

# Snohomish County 2017 HMIS Data Collection

## Client Enrollment Information

\*First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_ Social Security #: \_\_\_\_\_ \*Birth Date (month/day/year): \_\_\_\_\_

\*Name Quality:  Full  Partial \*Ethnicity (please check only one box):  Hispanic/Latino  Non-Hispanic/Non-Latino

\*Race (multiple boxes may be selected):  American-Indian or Alaskan-Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

\*Gender (please check one box):  Male  Female  Trans Male (Female to Male)  Trans Female (Male to Female)  
 Gender Non-Conforming (i.e. not exclusively male or female) \*Pregnant  Yes  No \*Pregnancy Due Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

\*Veteran Status (served on active duty, not inactive reserves or National Guard):  Yes  No (If yes, fill in the following below)

Military Branch	Discharge Status	Theatre of Operations: (check all that apply)
<input type="checkbox"/> Army	<input type="checkbox"/> Honorable	<input type="checkbox"/> World War II
<input type="checkbox"/> Air Force	<input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Korean War
<input type="checkbox"/> Navy	<input type="checkbox"/> Other than honorable conditions	<input type="checkbox"/> Vietnam War
<input type="checkbox"/> Marines	<input type="checkbox"/> Bad conduct	<input type="checkbox"/> Persian Gulf War (Operation Desert Storm)
<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Afghanistan (Operation Enduring Freedom)
<input type="checkbox"/> Doesn't know	<input type="checkbox"/> Uncharacterized	<input type="checkbox"/> Iraq (Operation Iraqi Freedom)
<input type="checkbox"/> Client Refused	<input type="checkbox"/> Doesn't know	<input type="checkbox"/> Iraq (Operation New Dawn)
	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)
<b>Service entry date:</b>		<b>Service exit date:</b>

\*Relation to Head of Household (check one):  Self  Spouse/Partner  Son  Daughter  Dependent Child  Father  
 Mother  Guardian  Other Family Member  Other Non-Family

## Additional Program Information

HMIS Client ID#: \_\_\_\_\_ Information Release # \_\_\_\_\_

Program entry date: \_\_\_\_\_ Date entered in HMIS: \_\_\_\_\_

## Housing History

\*Program Name: \_\_\_\_\_ \*Housing Move-in Date (PSH, OPH, RRH): \_\_\_\_\_

\*Disabling Condition:  Yes  No

\*Type of Prior Residence (night prior, more options next page):

<u>Homeless Situation</u>	<u>Transitional and Permanent Housing Situation</u>
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle...)	<input type="checkbox"/> Hotel or motel paid for without voucher
<input type="checkbox"/> Emergency shelter, including hotel or motel with voucher	<input type="checkbox"/> Owned by client, no ongoing housing subsidy
<input type="checkbox"/> Interim Housing	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Safe Haven (does not exist in Snohomish County)	<input type="checkbox"/> Permanent housing for formerly homeless persons
	<input type="checkbox"/> Rental by client, no ongoing housing subsidy

# Snohomish County 2017 HMIS Data Collection

<p><b><u>Institutional Situation</u></b></p> <p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison or juvenile detention facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility or detox center</p> <p>* <b>“Did you stay less than 90 days?”</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Rental by client, with VASH housing subsidy</p> <p><input type="checkbox"/> Rental by client, with GDP TIP subsidy</p> <p><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</p> <p><input type="checkbox"/> Residential project or halfway house with no homeless criteria</p> <p><input type="checkbox"/> Staying or living in a family member’s room, apartment or house</p> <p><input type="checkbox"/> Transitional housing for homeless persons (including youth)</p> <p>* <b>“Did you stay less than 7 nights?”</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	--

\* **Length of stay (in above place):**  1 night or less  2 to 6 nights  1 week or more, but less than 1 month  
 1 month or more, but less than 90 days  90 days or more, but less than 1 year  1 year or longer

\* **Client entering from streets, emergency shelter, or safe haven:**  Yes  No

\* **Approximate date homelessness started:** \_\_\_\_\_

\* **Regardless of where they stayed last night – Number of times the client has been on the streets, in ES, or SH in the past three years including today:**  1 time  2 times  3 times  4 or more times

\* **Total number of months homeless on the streets, in ES, or SH in the past three years (circle one):**  
1   2   3   4   5   6   7   8   9   10   11   12   12+

