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)*

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.

☐	Full name reported	☐	Client Doesn't Know
☐	Partial, street name, or code name reported	☐	Client prefers not to answer

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'.

☐	Full SSN reported	☐	Client doesn't know
☐	Approximate or partial SSN reported	☐	Client prefers not to answer

SEX - *[ALL CLIENTS] - [ALL PROJECTS]*

☐	Male	☐	Female
☐	Client prefers not to answer	☐	Client doesn't know
☐	Data not collected		

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, Space Force** 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.

☐	No	☐	Client doesn't know
☐	Yes	☐	Client prefers not to answer
☐	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.

☐	Self (head of household)	☐	Head of household's other relation member (other relation to head of household)
☐	Head of household's child	☐	Other: non-relation member
☐	Head of household's spouse or partner	☐	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]*

☐	Full date of birth reported	☐	Client doesn't know
☐	Approximate or partial date of birth reported	☐	Client prefers not to answer

RACE AND ETHNICITY - *[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.

- 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

☐	American Indian, Alaska Native, or Indigenous	☐	Middle Eastern or North Africa
☐	Asian or Asian American	☐	White
☐	Black, African American, or African	☐	Client prefers not to answer
☐	Native Hawaiian or Pacific Islander	☐	Data Not Collected
☐	Hispanic/Latina/o	☐	Client doesn't know

ADDITIONAL RACE AND ETHNICITY DETAIL - *[ALL CLIENTS] - [ALL PROJECTS]*
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.

	Specify:

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 order, 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.

☐	No	☐	Client doesn't know
☐	Yes	☐	Client prefers not to answer
☐	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.

EVICTION – [*ALL ADULTS AND HEADS OF HOUSEHOLD] – [ALL PROJECTS]*
Did the client experience an eviction from housing in the last 12 months?

☐	No	☐	Client doesn't know

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

☐	Non-Payment of Rent (COVID-19 Hardship)	☐	Other Issue (Non-Rent)
☐	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.

☐	Aged out of foster care	☐	Client NOT homeless
☐	Client prefers not to answer	☐	COVID-19/Coronavirus
☐	Data not collected	☐	Exploitation/Human Trafficking
☐	Family Dispute/Overcrowding/Kicked-Out	☐	Loss of Employment
☐	Loss of Non-Employment Income or Financial Resources	☐	Medical problems
☐	Mental Health Concerns	☐	Moved to seek work
☐	Natural Disaster/Fire	☐	New to Area
☐	Other	☐	Release from Jail/Prison/Juvenile Hall
☐	Release from Mental Health Fac	☐	Substance Use/Alcohol Dependency Concerns
☐	Transient/Choice	☐	Unable to Find Affordable Housing
☐	Unsafe Living Environment – Not Violence Related	☐	Unsafe Living Environment – Violence/Domestic Abuse

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	
☐	Place not meant for habitation	☐	Client doesn't know
☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	☐	Client prefers not to answer
☐	Safe Haven	☐	Data not collected
Institutional Situations			
☐	Foster care home or foster care group home	☐	Long-term care facility or nursing home
☐	Hospital or other residential non-psychiatric medical facility	☐	Psychiatric hospital or other psychiatric facility
☐	Jail, prison, or juvenile detention facility	☐	Substance use disorder treatment facility or detox center
Temporary Housing Situations			
☐	Transitional housing for homeless persons (including homeless youth (HUD)	☐	Residential project or halfway house with no homeless criteria
☐	Hotel or motel paid for without emergency shelter voucher	☐	Host home (non-crisis)
☐	Staying or living in a friend's room, apartment, or house	☐	Staying or living in a family member's room, apartment, or house
Permanent Housing Situations			
☐	Rental by client, with no ongoing housing subsidy	☐	Rental by client, with other ongoing housing subsidy
☐	Owned by client, with ongoing housing subsidy	☐	Owned by client, no ongoing housing subsidy

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?

☐	Apache (Eager)	☐	Cochise (Sierra Vista)
☐	Coconino (Flagstaff)	☐	Gila
☐	Graham (Safford)	☐	Greenlee (Clifton)
☐	La Paz (Parker)	☐	Mohave (Kingman)
☐	Navajo (Winslow)	☐	Pinal (Casa Grande)
☐	Santa Cruz (Nogales)	☐	Yavapai (Prescott)
☐	Yuma (Yuma)	☐	Maricopa (Phoenix)
☐	Pima (Tucson)	☐	Outside Arizona
☐	Client doesn't know	☐	Client prefers not to answer
☐	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.

☐	One night or less	☐	90 days or more, but less than one year
☐	Two to six nights	☐	One year or longer
☐	One week or more, but less than one month	☐	Client doesn't know
☐	One month or more, but less than 90 days	☐	Client prefers not to answer
☐	Data not collected		

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).

