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]*

			-			-				

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.

		/			/				

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.

		/			/				

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.

Section III: Program Data Elements

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?	☐	☐	☐	☐	☐