reported

Approximate or partial date of birth reported

Client doesn't know

Client refused

DATA FOR ALL CLIENTS (CONTINUED)

RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|--|--|
| <input type="checkbox"/> Self (head of household) | <input type="checkbox"/> Head of household's other relation member (other relation to head of household) |
| <input type="checkbox"/> Head of household's child | <input type="checkbox"/> Other: non-relation member |
| <input type="checkbox"/> Head of household's spouse or partner | |

RACE

More than one race is permitted. *Client doesn't know* and *Client refused* should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in the next question (Ethnicity) and then select the appropriate race category here.

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |

ETHNICITY

- | | |
|--|--|
| <input type="checkbox"/> Non-Hispanic / Non-Latino | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> Client refused |

GENDER

- | | |
|---|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female) |
| <input type="checkbox"/> Male | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Trans Female (MTF or Male to Female) | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Trans Male (FTM or Female to Male) | |

PRIOR ZIP CODE

Prior Zip Code																			
City																			
State																			

DATA FOR ALL CLIENTS (CONTINUED)

HEALTH INSURANCE

Is the client currently covered by health insurance?

No

Yes

Client doesn't know

Client refused



[IF YES] Answer 'Yes' or 'No' for each health insurance source.

Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Type of health insurance
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Other If Yes, specify source: _____

PHYSICAL DISABILITY

Does the client currently have a physical disability?

No

Yes

Client doesn't know

Client refused



[IF YES for physical disability] Is the physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

No

Yes

Client doesn't know

Client refused

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

No

Yes

Client doesn't know

Client refused



[IF YES for developmental disability] Is the developmental disability expected to substantially impair ability to live independently?

No

Yes

Client doesn't know

Client refused

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

- No
 Yes

- Client doesn't know
 Client refused



[IF YES for chronic health condition] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- No
 Yes

- Client doesn't know
 Client refused

HIV/AIDS

Does the client currently have HIV/AIDS?

- No
 Yes

- Client doesn't know
 Client refused



[IF YES for HIV/AIDS] Is HIV/AIDS expected to substantially impair ability to live independently?

- No
 Yes

- Client doesn't know
 Client refused

MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

- No
 Yes

- Client doesn't know
 Client refused



[IF YES for mental health problem] Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- No
 Yes

- Client doesn't know
 Client refused

SUBSTANCE ABUSE PROBLEM

Does the client currently have a substance abuse problem?

- No
 Alcohol abuse
 Drug abuse

- Both alcohol and drug abuse
 Client doesn't know
 Client refused



[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- No
 Yes

- Client doesn't know
 Client refused

DISABLING CONDITION

A disabling condition is any of the above-indicated disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, or substance abuse problem) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be of long–continued and indefinite duration and substantially impairs ability to live independently.

Does the client currently have a disabling condition?

- No
- Yes
- Client doesn't know
- Client refused

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Respond to the following questions for any adult in the household. If the household is composed of an unaccompanied child, that child is the head of household. If the household is composed of two or more minors, data must be collected about the minor that has been designated as the head of household. A separate form should be included for each adult member of the household.

PREGNANCY STATUS (ALL FEMALE CLIENTS)

No

Yes

Client doesn't know

Client refused

If yes, Due Date

		/			/				
Month		Day				Year			

SEXUAL ORIENTATION

Heterosexual

Gay

Lesbian

Bisexual

Questioning / Unsure

Client doesn't know

Client refused

VETERAN STATUS

Veteran Status is only collected on heads of household who are 18 years of age and older, as well as all other adults in the household. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. For the Army, Navy, Air Force, Marine Corps, and Coast Guard, active duty begins when a military member reports to a duty station after completion of training. For the Reserves and National Guard, active duty is any time spent activated or deployed, either in the United States or abroad.

Is the client a veteran?

No

Yes

Client doesn't know

Client refused

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

LIVING SITUATION PRIOR TO PROJECT ENTRY

1. TYPE OF PRIOR LIVING SITUATION

What was the situation the client was living in immediately prior to project entry?

Adult members of the same household may have different prior living situations

Homeless Situations	Transitional & Permanent Housing Situations
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Owned by client, no ongoing housing subsidy
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Interim Housing*	<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons
Institutional Situations	<input type="checkbox"/> Rental by client, no ongoing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, with VASH subsidy
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Rental by client, with GPD TIP subsidy
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Rental by client, with other housing subsidy (including RRH)
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Staying or living in a family member's room, apartment, or house
<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Staying or living in a friend's room, apartment, or house
Other	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Client refused	

*Interim housing is *not a type* of housing but rather a housing situation for a client that meets the following criteria:

1. Must have been chronically homeless at entry to interim housing,
2. Must have applied for permanent housing, accepted, and have a unit/voucher for perm. hsg. reserved for them,
3. Must have been prevented from immediately accessing permanent housing unit or using a voucher in a permanent housing unit (e.g. apartment getting painted, old tenant moving out, has a voucher but is looking for the unit, etc.), &
4. Client and transitional housing project must have determined that transitional housing is an acceptable option until permanent housing unit is ready for occupancy.

2. LENGTH OF STAY IN PRIOR LIVING SITUATION

How long was the client staying in that place?

<input type="checkbox"/> One night or less	<input type="checkbox"/> 90 days or more, but less than one year
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One year or longer
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client refused

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

3. DATE THE CLIENT STARTED BEING HOMELESS ON THE STREETS,** IN SHELTER, OR IN SAFE HAVEN THIS TIME

Determine the date of the last time the client had a place to sleep that was not on the streets, in an emergency shelter, or in a safe haven. As the client looks back, there may be breaks in their stay on the streets, shelters, or safe havens. The breaks are allowed to be included in the look back period to calculate the start date only if:

- The client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; OR
- The break in their time on the streets, shelters, or safe havens was less than 7 nights. A break is considered 6 or less consecutive nights not residing in a place not meant for human habitation, in shelter or in a safe haven. The look back time would not be broken by a stay less than 7 consecutive nights; OR
- The break in their time on the streets, ES, or SH was less than 90 days in any of the places listed under the header “institutional situations” on the previous page. The look back time would include all of those days (up to 89 days) when looking back for the start date.

If this is the client’s first day on the streets, shelters, or safe havens, enter today’s date.

When did the client start staying on the streets, in emergency shelters, or in safe havens this time?

		/			/				
Month		Day			Year				

** “The streets” is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground).

4. NUMBER OF TIMES THE CLIENT HAS BEEN HOMELESS ON THE STREETS, IN SHELTER, OR IN SAFE HAVEN IN THE PAST THREE YEARS INCLUDING TODAY

A break in homelessness separating the occasions means at least 7 consecutive nights of not living on the street, in an emergency shelter, or Safe Haven or at least 90 days in any of the places listed under the header “institutional situations” on the previous page.

How many times has the client been homeless on the streets, in shelter, or in safe havens in the past three years, including this time?

<input type="checkbox"/> One time (this time)	<input type="checkbox"/> Four or more times
<input checked="" type="checkbox"/> Two times	<input checked="" type="checkbox"/> Client doesn't know
<input type="checkbox"/> Three times	<input type="checkbox"/> Client refused

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

5. TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMELESS ON THE STREETS, IN SHELTER, OR IN SAFE HAVEN IN THE PAST THREE YEARS

Record the total number of months for all the different times the client has spent homeless on the streets, in shelter, or in safe havens in the past three years.

For example: If the client has been on the streets, ES, or SH since January 15 and it is now March 1, the cumulative total would be 1.5 months (January = 15 days and February = 1 month). If they were also homeless for a month back in October, the cumulative total would then be 2.5 months. Responses may be rounded to the next-nearest month, so you would choose "3 months."

How many months, in total, has the client has been homeless on the street, in an emergency shelter, or Safe Haven over the past three years?

- | | |
|---|--|
| <input type="checkbox"/> One month (this time is the first month) | <input type="checkbox"/> 9 months |
| <input type="checkbox"/> 2 months | <input type="checkbox"/> 10 months |
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 11 months |
| <input type="checkbox"/> 4 months | <input type="checkbox"/> 12 months |
| <input type="checkbox"/> 5 months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 6 months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 7 months | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> 8 months | |