**Health Insurance**

\* **Covered by Health Insurance:**  Yes  No  Doesn’t know  Refused

<u>Type</u>	<b><u>If NO insurance, reason why (required for HOPWA programs, optional for others).</u></b> HMIS options are: <b>1.</b> Applied; decision pending <b>2.</b> Applied; client not eligible <b>3.</b> Client did not apply <b>4.</b> Insurance type n/a for this client <b>5.</b> Client doesn’t know <b>6.</b> Client refused
<input type="checkbox"/> Private	
<input type="checkbox"/> Employer-Provided Health Insurance	
<input type="checkbox"/> Private pay health insurance	
<input type="checkbox"/> Medicare	
<input type="checkbox"/> Medicaid (Washington Apple Health)	
<input type="checkbox"/> State Children’s Health Insurance Program (S-CHIP)	
<input type="checkbox"/> Other Public	
<input type="checkbox"/> VA Medical Services	
<input type="checkbox"/> State Health Insurance for Adults	
<input type="checkbox"/> Combined Children’s Health Insurance/Medicaid Program	
<input type="checkbox"/> Indian Health Services (IHS)	
<input type="checkbox"/> Health Insurance obtained through COBRA	

# Snohomish County 2017 HMIS Data Collection

## Barriers / Special Needs

*Applicable Barrier(s)	Condition is Indefinite	Explanation (optional)
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Domestic Violence

\*Have you experienced Domestic Violence:  Yes  No

\*If yes, when did this occur:

Within past 3 months  3-6 months ago (excluding 6 months exactly)  6-12 months ago (excluding one year exactly)  One year ago or more

\*If yes, Currently Fleeing:  Yes  No

## Income and Sources, Non-Cash Benefits

\*Income from Any Source:  Yes  No

\*Non-Cash Benefits from Any Source:  Yes  No

\*NOTE: If there is a child in the household who receives regular income (Social Security, part-time wages, etc.) this should be included in the Head of Household's income for data entry into HMIS. No separate income assessment will be completed for minor children.

Income Sources:	Amount:	Non-Cash Benefits:	Amount:
<input type="checkbox"/> Earned Income	\$ _____	<input type="checkbox"/> Supplemental Nutrition Assistance Program	\$ _____
<input type="checkbox"/> Unemployment Insurance	\$ _____	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children	\$ _____
<input type="checkbox"/> Supplemental Security Income	\$ _____	<input type="checkbox"/> TANF Child Care Services	\$ _____
<input type="checkbox"/> Social Security Disability Income	\$ _____	<input type="checkbox"/> TANF Transportation Services	\$ _____
<input type="checkbox"/> Veteran's Disability Payment	\$ _____	<input type="checkbox"/> Other TANF-funded Services	\$ _____
<input type="checkbox"/> Private Disability Insurance	\$ _____	<input type="checkbox"/> Sect 8, Public Housing / Other Rental Assistance	\$ _____
<input type="checkbox"/> Worker's Compensation	\$ _____	<input type="checkbox"/> Other Source	\$ _____
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Temporary rental assistance	\$ _____
<input type="checkbox"/> General Assistance	\$ _____		
<input type="checkbox"/> Retirement (Social Security)	\$ _____		
<input type="checkbox"/> Veteran's Pension	\$ _____		
<input type="checkbox"/> Other Pension	\$ _____		
<input type="checkbox"/> Child Support	\$ _____		
<input type="checkbox"/> Alimony	\$ _____		
<input type="checkbox"/> Other Income, specify:	\$ _____		

# Snohomish County 2017 HMIS Data Collection

## Employment

- \*Are you currently employed:  Yes  No
- \* If no, Why Not Employed:  Looking for work  Unable to work  Not looking for work
- \*If yes, Type of Employment:  Full-Time  Part-Time  Seasonal / sporadic (including day labor)
- \*Hours Worked in Last Week: \_\_\_\_\_
- \*Employment tenure:  Permanent  Temporary  Seasonal

## Education

### Adult Education (if over 18)

- Are you currently in school or working on a degree or certificate:  Yes  No
- Have you received vocational training or apprenticeship certificates:  Yes  No
- \*Highest Grade Completed:  School program does not have grade levels  Less than Grade 5  5<sup>th</sup> or 6<sup>th</sup> grade  7<sup>th</sup> or 8<sup>th</sup> grade  9<sup>th</sup> grade  10<sup>th</sup> grade  11<sup>th</sup> grade  12<sup>th</sup> grade, no diploma  High school diploma  GED  Some College
- \*Attendance Status:  Attending school regularly  Attending school irregularly  Graduated from high school
- Obtained GED  Dropped out  Suspended  Expelled
- Secondary Education  Associates Degree  Bachelors  Masters  Doctorate
- Other graduate/professional degree  Certificate of advanced training or skilled artisan

