HCCSC HMIS ENROLLMENT FORM

PROGRAM ENROLLMENT DATE

/ /

HMIS DATA PRIVACY NOTICE, ACKNOWLEDGEMENT, AND ROI PROCESS COMPLETED? ☐ **No** ☐ **Yes**

UNIQUE ID (HoH) This UID is Generated in HMIS.

ADDITION TO HOUSEHOLD ENROLLMENT

Is this form adding client(s) to an already enrolled household?
☐ Yes, HoH Unique ID _____
☐ No

SOCIAL SECURITY NUMBER (HoH)

- -

☐ Full
☐ Approx. or partial
☐ Client doesn't know
☐ Client refused
☐ Data not collected

NAME (HoH)

Last:
First:
Middle:
Suffix:
Preferred Name:

☐ Full
☐ Approx. or partial
☐ Client doesn't know
☐ Client refused
☐ Data not collected

DATE OF BIRTH

/ / (MM/DD/YYYY)

☐ Full ☐ Client doesn't know
☐ Approx. or partial ☐ Client refused
☐ Data not collected

HOUSEHOLD TYPE

☐ Households with at least 1 Adult and 1 Child
☐ Households without Children
☐ Households with Only Children
☐ Client doesn't know

SEX (HoH)

☐ Female
☐ Male
☐ Client doesn't know
☐ Client refused
☐ Data not collected

RACE/ETHNICITY (HoH) Check all that apply.

☐ Native Hawaiian or Pacific Islander
☐ Black, African American, or African
☐ White
☐ Hispanic/Latino
☐ American Indian, Alaska Native, or Indigenous
☐ Middle Eastern or North African
☐ Asian or Asian American
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

ADDITIONAL HOUSHOLD MEMBERS See tables on the first page for options. Record all race options that apply.

Additional Member 1		**Additional Member 2**	
UID:	SSN:	UID:	SSN:
Last:	First:	Last:	First:
Middle:	Suffix:	Middle:	Suffix:
Preferred:	DOB:	Preferred:	DOB:
SEX:	RACE/ETHNICITY:	SEX:	RACE/ETHNICITY:
Relationship to HoH:		Relationship to HoH:	
Additional Member 3		**Additional Member 4**	
UID:	SSN:	UID:	SSN:
Last:	First:	Last:	First:
Middle:	Suffix:	Middle:	Suffix:
Preferred:	DOB:	Preferred:	DOB:
SEX:	RACE/ETHNICITY:	SEX:	RACE/ETHNICITY:
Relationship to HoH:		Relationship to HoH:	
Additional Member 5		**Additional Member 6**	
UID:	SSN:	UID:	SSN:
Last:	First:	Last:	First:
Middle:	Suffix:	Middle:	Suffix:
Preferred:	DOB:	Preferred:	DOB:
SEX:	RACE/ETHNICITY:	SEX:	RACE/ETHNICITY:
Relationship to HoH:		Relationship to HoH:	

PRIOR LIVING SITUATION Complete separately for each adult if adults were living in different living situations.

County of Residence Prior	_____	**Client Name** (If different than HoH)	_____

Type of Residence: Homeless Situations

- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for **with** emergency shelter voucher, or RHY-funded Host Home shelter
- ☐ Safe Haven

Type of Residence: Institutional Situations

☐ Foster care home or foster care group home	☐ Long-term care facility or nursing home
☐ Hospital or other residential non-psychiatric medical facility	☐ Psychiatric hospital or other psychiatric facility
☐ Jail, prison or juvenile detention facility	☐ Substance abuse treatment facility or detox center

Type of Residence: Temporary and Permanent Housing Situations

☐ Residential project or halfway house with no homeless criteria	☐ Permanent housing (other than RRH) for formerly homeless persons
☐ Hotel or motel paid for **without** emergency shelter voucher	☐ Rental by client, with RRH or equivalent subsidy
☐ Transitional housing for homeless persons (including homeless youth)	☐ Rental by client, with HCV voucher (tenant or project based)
☐ Host Home (non-crisis)	☐ Rental by client in a public housing unit
☐ Staying or living in a friend's room, apartment or house	☐ Rental by client, no ongoing housing subsidy
☐ Staying or living in a family member's room, apartment or house	☐ Rental by client, with other ongoing housing subsidy
☐ Rental by client, with GPD TIP subsidy	☐ Owned by client, with ongoing housing subsidy
☐ Rental by client, with VASH housing subsidy	☐ Owned by client, no ongoing housing subsidy

Other Answers

☐ Client doesn't know ☐ Client refused ☐ Data not collected

DID THE CLIENT STAY LESS THAN 90 DAYS?

☐ Yes

☐ No
- ☐ Ninety days or more, but less than one year
- ☐ One year or longer

(Skip to Income questions.)

DID THE CLIENT STAY LESS THAN 7 NIGHTS?

☐ Yes

☐ No
- ☐ Ninety days or more, but less than one year
- ☐ One year or longer
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than ninety days

(Skip to Income questions.)

LENGTH OF STAY IN INSTITUTION

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than ninety days

LENGTH OF STAY IN HOUSING SITUATION

- ☐ One night or less
- ☐ 2 to 6 nights

LENGTH OF STAY IN LITERALLY HOMELESS SITUATION

- ☐ One night or less
- ☐ One to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than ninety days
- ☐ Ninety days or more, but less than one year
- ☐ One year or longer

ON THE NIGHT BEFORE DID YOU STAY ON THE STREETS, IN ES, OR SH?

