

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

## HOUSEHOLD MEMBER NAME

This form is for Heads of Household and Adults only. Print additional copies as needed.

First Name	MI	Last Name	Aliases

## FEDERAL REPORTING REQUIREMENTS

### RELATIONSHIP TO HEAD OF HOUSEHOLD (HOH)

- Self (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 (housing projects only)

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

### HOUSING MOVE-IN DATE

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## 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

- |  |   |
|--|---|
| <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Questioning/Unsure<br><input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Other/Additional (specify to the right) → | <input type="checkbox"/> Aromantic <input type="checkbox"/> Pansexual<br><input type="checkbox"/> Asexual <input type="checkbox"/> Queer<br><input type="checkbox"/> Demisexual <input type="checkbox"/> Other (Ex: same gender-loving, stud) |
|--|---|

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

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## 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	<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance through COBRA	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
State Children's Health Insurance Program	<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Health Administration	<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program	<input type="checkbox"/>	<input type="checkbox"/>
Employer-Provided Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

## 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, does it affect their ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both Alcohol and Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV / AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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

Client doesn't know  
 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 <sup>th</sup> 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 (Heads of Household and Adults only)

TYPE OF RESIDENCE: LIVING SITUATION IMMEDIATELY PRIOR TO PROJECT START		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer										
<b>Homeless Situation</b>	<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											
<b>Institutional Situation</b>	<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											
<b>Temporary Housing Situation</b>	<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											
<b>Permanent Housing Situation</b>	<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	<b>if Rental by client, with housing subsidy, specify only one:</b> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> GPD TIP</td> <td><input type="checkbox"/> Other ongoing subsidy</td> </tr> <tr> <td><input type="checkbox"/> VASH</td> <td><input type="checkbox"/> Family Unification Program (FUP)</td> </tr> <tr> <td><input type="checkbox"/> RRH or equivalent</td> <td><input type="checkbox"/> Foster Youth to Independence (FYI)</td> </tr> <tr> <td><input type="checkbox"/> Housing Choice (HCV)</td> <td><input type="checkbox"/> Permanent Supportive Housing (PSH)</td> </tr> <tr> <td><input type="checkbox"/> Public housing</td> <td><input type="checkbox"/> Other PH dedicated to formerly homeless</td> </tr> </table>	<input type="checkbox"/> GPD TIP	<input type="checkbox"/> Other ongoing subsidy	<input type="checkbox"/> VASH	<input type="checkbox"/> Family Unification Program (FUP)	<input type="checkbox"/> RRH or equivalent	<input type="checkbox"/> Foster Youth to Independence (FYI)	<input type="checkbox"/> Housing Choice (HCV)	<input type="checkbox"/> Permanent Supportive Housing (PSH)	<input type="checkbox"/> Public housing	<input type="checkbox"/> Other PH dedicated to formerly homeless
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<input type="checkbox"/> Housing Choice (HCV)	<input type="checkbox"/> Permanent Supportive Housing (PSH)											
<input type="checkbox"/> Public housing	<input type="checkbox"/> Other PH dedicated to formerly homeless											

LENGTH OF STAY IN LIVING SITUATION IMMEDIATELY PRIOR TO PROJECT START		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> One night or less	<input type="checkbox"/> One week or more, but less than a month	<input type="checkbox"/> 90 days or more, but less than one year
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> 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	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> 1 time	
<input type="checkbox"/> 2 times	
<input type="checkbox"/> 3 times	
<input type="checkbox"/> 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	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> 1 month (1 <sup>st</sup> month in the past 3 years)	
<input type="checkbox"/> 2 months	<input type="checkbox"/> 6 months
<input type="checkbox"/> 3 months	<input type="checkbox"/> 7 months
<input type="checkbox"/> 4 months	<input type="checkbox"/> 8 months
<input type="checkbox"/> 5 months	<input type="checkbox"/> 9 months
	<input type="checkbox"/> 10 months
	<input type="checkbox"/> 11 months
	<input type="checkbox"/> 12 months
	<input type="checkbox"/> More than 12 months

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## DV INFORMATION

<b>DOMESTIC VIOLENCE VICTIM/SURVIVOR?</b>			<input type="checkbox"/> Client doesn't know
			<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each question below.)			
<input type="checkbox"/> No			
<i>When did the last experience occur?</i>	<input type="checkbox"/> Within past 3 months	<input type="checkbox"/> 6 to 12 months ago	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> More than a year ago	<input type="checkbox"/> Client prefers not to answer
<i>Are you currently fleeing?</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No		<input type="checkbox"/> Client prefers not to answer

## MONTHLY INCOME INFORMATION

<b>INCOME FROM ANY SOURCE?</b>	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each type below.)	
<input type="checkbox"/> No (If no, answer No for all types in HMIS.)	

SOURCES OF INCOME (HUD TABLE)		Yes (specify)	No	Yes (specify)	No
Alimony/Other spousal support	<input type="checkbox"/> \$	<input type="checkbox"/>	Retirement income from social security	<input type="checkbox"/> \$	<input type="checkbox"/>
Child support	<input type="checkbox"/> \$	<input type="checkbox"/>	SSDI	<input type="checkbox"/> \$	<input type="checkbox"/>
Earned income	<input type="checkbox"/> \$	<input type="checkbox"/>	SSI	<input type="checkbox"/> \$	<input type="checkbox"/>
General assistance	<input type="checkbox"/> \$	<input type="checkbox"/>	TANF	<input type="checkbox"/> \$	<input type="checkbox"/>
Other: AK Permanent Fund Dividend (PFD)	<input type="checkbox"/> \$	<input type="checkbox"/>	Unemployment insurance	<input type="checkbox"/> \$	<input type="checkbox"/>
Other: AK Native Corp. Dividend	<input type="checkbox"/> \$	<input type="checkbox"/>	VA non-svc connected disability pension	<input type="checkbox"/> \$	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/> \$	<input type="checkbox"/>	VA svc connected disability compensation	<input type="checkbox"/> \$	<input type="checkbox"/>
Pension/Retirement income	<input type="checkbox"/> \$	<input type="checkbox"/>	Worker's Compensation	<input type="checkbox"/> \$	<input type="checkbox"/>
Private disability insurance	<input type="checkbox"/> \$	<input type="checkbox"/>	<b>Total Monthly Income: \$</b>		

## NON-CASH BENEFITS INFORMATION

<b>NON-CASH BENEFITS FROM ANY SOURCE?</b>	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each type below.)	
<input type="checkbox"/> No (If no, answer No for all types in HMIS.)	

SOURCES OF NON-CASH BENEFITS (HUD TABLE)	Yes	No	Yes	No
TANF Child Care Services	<input type="checkbox"/>	<input type="checkbox"/>	SNAP (Food Stamps)	<input type="checkbox"/>
Special Supp. Nutrition Program for WIC	<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services	<input type="checkbox"/>
TANF Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>