



HMIS Data Collection Form – Alaska Balance of State Coordinated Entry

FOR USE BY ALASKA BALANCE OF STATE COORDINATED ENTRY ACCESS POINTS THAT SERVE HOUSEHOLDS WITH MORE THAN ONE PERSON

PROJECT START DATA ENTRY SETTINGS

ENTER DATA AS (EDA) PROJECT	PROJECT START DATE

HEAD OF HOUSEHOLD HMIS RECORD IDENTIFIERS

1 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	STATEWIDE DATA SHARING CONSENT? <input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
HOUSEHOLD TYPE <input type="checkbox"/> Single Individual <input type="checkbox"/> Single Parent <input type="checkbox"/> Grandparent(s) and Child <input type="checkbox"/> Noncustodial Caregiver(s) <input type="checkbox"/> Couple With No Children <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other			

ADDITIONAL HOUSEHOLD MEMBER HMIS RECORD IDENTIFIERS

2 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	STATEWIDE DATA SHARING CONSENT? <input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
RELATIONSHIP TO HEAD OF HOUSEHOLD <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			

3 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	STATEWIDE DATA SHARING CONSENT? <input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
RELATIONSHIP TO HEAD OF HOUSEHOLD <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			

4 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	STATEWIDE DATA SHARING CONSENT? <input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
RELATIONSHIP TO HEAD OF HOUSEHOLD <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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HOUSEHOLD MEMBER HMIS RECORD IDENTIFIERS, CONTINUED

5	FIRST NAME	MI	LAST NAME	ALIASES
SOCIAL SECURITY NUMBER		US MILITARY VETERAN		STATEWIDE DATA SHARING CONSENT?
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
RELATIONSHIP TO HEAD OF HOUSEHOLD				
<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				

6	FIRST NAME	MI	LAST NAME	ALIASES
SOCIAL SECURITY NUMBER		US MILITARY VETERAN		STATEWIDE DATA SHARING CONSENT?
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
RELATIONSHIP TO HEAD OF HOUSEHOLD				
<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				

7	FIRST NAME	MI	LAST NAME	ALIASES
SOCIAL SECURITY NUMBER		US MILITARY VETERAN		STATEWIDE DATA SHARING CONSENT?
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
RELATIONSHIP TO HEAD OF HOUSEHOLD				
<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				

8	FIRST NAME	MI	LAST NAME	ALIASES
SOCIAL SECURITY NUMBER		US MILITARY VETERAN		STATEWIDE DATA SHARING CONSENT?
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
RELATIONSHIP TO HEAD OF HOUSEHOLD				
<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				

9	FIRST NAME	MI	LAST NAME	ALIASES
SOCIAL SECURITY NUMBER		US MILITARY VETERAN		STATEWIDE DATA SHARING CONSENT?
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		<input type="checkbox"/> Opted In (Use <u>shared</u> 500,000 ID in HMIS) <input type="checkbox"/> Opted Out (Use <u>unshared</u> record in HMIS)
RELATIONSHIP TO HEAD OF HOUSEHOLD				
<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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HOUSEHOLD MEMBER: DEPENDENT CHILDREN ONLY Print additional copies as needed.

Household Member First Name, Middle Initial, and Last Name	Aliases
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FEDERAL REPORTING REQUIREMENTS

RELATIONSHIP TO HEAD OF HOUSEHOLD (HOH)	
<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	
ENROLLMENT COC	
<input type="checkbox"/> AK-500 Anchorage Continuum of Care <input type="checkbox"/> AK-501 Alaska Balance of State Continuum of Care	

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	

DISABLING CONDITION INFORMATION

DISABLING CONDITIONS?	<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

PRIMARY REGIONAL CORPORATION	<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 th 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					
SECONDARY REGIONAL CORPORATION, IF APPLICABLE:					



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HOUSEHOLD MEMBER: HEAD OF HOUSEHOLD AND ADULTS ONLY Print additional copies as needed.

Household Member First Name, Middle Initial, and Last Name	Aliases
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CLIENT CONTACT INFORMATION

Client Phone Number
Email or Message Line
Secondary Contact
Secondary Contact Number
Social Media Contact(s) (e.g., "Twitter @myclientsname; Facebook: Client Name.")

FEDERAL REPORTING REQUIREMENTS

RELATIONSHIP TO HEAD OF HOUSEHOLD (HOH)

Self 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 Client doesn't know
 Client prefers not to answer

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):

GENDER Client doesn't know
 Client prefers not to answer

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

SEXUAL ORIENTATION (Head of Household and Adults only) Client doesn't know
 Client prefers not to answer

Heterosexual/Straight Lesbian Questioning/Unsure Aromantic Pansexual
 Gay Bisexual Other/Additional (specify to the right) → Asexual Queer
 Demisexual Other (Ex: same gender-loving, stud)



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DISABLING CONDITION INFORMATION

DISABLING CONDITIONS?		<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

PRIMARY REGIONAL CORPORATION					<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 th 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		
SECONDARY REGIONAL CORPORATION, IF APPLICABLE:					



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PRIOR LIVING SITUATION INFORMATION: HEAD OF HOUSEHOLD AND ADULTS ONLY

First Name, Middle Initial, and Last Name	Aliases
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TYPE OF RESIDENCE: LIVING SITUATION IMMEDIATELY PRIOR TO PROJECT START Client doesn't know
 Client prefers not to answer

<p>Homeless Situation</p> <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	
<p>Institutional Situation</p> <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	
<p>Temporary Housing Situation</p> <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	
<p>Permanent Housing Situation</p> <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	<p>if Rental by client, with housing subsidy, specify only one:</p> <input type="checkbox"/> GPD TIP <input type="checkbox"/> VASH <input type="checkbox"/> RRH 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

LENGTH OF STAY IN LIVING SITUATION IMMEDIATELY PRIOR TO PROJECT START Client doesn't know
 Client prefers not to answer

One night or less One week or more, but less than a month 90 days or more, but less than one year
 Two to six nights One month or more, but less than 90 days One year or longer

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

1 month (1st month in the past 3 years) 6 months 10 months
 2 months 7 months 11 months
 3 months 8 months 12 months
 4 months 9 months More than 12 months
 5 months



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CURRENT LIVING SITUATION: HEAD OF HOUSEHOLD AND ADULTS ONLY Print additional copies as needed.

First Name, Middle Initial, and Last Name	Aliases
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CURRENT LIVING SITUATION Record the date and location of each interaction with a client.

Information Date (Date of Contact):

Where is the client currently staying? Select only one.

Homeless Situation

- Place not meant for habitation (for example: car, park, abandoned building, bus station, airport, tent)
- Emergency shelter (ES), including hotel or motel paid for with ES voucher, Host Home shelter

Institutional Situation

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

Temporary Housing

- Transitional housing for homeless persons (including homeless youth)
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Host Home (non-crisis)
- Staying or living in a friend’s room, apartment, or house
- Staying or living in a family member’s room, apartment, or house

Permanent Housing

- Rental by client, no ongoing housing subsidy
- Rental by client, with housing subsidy (specify to the right) →
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

if Rental by client, with housing subsidy, specify only one:

<input type="checkbox"/> GPD TIP	<input type="checkbox"/> GPD TIP
<input type="checkbox"/> VASH	<input type="checkbox"/> VASH
<input type="checkbox"/> RRH or equivalent	<input type="checkbox"/> RRH or equivalent
<input type="checkbox"/> Housing Choice (HCV)	<input type="checkbox"/> Housing Choice (HCV)
<input type="checkbox"/> Public housing	<input type="checkbox"/> Public housing

Other

- Other (specify):
- Worker unable to determine
- Client doesn’t know
- Client prefers not to answer

Organization that verified client’s living situation:

Worker who made contact with client:

Client location details (cross-streets, intersections, park):

IF THE CLIENT IS CURRENTLY STAYING IN A NON-HOMELESS SITUATION, ANSWER THE FOLLOWING.

If the client is currently in a non-homeless situation, will the client have to leave within 14 days? Client doesn’t know
 Client prefers not to answer

Yes (If yes, select answers below.)
 No

	Yes	No
Has a subsequent residence been identified?	<input type="checkbox"/>	<input type="checkbox"/>
Does client have resources or support networks to obtain other permanent housing?	<input type="checkbox"/>	<input type="checkbox"/>
Has client had a lease or ownership interest in a permanent housing unit in last 60 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has client moved 2 or more times in the past 60 days?	<input type="checkbox"/>	<input type="checkbox"/>