



HOUSEHOLD MEMBER NAME

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

First Name	MI	Last Name	Aliases

FEDERAL REPORTING REQUIREMENTS

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

CLIENT DEMOGRAPHICS

DATE OF BIRTH

- Client doesn't know
 Client prefers not to answer
 Full DOB Partial DOB

RACE AND ETHNICITY

- American Indian, Alaska Native, or Indigenous
 Middle Eastern or North African
 Asian or Asian American
 Native Hawaiian or Pacific Islander
 Black, African American, or African
 White
 Hispanic/Latina/e/o
 Additional (specify):

- Client doesn't know
 Client prefers not to answer

GENDER

- Woman (Girl, if child)
 Non-Binary
 Man (Boy, if child)
 Questioning
 Culturally Specific Identity (e.g., Two-Spirit)
 Different Identity (specify):
 Transgender

- Client doesn't know
 Client prefers not to answer



DISABLING CONDITION INFORMATION

DISABLING CONDITIONS?

Client doesn't know
 Client prefers not to answer

- Yes (If yes, select answer for each type below.)
 No (If no, answer No for all types in HMIS.)

DISABLING CONDITIONS (HUD TABLE)

Table with 10 columns: Condition, Yes, No, Doesn't know, Prefers not to answer, and a central question 'If Yes, does it affect their ability to live independently?' followed by another set of Yes, No, Doesn't know, Prefers not to answer columns. Rows include Alcohol Use Disorder, Both Alcohol and Drug Use, Chronic Health Condition, Developmental, Drug Use Disorder, HIV / AIDS, Mental Health Disorder, and Physical Disability.

AK DISABLING CONDITIONS

Table with 5 columns: Condition, Yes, No, Doesn't know, Prefers not to answer. Rows include Alzheimer's Disease and Related Dementias, Chronic Alcoholism or other substance use disorder, Intellectual or Developmental Disabilities, Mental Illness, and Traumatic Brain Injuries.

ALASKA NATIVE REGIONAL CORPORATION

PRIMARY REGIONAL CORPORATION

Client doesn't know
 Client prefers not to answer

- Not Affiliated Sealaska Doyon Limited Calista Chugach Alaska
 Bering Straits Native Ahtna 13th Regional Koniag NANA Regional
 Cook Inlet Regional Bristol Bay Native Aleut Arctic Slope Regional

SECONDARY REGIONAL CORPORATION, IF APPLICABLE: