

HMIS Data Collection Form – YHDP – Households

FOR USE BY COC-FUNDED YHDP PROJECTS THAT SERVE HOUSEHOLDS WITH MORE THAN ONE PERSON

Adult / HOH

HOUSEHOLD MEMBER NAME

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

First Name	MI	Last Name	Aliases
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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

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)

HEALTH INSURANCE COVERAGE INFORMATION

COVERED BY HEALTH INSURANCE?	<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.)	

HEALTH INSURANCE TYPES (HUD TABLE)	Yes	No	HEALTH INSURANCE TYPES (HUD TABLE)	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?	<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.)	

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	<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"/> Bering Straits Native <input type="checkbox"/> Ahtna <input type="checkbox"/> 13 th Regional <input type="checkbox"/> Koniag <input type="checkbox"/> Chugach Alaska <input type="checkbox"/> Cook Inlet Regional <input type="checkbox"/> Bristol Bay Native <input type="checkbox"/> Aleut <input type="checkbox"/> Arctic Slope Regional <input type="checkbox"/> NANA Regional	
SECONDARY REGIONAL CORPORATION, IF APPLICABLE:	

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										
Homeless Situation	<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											
Institutional Situation	<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											
Temporary Housing Situation	<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											
Permanent Housing Situation	<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	if Rental by client, with housing subsidy, specify only one: <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> GPD TIP</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Other ongoing subsidy</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> VASH</td> <td style="border: none;"><input type="checkbox"/> Family Unification Program (FUP)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> RRH or equivalent</td> <td style="border: none;"><input type="checkbox"/> Foster Youth to Independence (FYI)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Housing Choice (HCV)</td> <td style="border: none;"><input type="checkbox"/> Permanent Supportive Housing (PSH)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Public housing</td> <td style="border: none;"><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"/> 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 st month in the past 3 years)	<input type="checkbox"/> 6 months	<input type="checkbox"/> 10 months
<input type="checkbox"/> 2 months	<input type="checkbox"/> 7 months	<input type="checkbox"/> 11 months
<input type="checkbox"/> 3 months	<input type="checkbox"/> 8 months	<input type="checkbox"/> 12 months
<input type="checkbox"/> 4 months	<input type="checkbox"/> 9 months	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> 5 months		

DV INFORMATION

DOMESTIC VIOLENCE VICTIM/SURVIVOR?			<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

INCOME FROM ANY SOURCE?			<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"/>	Total Monthly Income: \$	

NON-CASH BENEFITS INFORMATION

NON-CASH BENEFITS FROM ANY SOURCE?			<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"/> <input type="checkbox"/>
Special Supp. Nutrition Program for WIC	<input type="checkbox"/>	<input type="checkbox"/>		Other TANF-Funded Services	<input type="checkbox"/> <input type="checkbox"/>
TANF Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>		Other (specify):	<input type="checkbox"/> <input type="checkbox"/>

TRANSLATION ASSISTANCE INFORMATION

TRANSLATION ASSISTANCE NEEDED?				<input type="checkbox"/> Client doesn't know
				<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, specify preferred language below.)				
<input type="checkbox"/> No				
<i>Preferred Language</i>	<input type="checkbox"/> English	<input type="checkbox"/> Central Alaskan Yup'ik / Yugtun	<input type="checkbox"/> Samoan	<input type="checkbox"/> Upper Kuskokwim
	<input type="checkbox"/> Spanish	<input type="checkbox"/> Gwich'in	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Xaat Kil / Haida
	<input type="checkbox"/> Akuzipigestun / St. Lawrence Island Yupik (aka Siberian Yupik)	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Tanacross	<input type="checkbox"/> Yupik
	<input type="checkbox"/> Alutiiq	<input type="checkbox"/> Inupiatun / Inupiaq	<input type="checkbox"/> Tanana	<input type="checkbox"/> Different Preferred Language (Specify below.)
	<input type="checkbox"/> Atnakenaage' / Ahtna	<input type="checkbox"/> Koyukon	<input type="checkbox"/> Tlingit	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Russian	<input type="checkbox"/> Unangam Tunuu / Aleutian Aleut	<input type="checkbox"/> Client prefers not to answer
<i>If Different Preferred Language, please specify:</i>				

EDUCATION INFORMATION (Head of Household only)

YOUTH EDUCATION STATUS		
Current school enrollment and attendance <i>Select one.</i>	<input type="checkbox"/> Not currently enrolled in any school or educational course	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Currently enrolled but NOT attending regularly (when school or course is in session)	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Currently enrolled and attending regularly (when school or course is in session)	
Most Recent Educational Status <i>Select one.</i>	<input type="checkbox"/> K12: Graduated from high school	<input type="checkbox"/> Higher education: Pursuing a credential but not regularly attending
	<input type="checkbox"/> K12: Obtained GED	<input type="checkbox"/> Higher education: Dropped out
	<input type="checkbox"/> K12: Dropped out	<input type="checkbox"/> Higher education: Obtained a credential/degree
	<input type="checkbox"/> K12: Suspended	
	<input type="checkbox"/> K12: Expelled	
Current Education Status <i>Select one.</i>	<input type="checkbox"/> Pursuing a high school diploma or GED	<input type="checkbox"/> Pursuing Graduate Degree
	<input type="checkbox"/> Pursuing Associate's Degree	<input type="checkbox"/> Pursuing other post-secondary credential
	<input type="checkbox"/> Pursuing Bachelor's Degree	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Client prefers not to answer