☐	One time (this time)	☐	Four or more times
☐	Two times	☐	Client doesn't know
☐	Three times	☐	Client prefers not to answer
☐	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).

☐	One month or less (this is the first time)	☐	2
☐	3	☐	4
☐	5	☐	6
☐	7	☐	8
☐	9	☐	10
☐	11	☐	12
☐	More than 12 months	☐	Client doesn't know
☐	Client prefers not to answer	☐	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.

☐	Apache (Eager)	☐	Cochise (Sierra Vista)
☐	Coconino (Flagstaff)	☐	Gila
☐	Graham (Safford)	☐	Greenlee (Clifton)
☐	La Paz (Parker)	☐	Mohave (Kingman)
☐	Navajo (Winslow)	☐	Pinal (Casa Grande)
☐	Santa Cruz (Nogales)	☐	Yavapai (Prescott)
☐	Yuma (Yuma)	☐	Maricopa (Phoenix)
☐	Pima (Tucson)	☐	Outside Arizona
☐	Client doesn't know	☐	Client prefers not to answer

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?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client prefers not to answer
☐	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)
☐	☐	Earned income (i.e., employment income)	
☐	☐	Unemployment Insurance	
☐	☐	Supplemental Security Income (SSI)	
☐	☐	Social Security Disability Insurance (SSDI)	
☐	☐	VA Service-Connected Disability Compensation	
☐	☐	VA Non-Service-Connected Disability Pension	
☐	☐	Private disability insurance	
☐	☐	Worker's Compensation	
☐	☐	Temporary Assistance for Needy Families (TANF)	
☐	☐	General Assistance (GA)	
☐	☐	Retirement Income from Social Security	
☐	☐	Pension or retirement income from a former job	
☐	☐	Child support	
☐	☐	Alimony or other spousal support	
☐	☐	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.

☐	No	☐	Client doesn't know
☐	Yes	☐	Client prefers not to answer
☐	Data Not Collected		

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

No	Yes	Source
☐	☐	Supplemental Nutrition Assistance Program (SNAP)
☐	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐	☐	TANF Child Care services
☐	☐	TANF transportation services
☐	☐	Other TANF-Funded Services
☐	☐	Other source – Specify:_____

HEALTH INSURANCE - *[ALL CLIENTS] – [ALL PROGRAMS EXCEPT ES-nbn]*
Is the client currently covered by health Insurance?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client prefers not to answer
☐	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
☐	☐		Medicaid
☐	☐		Medicare
☐	☐		State Children's Health Insurance Program (or use local name)
☐	☐		Veteran's Administration (VA) Medical Services

☐	☐		Employer-Provided Health Insurance
☐	☐		Health insurance obtained through COBRA
☐	☐		Private Pay Health Insurance
☐	☐		State Health Insurance for Adults (or use local name)
☐	☐		Indian Health Services Program
☐	☐		Other If Yes, specify source: _____

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	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐
Both Alcohol and Drug Use Disorder	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐
Chronic Health Condition	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐
Developmental	☐	☐	☐	☐	☐
**Condition automatically considered to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently					
Drug Use Disorder	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐
HIV/AIDS	☐	☐	☐	☐	☐
**Condition automatically considered to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently					
Mental Health Disorder	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐
Physical	☐	☐	☐	☐	☐
IF YES, is it expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?	☐	☐	☐	☐	☐

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

☐	No Schooling Completed	☐	Nursery School to 4th Grade
☐	5th or 6th Grade	☐	7th or 8th Grade
☐	9th Grade	☐	10th Grade
☐	11th Grade	☐	12th Grade, No Diploma

☐	High School Diploma	☐	GED
☐	Post-Secondary School	☐	Associates Degree
☐	Bachelor's Degree	☐	Master's Degree
☐	Doctorate's Degree	☐	Other Graduate/Professional Degree
☐	Cert. of advanced learning or skilled artisan	☐	Client Doesn't Know
☐	Client prefers not to answer	☐	Data Not Collected

SURVIVOR OF 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.

☐	No	☐	Client doesn't know
☐	Yes	☐	Client prefers not to answer
☐	Data Not Collected		

IF YES, for Survivor of Domestic Violence, When did the experience occur?

☐	Within the past three months	☐	One year ago or more
☐	Three to six months ago (excluding six months exactly)	☐	Client doesn't know
☐	Six months to one year ago (excluding one year exactly)	☐	Client prefers not to answer

IF YES, for Survivor of Domestic Violence, are you 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.

☐	No	☐	Client doesn't know
☐	Yes	☐	Client prefers not to answer
☐	Data Not Collected		

DATE OF MOVING ON ASSISTANCE

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MOVING ON ASSISTANCE

☐	Subsidized Housing Application Assistance	☐	Financial assistance for moving on (e.g., security deposit, moving expenses)
☐	Non-financial assistance for moving On (e.g., housing navigation, transition support)	☐	Housing referral/placement

If Other, please specify: _____