- ☐ No (Skip to income questions.)
- ☐ Yes

APPROXIMATE DATE THAT HOMELESSNESS STARTED Including this and any previous stays in emergency shelter or unsheltered episodes. Month/day/year (month / day / year)	/ /
NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS Include today. Institutional stays of less than 90 days are not a break. Stays less than 7 days in other places are not a break.	☐ 1 ☐ 3 ☐ 2 ☐ 4 or more
TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR SAFE HAVEN IN THE PAST THREE YEARS	☐ 1 ☐ 5 ☐ 9 ☐ 2 ☐ 6 ☐ 10 ☐ 3 ☐ 7 ☐ 11 ☐ 4 ☐ 8 ☐ 12 or more

HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS

Disability of long duration that substantially limits the client's ability to live on their own

Name	Disabling Condition	Disabling Condition Detail	Substance Use Disorder Detail
	☐ No	☐ Physical Disability	☐ Alcohol Use Disorder
	☐ Yes ⇒	☐ Developmental Disability	☐ Drug Use Disorder
	☐ Client doesn't know	☐ Chronic Health Condition	☐ Both alcohol and drug use disorders
	☐ Client refused	☐ HIV – AIDS	☐ Client doesn't know
	☐ Data not collected	☐ Mental Health Disorder	☐ Client refused
		☐ Substance Use Disorder ⇒	☐ Data not collected
	☐ No	☐ Physical Disability	☐ Alcohol Use Disorder
	☐ Yes ⇒	☐ Developmental Disability	☐ Drug Use Disorder
	☐ Client doesn't know	☐ Chronic Health Condition	☐ Both alcohol and drug use disorders
	☐ Client refused	☐ HIV – AIDS	☐ Client doesn't know
	☐ Data not collected	☐ Mental Health Disorder	☐ Client refused
		☐ Substance Use Disorder ⇒	☐ Data not collected
	☐ No	☐ Physical Disability	☐ Alcohol Use Disorder
	☐ Yes ⇒	☐ Developmental Disability	☐ Drug Use Disorder
	☐ Client doesn't know	☐ Chronic Health Condition	☐ Both alcohol and drug use disorders
	☐ Client refused	☐ HIV – AIDS	☐ Client doesn't know
	☐ Data not collected	☐ Mental Health Disorder	☐ Client refused
		☐ Substance Use Disorder ⇒	☐ Data not collected
	☐ No	☐ Physical Disability	☐ Alcohol Use Disorder
	☐ Yes ⇒	☐ Developmental Disability	☐ Drug Use Disorder
	☐ Client doesn't know	☐ Chronic Health Condition	☐ Both alcohol and drug use disorders
	☐ Client refused	☐ HIV – AIDS	☐ Client doesn't know
	☐ Data not collected	☐ Mental Health Disorder	☐ Client refused
		☐ Substance Use Disorder ⇒	☐ Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR

Name	Domestic Violence Victim/Survivor	Last Occurrence	Are You Currently Fleeing?
	☐ No	☐ Within the past three months ⇒	☐ No
	☐ Yes ⇒	☐ Within the past three to six months ⇒	☐ Yes
	☐ Client doesn't know	☐ Six months to one year ago ⇒	☐ Client doesn't know
	☐ Client refused	☐ One year ago or more ⇒	☐ Client refused
	☐ Data not collected	☐ Client doesn't know ⇒	☐ Data not collected
		☐ Client refused ⇒	
		☐ Data not collected ⇒	
	☐ No	☐ Within the past three months ⇒	☐ No
	☐ Yes ⇒	☐ Within the past three to six months ⇒	☐ Yes
	☐ Client doesn't know	☐ Six months to one year ago ⇒	☐ Client doesn't know
	☐ Client refused	☐ One year ago or more ⇒	☐ Client refused
	☐ Data not collected	☐ Client doesn't know ⇒	☐ Data not collected
		☐ Client refused ⇒	
		☐ Data not collected ⇒	

INCOME FROM ANY SOURCE

Income for a child is recorded as income for the adult who receives the funds.

☐ No ☐ Client doesn't know ☐ Data not collected
☐ Yes (Complete table below.) ☐ Client refused

Source	Amount	Recipient(s)	Source	Amount	Recipient(s)
Earned Income	$		Temporary Assistance for Needy Families (TANF)	$	
Unemployment Insurance	$		General Assistance (GA)	$	
Supplemental Security Income (SSI)	$		Retirement Income from Social Security	$	
Social Security Disability Insurance (SSDI)	$		Pension or Retirement Income from a Former Job	$	
VA Service-Connected Disability Compensation	$		Child Support	$	
VA Non-Service Connected Disability Pension	$		Alimony and Other Spousal Support	$	
Private Disability Insurance	$		Other Income Source _____	$	
Worker's Compensation	$		**Total Household Income**	**$**	

RECEIVING NON-CASH BENEFITS

Non-cash benefits for a child are recorded as benefits for the adult who receives the benefit.

☐ No ☐ Client doesn't know ☐ Data not collected
☐ Yes (Complete table below.) ☐ Client refused

Source	Recipient(s)	Source	Recipient(s)
Supplemental Nutrition Assistance Program (SNAP)		TANF Transportation Services	
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)		Other TANF-Funded Services	
TANF Childcare Services		Other Non-Cash Benefit	

COVERED BY HEALTH INSURANCE

☐ No ☐ Client doesn't know ☐ Data not collected
☐ Yes (Complete table below.) ☐ Client refused

Source	Recipient(s)	Source	Recipient(s)
MEDICAID		Health Insurance Obtained Through COBRA	
MEDICARE		Private Pay Health Insurance	
State Children's Health Insurance Program		State Health Insurance for Adults	
Veteran's Administration (VA) Medical Services		Indian Health Services Program	
Employer-Provided Health Insurance		Other Health Insurance _____	