

## HMIS Data Collection Template for Project START – CoC Program

This form can be used by all CoC-funded project types: Prevention, Street Outreach, Safe Haven, Transitional Housing, Rapid Re-housing, Permanent Supportive Housing, and Services Only. Some project types are also required to track other information such as contacts, engagement, or move-in date. See [supplemental forms](#) for Prevention, Rapid Re-housing, Permanent Supportive Housing, and Street Outreach projects.

### FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN “X”

The form is broken into two sections for *All Clients*, and *Head of Household and Other Adults in the Household* in order to eliminate duplication of data gathering when characteristics apply to certain members of households.

## DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

### PROJECT START DATE (e.g., 08/24/2017)

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.

		/			/				
Month			Day			Year			

### NAME (first, middle, last name, suffix, e.g., Jr, Sr, III)

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	

### NAME DATA QUALITY

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
- Partial, street name, or code name reported
- Client doesn't know
- Client refused

### SOCIAL SECURITY NUMBER

			-			-				
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### SOCIAL SECURITY NUMBER DATA QUALITY

Some projects may serve clients that do not have an SSN. In these cases, select 'Client doesn't know.'

- Full SSN reported
- Approximate or partial SSN reported

### DATE OF BIRTH (e.g., 10/23/1978)

		/			/				
Month			Day			Year			

### DATE OF BIRTH TYPE

Use 01/01/YEAR and select 'approximate or partial date of birth' if client cannot recall DOB.

- Full date of birth reported
- Approximate or partial date of birth reported

Client doesn't know

Client refused

Client doesn't know

Client refused

## DATA FOR ALL CLIENTS (CONTINUED)

### RELATIONSHIP TO HEAD OF HOUSEHOLD

*In a household of a single individual, that person must be identified as the head of household. In multi-person households, one of 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 child

Head of household's spouse or partner

Head of household's other relation member  
(other relation to head of household)

Other: non-relation member

### ETHNICITY

Non-Hispanic / Non-Latino

Hispanic / Latino

Client doesn't know

Client refused

### RACE

*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 or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Client doesn't know

Client refused

### GENDER

*Which of these genders best describes how the client identifies?*

Female

Male

Trans Female (MTF, or male to female)

Trans Male (FTM, or female to male)

Gender Non-Conforming (i.e. not exclusively male or female)

Client doesn't know

Client refused

## DATA FOR ALL CLIENTS (CONTINUED)

### PHYSICAL DISABILITY

Does the client currently have a physical disability?

No

Yes

Client doesn't know

Client refused



**[IF YES] Is the physical disability expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?**

No

Yes

Client doesn't know

Client refused

### DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

No

Yes

Client doesn't know

Client refused



**[IF YES] Is the developmental disability expected to substantially impair the client's ability to live independently?**

No

Yes

Client doesn't know

Client refused

### CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

No

Yes

Client doesn't know

Client refused



**[IF YES] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?**

No

Yes

Client doesn't know

Client refused

### HIV/AIDS

Does the client currently have HIV/AIDS?

No

Yes

Client doesn't know

Client refused



**[IF YES] Is HIV/AIDS expected to substantially impair the client's ability to live independently?**

No

Yes

Client doesn't know

Client refused

## DATA FOR ALL CLIENTS (CONTINUED)

### MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

No

Yes

Client doesn't know

Client refused



**[IF YES] Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?**

No

Yes

Client doesn't know

Client refused

### SUBSTANCE ABUSE PROBLEM

Does the client currently have a substance abuse problem?

No

Alcohol abuse

Drug abuse

Both alcohol and drug abuse

Client doesn't know

Client refused



**[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?**

No

Yes

Client doesn't know

Client refused

### DISABLING CONDITION

Does the client currently have a disabling condition?

*A disabling condition is any of the above-indicated disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, or substance abuse problem) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, 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

Yes

Client doesn't know

Client refused

**HEALTH INSURANCE**

Is the client currently covered by health insurance?

No

Yes

Client doesn't know

Client refused



**[IF YES] Answer 'Yes' or 'No' for each health insurance source.**

Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	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: _____

## DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Respond to the following questions for any head of household (as designated above) and any adult in the household. If the household is composed of an unaccompanied child, that child is the head of household. If the household is composed of two or more minors, data must be collected about the minor that has been designated as the head of household. A separate form should be included for each adult member of the household.

### LIVING SITUATION PRIOR TO PROJECT START

Separate, [supplemental forms are provided](#) to complete this data element. Note that Street Outreach, Emergency Shelter, and Safe Haven projects have a separate form from all other project types.

Projects may modify this form to paste in the content from the appropriate supplemental form for their project type.

### VETERAN STATUS

Is the client a veteran?

Veteran Status is only collected on heads of household who are 18 years of age and older, as well as all other adults in the household. 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.

- No
- Yes
- Client doesn't know
- Client refused

### DOMESTIC VIOLENCE

Is client a domestic violence victim/survivor?

- No
- Yes
- Client doesn't know
- Client refused



**[IF YES] When did the experience occur?**

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

**[IF YES] Is the client currently fleeing?**

- No
- Yes
- Client doesn't know
- Client refused

## DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

### INCOME AND SOURCES

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).

Does the client have any income from any source?

No

Yes

Client doesn't know

Client refused



**[IF YES] Answer Yes or No for each income source.**

If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate. Answer 'No' for sources that have been terminated, even if they were received in the past.

Source of income	Receiving income from source?		If yes, monthly amount from source (round to nearest dollar)			
	No	Yes	\$			
Earned income (i.e., employment income)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Unemployment Insurance	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Supplemental Security Income (SSI)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Social Security Disability Insurance (SSDI)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
VA Service-Connected Disability Compensation	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
VA Non-Service-Connected Disability Pension	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Private disability insurance	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Worker's Compensation	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Temporary Assistance for Needy Families (TANF)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
General Assistance (GA)	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Retirement Income from Social Security	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Pension or retirement income from a former job	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Child support	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0
Alimony or other spousal support	No	<input type="checkbox"/>				
	Yes	<input type="checkbox"/>	\$			. 0 0

Other source	No	<input type="checkbox"/>					
If yes, specify source: _____	Yes	<input type="checkbox"/>	\$				. 0 0
<b>Total monthly income from all sources</b>			<b>\$</b>				<b>. 0 0</b>

**DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)**

**NON-CASH BENEFITS**

**Does the client have any non-cash benefits from any source?**

*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



**[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source.**

Source of income	Receiving Benefits from source?	
Supplemental Nutrition Assistance Program (SNAP)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
TANF Child Care services <i>(or use local name)</i>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
TANF transportation services <i>(or use local name)</i>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Other TANF-Funded Services <i>(or use local name)</i>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Other source If yes, specify source: _____	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>