### Child Education (if under 18)

- \*Highest Grade Completed:  No schooling completed  School program does not have grade levels
- Nursery school to 4<sup>th</sup> grade  5<sup>th</sup> or 6<sup>th</sup> grade  7<sup>th</sup> or 8<sup>th</sup> grade  9<sup>th</sup> grade  10<sup>th</sup> grade  11<sup>th</sup> grade
- 12<sup>th</sup> grade  12<sup>th</sup> grade, no diploma  High school diploma  GED  Post-secondary school
- Are they currently enrolled:  Yes  No **If no, what date were they last enrolled:** \_\_\_\_\_
- \*Attendance Status:  Attending school regularly  Attending school irregularly  Graduated from high school
- Obtained GED  Dropped out  Suspended  Expelled
- If yes, type of school:  Public  Parochial/Private **School Name:** \_\_\_\_\_
- Connected with McKinney Vento school liaison:  Yes  No

- What reasons are they not enrolled:  None  Residency Requirements  Availability of School Records
- Birth Certificates  Legal Guardianship Requirements  Transportation  Lack of Available Pre-school Programs
- Immunization requirements  Physical Examination records  Other  Don't Know  Refused

Comments:

# Snohomish County 2017 HMIS Data Collection

## Client Exit Information

Program exit date (month/day/year): \_\_\_\_\_

Date exited in HMIS (month/day/year): \_\_\_\_\_

### \*Destination at Exit

- |  |   |
|--|---|
| <input type="checkbox"/> Deceased  | <input type="checkbox"/> Place not meant for habitation                                       |
| <input type="checkbox"/> Client doesn't know   | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility                   |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with shelter voucher | <input type="checkbox"/> Rental by client, no ongoing housing subsidy                         |
| <input type="checkbox"/> Foster care home or foster care group home                                | <input type="checkbox"/> Rental by client, other housing subsidy                              |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility            | <input type="checkbox"/> Rental by client, VASH subsidy                                       |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher                 | <input type="checkbox"/> Rental by client, with GDP TIP housing subsidy                       |
| <input type="checkbox"/> Jail, prison or juvenile detention facility                               | <input type="checkbox"/> Residential project or halfway house with no homeless criteria       |
| <input type="checkbox"/> Long-term care facility or nursing home                                   | <input type="checkbox"/> Safe Haven   |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH                           | <input type="checkbox"/> Staying or living with family, permanent tenure                      |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH                           | <input type="checkbox"/> Staying or living with family, temporary tenure                      |
| <input type="checkbox"/> No exit interview complete  | <input type="checkbox"/> Staying or living with friends, permanent tenure                     |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Staying or living with friends, temporary tenure                     |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy                               | <input type="checkbox"/> Substance abuse treatment facility or detox center                   |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy:                            | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) |
| <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons          | <input type="checkbox"/> Rental by client with RRH or equivalent subsidy                      |

### Exit Reason

- |   |  |
|---|--|
| <input type="checkbox"/> Completed Program                    | <input type="checkbox"/> Needs Could Not Be Met by Project |
| <input type="checkbox"/> Criminal Action/Property Destruction | <input type="checkbox"/> Non-Compliance with Project       |
| <input type="checkbox"/> Death                                | <input type="checkbox"/> Non-Pay of Rent/Occupancy change  |
| <input type="checkbox"/> Disagreement with Rules/Person       | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Left for Housing before Completed    | <input type="checkbox"/> Unknown/Disappeared               |
| <input type="checkbox"/> Max Time Allowed in Project          |  |

# Snohomish County 2017 HMIS Data Collection

## Health Insurance at Exit

\*Covered by Health Insurance:  Yes  No  Doesn't know  Refused

<u>Type</u>	<b><u>If NO insurance, reason why (required for HOPWA programs, optional for others).</u></b> HMIS options are: <b>1.</b> Applied; decision pending <b>2.</b> Applied; client not eligible <b>3.</b> Client did not apply <b>4.</b> Insurance type n/a for this client <b>5.</b> Client doesn't know <b>6.</b> Client refused
<input type="checkbox"/> Private	
<input type="checkbox"/> Employer-Provided Health Insurance	
<input type="checkbox"/> Private pay health insurance	
<input type="checkbox"/> Medicare	
<input type="checkbox"/> Medicaid (Washington Apple Health)	
<input type="checkbox"/> State Children's Health Insurance Program (S-CHIP)	
<input type="checkbox"/> Other Public	
<input type="checkbox"/> VA Medical Services	
<input type="checkbox"/> State Health Insurance for Adults	
<input type="checkbox"/> Combined Children's Health Insurance/Medicaid Program	
<input type="checkbox"/> Indian Health Services (IHS)	
<input type="checkbox"/> Health Insurance obtained through COBRA	

## Barriers / Special Needs at Exit

<b>*Applicable Barrier(s)</b>	Condition is Indefinite	Explanation (optional)
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	

# Snohomish County 2017 HMIS Data Collection

## Income and Sources, Non-Cash Benefits at Exit

\* **Income from Any Source:**  Yes  No      \* **Non-Cash Benefits from Any Source:**  Yes  No

\* **NOTE:** If there is a child in the household who receives regular income (Social Security, part-time wages, etc.) this should be included in the Head of Household's income for data entry into HMIS. No separate income assessment will be completed for minor children.

