HMIS Data Collection Form – Common Data Elements - Households

Minor

FOR USE BY PROGRAMS THAT SERVE HOUSEHOLDS WITH MORE THAN ONE PERSON

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

HOUSING MOVE-IN INFORMATION (for housing projects only)

IF THE CLIENT HAS NOT MOVED INTO HOUSING AT PROJECT START, LEAVE THIS FIELD BLANK IN HMIS.

HOUSING MOVE-IN DATE

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

GENDER

☐ Client doesn't know
☐ Client prefers not to answer

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

HMIS Data Collection Form – Common Program Specific Data Elements - Households

FOR USE BY PROGRAMS THAT SERVE HOUSEHOLDS WITH MORE THAN ONE PERSON

HEALTH INSURANCE COVERAGE INFORMATION

COVERED BY HEALTH INSURANCE?

☐ 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.)

HEALTH INSURANCE TYPES (HUD TABLE)

	Yes	No		Yes	No
Medicaid	☐	☐	Health Insurance through COBRA	☐	☐
Medicare	☐	☐	Private Pay Health Insurance	☐	☐
State Children's Health Insurance Program	☐	☐	State Health Insurance for Adults	☐	☐
Veteran's Health Administration	☐	☐	Indian Health Services Program	☐	☐
Employer-Provided Health Insurance	☐	☐	Other (specify):	☐	☐

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)

	Yes	No	Doesn't know	Prefers not to answer		Yes	No	Doesn't know	Prefers not to answer
Alcohol Use Disorder	☐	☐	☐	☐		☐	☐	☐	☐
Both Alcohol and Drug Use	☐	☐	☐	☐		☐	☐	☐	☐
Chronic Health Condition	☐	☐	☐	☐		☐	☐	☐	☐
Developmental	☐	☐	☐	☐	If Yes, does it affect their ability to live independently?				
Drug Use Disorder	☐	☐	☐	☐		☐	☐	☐	☐
HIV / AIDS	☐	☐	☐	☐					
Mental Health Disorder	☐	☐	☐	☐		☐	☐	☐	☐
Physical Disability	☐	☐	☐	☐		☐	☐	☐	☐

AK DISABLING CONDITIONS

	Yes	No	Doesn't know	Prefers not to answer
Alzheimer's Disease and Related Dementias	☐	☐	☐	☐
Chronic Alcoholism or other substance use disorder	☐	☐	☐	☐
Intellectual or Developmental Disabilities	☐	☐	☐	☐
Mental Illness	☐	☐	☐	☐
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: