

HMIS Data Collection for Project START

This form can be used by all project types. Some project types are also required to track other information such as contacts, engagement, or move-in date. See supplemental forms for Outreach, PATH, HOPWA, RHY and SSVF projects.

Section I: Client Information

NAME - [ALL CLIENTS] - [ALL PROJECTS]

Use a client's full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents, unless specifically required by a funder.

First name	
Middle name	
Last name	
Suffix	
Alias	

CLIENT ID - (If known; for new clients this is system-generated)

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NAME DATA QUALITY - [ALL CLIENTS] - [ALL PROJECTS]

Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time. If using a "made up name" for such an initial identification, indicate that here.

<input type="checkbox"/>	Full name reported	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	Partial, street name, or code name reported	<input type="checkbox"/>	Client Refused

SOCIAL SECURITY NUMBER - [ALL CLIENTS] - [ALL PROJECTS]

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SOCIAL SECURITY NUMBER DATA QUALITY - [ALL CLIENTS] - [ALL PROJECTS]

For clients without a SSN, enter 'client doesn't know'.

<input type="checkbox"/>	Full SSN reported	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Approximate or partial SSN reported	<input type="checkbox"/>	Client refused

VETERAN STATUS - [ALL CLIENTS] - [ALL PROJECTS]

Veteran Status is only collected on adults who are 18 years of age or older. When a minor turns 18 this field must be completed. Projects may also default to 'No' for minors, if they wish. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service.

- For the **Army, Navy, Air Force, Marine Corps**, and **Coast Guard**, active duty begins when a military member reports to a duty station after completion of training.
- For the **Reserves** and **National Guard**, active duty is any time spent activated or deployed, either in the United States or abroad.
- Or Anyone who was disabled in the line of duty during a period of active duty training.
- Or Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

Section II: Universal Data Elements

PROJECT START DATE (Month / Day / Year) - [ALL CLIENTS] - [ALL PROJECTS]

The 'Project Start Date' will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

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RELATIONSHIP TO HEAD OF HOUSEHOLD- [ALL CLIENTS] - [ALL PROJECTS]

In a household of a single individual, that person must be identified as the head of household. In multi-person households, only one person must be designated as the head of household and the rest must have their relationship to the head of household recorded. If the group of persons is composed of adults and children, an adult must be indicated as the head of household.

<input type="checkbox"/>	Self (head of household)	<input type="checkbox"/>	Head of household's other relation member (other relation to head of household)
<input type="checkbox"/>	Head of household's child	<input type="checkbox"/>	Other: non-relation member
<input type="checkbox"/>	Head of household's spouse or partner	<input type="checkbox"/>	Data not collected

DATE OF BIRTH (Month / Day / Year) - [ALL CLIENTS] - [ALL PROJECTS]

Collect the month, day, and year of birth for every person served. If a client cannot remember the year of birth, ask the person's age and calculate the approximate year of birth. If a client cannot remember the month or day of birth, communities may record an approximate date of "01" for month and "01" for day.

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DATE OF BIRTH TYPE- [ALL CLIENTS] - [ALL PROJECTS]

<input type="checkbox"/>	Full date of birth reported	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Approximate or partial date of birth reported	<input type="checkbox"/>	Client refused

PRIMARY RACE - [ALL CLIENTS] - [ALL PROJECTS]

More than one race is permitted. Client doesn't know and Client refused should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

- AMERICAN INDIAN, ALASKA NATIVE, OR INDIGENOUS is defined as: a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
- ASIAN or ASIAN AMERICAN is defined as: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
- BLACK, AFRICAN AMERICAN, OR AFRICAN is defined as: a person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN or PACIFIC ISLANDER is defined as a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE is defined as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

<input type="checkbox"/>	American Indian, Alaska Native, or Indigenous	<input type="checkbox"/>	White
<input type="checkbox"/>	Asian or Asian American	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Black, African American, or African	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>	Data Not Collected

SECONDARY RACE - [ALL CLIENTS] - [ALL PROJECTS]

The secondary race is the next closest racial grouping that the client identifies with. If the client does not identify with more than one racial group then leave this question blank.

<input type="checkbox"/>	American Indian, Alaska Native, or Indigenous	<input type="checkbox"/>	White
<input type="checkbox"/>	Asian or Asian American	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Black, African American, or African	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Native Hawaiian or Pacific Islander	<input type="checkbox"/>	Data Not Collected

ETHNICITY - [ALL CLIENTS] - [ALL PROJECTS]

The definition of Hispanic or Latino ethnicity is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.

<input type="checkbox"/>	Non-Hispanic / Non-Latin(a)(o)(x)	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Hispanic / Latin(a)(o)(x)	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

GENDER - [ALL CLIENTS] - [ALL PROJECTS]

Which of these genders best describes how the client identifies? Please select ALL that apply. Clients can select as many options as they would like.

<input type="checkbox"/>	Female	<input type="checkbox"/>	Questioning
<input type="checkbox"/>	Male	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	A gender that is not singularly "female" or "male"	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Data not collected

DISABLING CONDITION - [ALL CLIENTS] - [ALL PROJECTS]

A disabling condition is any of the following disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health disorder, or substance use disorder) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug use disorder, post-traumatic stress disorder, or brain injury) that is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

ZIP CODE OF LAST PERMANENT ADDRESS - [ALL CLIENTS] - [ALL PROJECTS]

The five-digit zip code where the client last lived for 90 days or more.

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IF COVERED BY AHCCCS, ID # - [ALL CLIENTS] - [ALL PROJECTS]

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EVICITION – [ALL ADULTS AND HEADS OF HOUSEHOLD] – [ALL PROJECTS]

Did the client experience an eviction from housing in the last 12 months?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

IF YES, select the type of eviction the client experienced:

<input type="checkbox"/>	Non-Payment of Rent (COVID-19 Hardship)	<input type="checkbox"/>	Other Issue (Non-Rent)
<input type="checkbox"/>	Non-Payment of Rent (Non-COVID-19 Related)		

HOMELESSNESS PRIMARY REASON - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Record the primary reason for the current episode of homelessness.

<input type="checkbox"/>	Aged out of foster care	<input type="checkbox"/>	Client NOT homeless
<input type="checkbox"/>	COVID-19/Coronavirus	<input type="checkbox"/>	Exploitation/Human Trafficking
<input type="checkbox"/>	Family Dispute/Overcrowding/Kicked-Out	<input type="checkbox"/>	Loss of Employment
<input type="checkbox"/>	Loss of non-Employment Income or No Financial Resources	<input type="checkbox"/>	Medical Problems
<input type="checkbox"/>	Mental Health Concerns	<input type="checkbox"/>	Moved to Seek Work
<input type="checkbox"/>	Natural Disaster/Fire	<input type="checkbox"/>	New to Area
<input type="checkbox"/>	Release From Jail/Prison/Juvenile Hall	<input type="checkbox"/>	Substance Use/Alcohol Dependency Concerns
<input type="checkbox"/>	Transient/Choice	<input type="checkbox"/>	Unable to Find Affordable Housing
<input type="checkbox"/>	Unsafe Living Environment – Not Violence Related	<input type="checkbox"/>	Unsafe Living Environment – Violence/Domestic Abuse
<input type="checkbox"/>	Other	<input type="checkbox"/>	Client refused

RESIDENCE PRIOR TO PROJECT ENTRY - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

What type of place was the client residing in prior to the project start?

Homeless Situations		Other	
<input type="checkbox"/>	Place not meant for habitation	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Data not collected
Institutional Situations			
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Long-term care facility or nursing home
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Substance use disorder treatment facility or detox center
Transitional and Permanent Housing Situations			
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Residential project or halfway house with no homeless criteria
<input type="checkbox"/>	Owned by client, no ongoing housing subsidy	<input type="checkbox"/>	Staying or living in a family member's room, apartment, or house
<input type="checkbox"/>	Owned by client, with ongoing housing subsidy	<input type="checkbox"/>	Staying or living in a friend's room, apartment, or house
<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/>	Rental by client, with no ongoing housing subsidy	<input type="checkbox"/>	Host home (non-crisis)
<input type="checkbox"/>	Rental by client, with GPD TIP housing subsidy	<input type="checkbox"/>	Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/>	Rental by client, with VASH housing subsidy	<input type="checkbox"/>	Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)
<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy	<input type="checkbox"/>	Rental by client in a public housing unit

LOCATION OF PRIOR RESIDENCE - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

For the client's prior residence, which Maricopa city (or outside region) was this located in?

<input type="checkbox"/>	Avondale	<input type="checkbox"/>	Buckeye
<input type="checkbox"/>	Chandler	<input type="checkbox"/>	Gilbert

<input type="checkbox"/>	Glendale	<input type="checkbox"/>	Goodyear
<input type="checkbox"/>	Mesa	<input type="checkbox"/>	Peoria
<input type="checkbox"/>	Phoenix	<input type="checkbox"/>	Scottsdale
<input type="checkbox"/>	Surprise	<input type="checkbox"/>	Tempe
<input type="checkbox"/>	Other city in Maricopa County	<input type="checkbox"/>	Outside Maricopa County but inside Arizona
<input type="checkbox"/>	Outside Arizona	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]
 If the client moved around, but in the same type of situation, include the total time in that type of situation. If the client moved around from one situation to another, only include the time in the situation selected.

<input type="checkbox"/>	One night or less	<input type="checkbox"/>	90 days or more, but less than one year
<input type="checkbox"/>	Two to six nights	<input type="checkbox"/>	One year or longer
<input type="checkbox"/>	One week or more, but less than one month	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	One month or more, but less than 90 days	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

PRIOR RESIDENCE SUB-SECTION - START

[ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH, RRH, TH, SSO, HP, CE]

EMERGENCY SHELTERS, STREET OUTREACH, AND SAFE HAVEN PROJECTS – SKIP THIS SECTION

Question 1: Was your client's previous residence a Homeless Situation?	
<input type="checkbox"/>	No – (Go to "Question 2")
<input type="checkbox"/>	Yes – (Continue to question "Date the Client Started Being Homeless This Time")

Question 2: Was your client's previous residence an Institutional Situation?	
<input type="checkbox"/>	No – (Go to "Question 3")
<input type="checkbox"/>	Yes – (Continue with "Question 2b")
Question 2b: Did the client stay less than 90 days?	
<input type="checkbox"/>	No – (Continue to "Housing Move-in Sub-Section")
<input type="checkbox"/>	Yes – (Continue to "Question 2c")
Question 2c: On the night before did the client stay on the streets, ES or SH?	
<input type="checkbox"/>	No – (Continue to "Housing Move-in Sub-Section")
<input type="checkbox"/>	Yes – (Continue to question "Date the Client Started Being Homeless This Time")

Question 3: Was your client's previous residence a Transitional or Permanent Housing Situation?	
<input type="checkbox"/>	No – (Continue to "Housing Move-in Sub-Section")
<input type="checkbox"/>	Yes – (Continue with "Question 3b")
Question 3b: Did the client stay less than 7 days?	

<input type="checkbox"/>	No – (Continue to “Housing Move-in Sub-Section”)
<input type="checkbox"/>	Yes – (Continue with “Question 3c”)
Question 3c: On the night before did the client stay on the streets, ES or SH?	
<input type="checkbox"/>	No – (Continue to “Housing Move-in Sub-Section”)
<input type="checkbox"/>	Yes – (Continue to question “Date the Client Started Being Homeless This Time”)

PRIOR RESIDENCE SUB-SECTION - END

DATE THE CLIENT STARTED BEING HOMELESS THIS TIME (Month / Day / Year) - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

At project entry, what is the start date for the client's current period of 'literal' homelessness? This can be determined by including any continuous time moving around between the streets, ES, or SH. Stays of less than 7 consecutive nights in permanent or temporary housing do NOT break the period. Also, institutional stays of less than 90 days do NOT break the period (i.e. jail, mental health treatment facility, etc).

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NUMBER OF TIMES THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Count all the different periods of homelessness (i.e. times the client was on the streets, in an emergency shelter, or in a safe haven) in the last 3 years where there are full breaks in between (i.e. breaks that are 90 days or more in an institution or 7 nights or more in permanent or transitional housing).

<input type="checkbox"/>	One time (this time)	<input type="checkbox"/>	Four or more times
<input type="checkbox"/>	Two times	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Three times	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Count the number of months in which a person was "homeless" (i.e. on the streets, in an ES, or SH) in the last 3 years. Include stays in an institution <90 days or in permanent/transitional housing <7 days.

- If any day of a given month is spent "homeless", count the full month (e.g. if client sleeps on the street for 1/31 and 2/01, count 2 months).

<input type="checkbox"/>	One month or less (this is the first time)	<input type="checkbox"/>	2
<input type="checkbox"/>	3	<input type="checkbox"/>	4
<input type="checkbox"/>	5	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	8
<input type="checkbox"/>	9	<input type="checkbox"/>	10
<input type="checkbox"/>	11	<input type="checkbox"/>	12
<input type="checkbox"/>	More than 12 months	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected

HOUSING MOVE-IN SUB-SECTION - START

COMPLETED ONLY BY PSH AND RRH PROJECTS – ALL OTHER PROJECTS SKIP THIS SECTION

HOUSING MOVE-IN DATE (Month / Day / Year) – [ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH, RRH]

The date the client moved into PERMANENT housing. This may be the same date as Project Start if the client moves into PERMANENT housing on the date they were accepted into the program.

- For RRH projects, a Housing Move-In Date will be entered regardless of the funding source or whether the project is providing the rental assistance.
- For PSH projects, if a client is housed by another project the client should be exited from the program to the appropriate destination. A Housing Move-In Date should not be recorded in this case.

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LOCATION OF HOUSING MOVE-IN – [ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH, RRH]

Select the Maricopa city (or outside region) the client moved into when PERMANENTLY housed. This applies to PSH and RRH projects only.

<input type="checkbox"/>	Avondale	<input type="checkbox"/>	Buckeye
<input type="checkbox"/>	Chandler	<input type="checkbox"/>	Gilbert
<input type="checkbox"/>	Glendale	<input type="checkbox"/>	Goodyear
<input type="checkbox"/>	Mesa	<input type="checkbox"/>	Peoria
<input type="checkbox"/>	Phoenix	<input type="checkbox"/>	Scottsdale
<input type="checkbox"/>	Surprise	<input type="checkbox"/>	Tempe
<input type="checkbox"/>	Other city in Maricopa County	<input type="checkbox"/>	Outside Maricopa County but inside Arizona
<input type="checkbox"/>	Outside Arizona	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected

HOUSING MOVE-IN SUB-SECTION - END

Section III: Program Data Elements

INCOME FROM ANY SOURCE – [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Is the client receiving income from any source at this time?

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

Identify if the client is receiving each type of income type.**

No	Yes	Source of income	If yes, monthly amount from source (round to nearest dollar)
<input type="checkbox"/>	<input type="checkbox"/>	Earned income (i.e., employment income)	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Insurance	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Disability Insurance (SSDI)	
<input type="checkbox"/>	<input type="checkbox"/>	VA Service-Connected Disability Compensation	
<input type="checkbox"/>	<input type="checkbox"/>	VA Non-Service-Connected Disability Pension	
<input type="checkbox"/>	<input type="checkbox"/>	Private disability insurance	
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation	
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/>	<input type="checkbox"/>	General Assistance (GA)	
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Income from Social Security	
<input type="checkbox"/>	<input type="checkbox"/>	Pension or retirement income from a former job	
<input type="checkbox"/>	<input type="checkbox"/>	Child support	
<input type="checkbox"/>	<input type="checkbox"/>	Alimony or other spousal support	
<input type="checkbox"/>	<input type="checkbox"/>	Other source If yes, specify source:	
		Total monthly income from all sources	

**What is the sum of this client's regular, recurrent monthly income? Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).

- Services and/or gifts such as phone cards and vouchers that are provided by a project to clients during enrollment are fundamentally different and ARE NOT considered monthly income.
- Lump sum amounts received by a family, such as inheritances, insurance settlements, or proceeds from sale of property, or back pay from Social Security are considered assets, not income, and ARE NOT recorded in HMIS.

NON-CASH BENEFITS - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

Identify if the client is receiving each type of non-cash benefit.

No	Yes	Source
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services
<input type="checkbox"/>	<input type="checkbox"/>	Other source – Specify: _____

HEALTH INSURANCE - [ALL CLIENTS] – [ALL PROGRAMS EXCEPT ES-nbn]

Is the client currently covered by health Insurance?

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

Identify if the client is receiving each type of health insurance.

- Applied; decision pending
- Applied; client not eligible
- Client did not apply
- Insurance type N/A for this client
- Client doesn't know
- Client refused
- Data not collected

Yes	No	If No, Reason	Source
<input type="checkbox"/>	<input type="checkbox"/>		Medicaid
<input type="checkbox"/>	<input type="checkbox"/>		Medicare
<input type="checkbox"/>	<input type="checkbox"/>		State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>		Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>		Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>		Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>		Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>		State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>		Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>		Other If Yes, specify source: _____

DOMESTIC VIOLENCE - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

Mark YES if the person has experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

IF YES, When did the experience occur?

<input type="checkbox"/>	Within the past three months	<input type="checkbox"/>	One year ago or more
<input type="checkbox"/>	Three to six months ago (excluding six months exactly)	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Six months to one year ago (excluding one year exactly)	<input type="checkbox"/>	Client refused

IF YES, Is the client currently fleeing?

Mark YES if the person is fleeing, or is attempting to flee, the domestic violence situation or is afraid to return to their primary nighttime residence.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

DISABILITIES - [ALL CLIENTS] - [ALL PROJECTS]

CDK = Client Doesn't Know

CR = Client Refused

DNK = Data Not Collected

Disability Type	No	Yes	CDK	CR	DNC
Alcohol Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both Alcohol and Drug Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<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"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<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"/>
**Condition automatically considered to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently					
Drug Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<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"/>
**Condition automatically considered to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently					
Mental Health Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HIGHEST LEVEL OF EDUCATION ATTAINED - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [ALL PROJECTS]

<input type="checkbox"/>	No Schooling Completed	<input type="checkbox"/>	Nursery School to 4 th Grade
<input type="checkbox"/>	5 th or 6 th Grade	<input type="checkbox"/>	7 th or 8 th Grade
<input type="checkbox"/>	9 th Grade	<input type="checkbox"/>	10 th Grade
<input type="checkbox"/>	11 th Grade	<input type="checkbox"/>	12 th Grade, No Diploma
<input type="checkbox"/>	High School Diploma	<input type="checkbox"/>	GED
<input type="checkbox"/>	Post-Secondary School	<input type="checkbox"/>	Associates Degree
<input type="checkbox"/>	Bachelor's Degree	<input type="checkbox"/>	Master's Degree
<input type="checkbox"/>	Doctorate's Degree	<input type="checkbox"/>	Other Graduate/Professional Degree
<input type="checkbox"/>	Cert. of advanced learning or skilled artisan	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	Client Refused	<input type="checkbox"/>	Data Not Collected

Complete Questions Below for PSH Projects ONLY - ALL OTHER PROJECTS SKIP THIS SECTION

WELL-BEING- [HEADS OF HOUSEHOLD] - [PSH]

Client perceives their life has value and worth.

<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Somewhat disagree	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Somewhat agree	<input type="checkbox"/>	Data not collected

Client perceives they have support from others who will listen to problems.

<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Somewhat disagree	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Somewhat agree	<input type="checkbox"/>	Data not collected

Client perceives they have a tendency to bounce back after hard times.

<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Somewhat disagree	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Somewhat agree	<input type="checkbox"/>	Data not collected

Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.

<input type="checkbox"/>	Not at all	<input type="checkbox"/>	At least every day
<input type="checkbox"/>	Once a month	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Several times a month	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Several times a week	<input type="checkbox"/>	Data not collected

MOVING ON ASSISTANCE PROVIDED- [HEADS OF HOUSEHOLD] - [PSH]

Date of Moving On Assistance

		/			/				
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Moving On Assistance

<input type="checkbox"/>	Subsidized housing application assistance	<input type="checkbox"/>	Housing referral / placement
<input type="checkbox"/>	Financial assistance for Moving On (e.g., security deposit, moving assistance)	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Non- financial assistance for Moving On (e.g., housing navigation, transition support)		

Other (please specify):

GENERAL HEALTH STATUS - [ALL ADULTS AND HEADS OF HOUSEHOLD] - [PSH]

<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Poor
<input type="checkbox"/>	Very good	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Good	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Fair	<input type="checkbox"/>	Data not collected