Income Sources:	Amount:	Non-Cash Benefits:	Amount:
<input type="checkbox"/> Earned Income	\$ _____	<input type="checkbox"/> Supplemental Nutrition Assistance Program	\$ _____
<input type="checkbox"/> Unemployment Insurance	\$ _____	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children	\$ _____
<input type="checkbox"/> Supplemental Security Income	\$ _____	<input type="checkbox"/> TANF Child Care Services	\$ _____
<input type="checkbox"/> Social Security Disability Income	\$ _____	<input type="checkbox"/> TANF Transportation Services	\$ _____
<input type="checkbox"/> Veteran's Disability Payment	\$ _____	<input type="checkbox"/> Other TANF-funded Services	\$ _____
<input type="checkbox"/> Private Disability Insurance	\$ _____	<input type="checkbox"/> Sect 8, Public Housing / Other Rental Assistance	\$ _____
<input type="checkbox"/> Worker's Compensation	\$ _____	<input type="checkbox"/> Other Source	\$ _____
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Temporary rental assistance	\$ _____
<input type="checkbox"/> General Assistance	\$ _____		
<input type="checkbox"/> Retirement (Social Security)	\$ _____		
<input type="checkbox"/> Veteran's Pension	\$ _____		
<input type="checkbox"/> Other Pension	\$ _____		
<input type="checkbox"/> Child Support	\$ _____		
<input type="checkbox"/> Alimony	\$ _____		
<input type="checkbox"/> Other Income, specify:	\$ _____		

## Employment at Exit

\* **Are you currently employed:**  Yes  No

\* *If no, Why Not Employed:*  Looking for work     Unable to work     Not looking for work

\* *If yes, Type of Employment:*  Full-Time     Part-Time     Seasonal / sporadic (including day labor)

\* **Hours Worked in Last Week:** \_\_\_\_\_

\* **Employment tenure:**  Permanent     Temporary     Seasonal

# Snohomish County 2017 HMIS Data Collection

## Education at Exit

### Adult Education (if over 18)

Are you currently in school or working on a degree or certificate:  Yes  No

Have you received vocational training or apprenticeship certificates:  Yes  No

\*Highest Grade Completed:  School program does not have grade levels  Less than Grade 5  5<sup>th</sup> or 6<sup>th</sup> grade  7<sup>th</sup> or 8<sup>th</sup> grade  9<sup>th</sup> grade  10<sup>th</sup> grade  11<sup>th</sup> grade  12<sup>th</sup> grade, no diploma  High school diploma  GED  Some College

\*Attendance Status:  Attending school regularly  Attending school irregularly  Graduated from high school

Obtained GED  Dropped out  Suspended  Expelled

Secondary Education  Associates Degree  Bachelors  Masters  Doctorate

Other graduate/professional degree  Certificate of advanced training or skilled artisan

### Child Education (if under 18)

\*Highest Grade Completed:  No schooling completed  School program does not have grade levels

Nursery school to 4<sup>th</sup> grade  5<sup>th</sup> or 6<sup>th</sup> grade  7<sup>th</sup> or 8<sup>th</sup> grade  9<sup>th</sup> grade  10<sup>th</sup> grade  11<sup>th</sup> grade

12<sup>th</sup> grade  12<sup>th</sup> grade, no diploma  High school diploma  GED  Post-secondary school

Are they currently enrolled:  Yes  No **If no, what date were they last enrolled:** \_\_\_\_\_

\*Attendance Status:  Attending school regularly  Attending school irregularly  Graduated from high school

Obtained GED  Dropped out  Suspended  Expelled

If yes, type of school:  Public  Parochial/Private School Name: \_\_\_\_\_

Connected with McKinney Vento school liaison:  Yes  No

What reasons are they not enrolled:  None  Residency Requirements  Availability of School Records

Birth Certificates  Legal Guardianship Requirements  Transportation  Lack of Available Pre-school Programs

Immunization requirements  Physical Examination records  Other  Don't Know  Refused

Comments: