

## HMIS Data Collection for Project UPDATE

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: Update Information

#### NAME

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

--	--	--	--	--	--	--	--	--	--

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

		/			/				
--	--	---	--	--	---	--	--	--	--

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

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.

		/			/				
--	--	---	--	--	---	--	--	--	--

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

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

**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: _____	
		<b>Total monthly income from all sources</b>	

\*\*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	DNK
Alcohol Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IF YES</b> , 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 Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IF YES</b> , 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"/>
<b>IF YES</b> , 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"/>
<b>IF YES</b> , 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"/>
<b>IF YES</b> , 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"/>
<b>IF YES</b> , 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"/>

**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

		/			/				
--	--	---	--	--	---	--	--	--	--

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):