# HMIS Data: HEALTH, EMPLOYMENT, EDUCATION FORM

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

**Fill out separate form for each household member and clip together.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CURRENT NAME** (first, middle, last name, suffix (e.g., Jr, Sr, III)) *[All clients]* | | | | | | | | | | | | | | | | | | **N/A** |
| First name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Last name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suffix |  |  |  |  |  | | | | | | | | | | | | |  |

## PROGRAM ASSESSMENT TYPE *[All clients]*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Enrollment |  | During Enrollment |
|  | Exit |  | Follow-Up (after Exit) |

### DOMESTIC VIOLENCE SURVIVOR *[All clients]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |



### [IF YES] When experience occurred?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Within the past three months |  |  | More than a year ago |
|  | Three to six months ago |  |  | Client does not know |
|  | From six to twelve months ago |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



### [IF YES] Currently Fleeing Domestic Violence Situation?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |

### PHYSICAL DISABILITY *[All clients]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



[**IF YES] Substantially impairs ability to live independently and is of such a nature that such ability could be improved by more suitable housing conditions?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



**Documentation of the disability and severity on file?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



### Currently receiving services/treatment for this condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |

### DEVELOPMENTAL DISABILITY *[All clients]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



[**IF YES] Substantially impairs ability to live independently and is of such a nature that such ability could be improved by more suitable housing conditions?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



**Documentation of the disability and severity on file?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



### Currently receiving services/treatment for this condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |

### CHRONIC HEALTH CONDITION *[All clients]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



[**IF YES] Substantially impairs ability to live independently and is of such a nature that such ability could be improved by more suitable housing conditions?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



**Documentation of the disability and severity on file?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



### Currently receiving services/treatment for this condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |

### HIV/AIDS *[All clients]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



[**IF YES] Substantially impairs ability to live independently and is of such a nature that such ability could be improved by more suitable housing conditions?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



**Documentation of the disability and severity on file?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



### Currently receiving services/treatment for this condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |

### MENTAL HEALTH CONDITION *[All clients]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



[**IF YES] Substantially impairs ability to live independently and is of such a nature that such ability could be improved by more suitable housing conditions?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



**Documentation of the disability and severity on file?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



### Currently receiving services/treatment for this condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |

### SUBSTANCE ABUSE PROBLEM *[All clients]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Drug Abuse |  |  | Client does not know |
|  | Alcohol Abuse |  |  | Client refused to provide |
|  | Both Alcohol and Drug Abuse |  |  | Data not collected |



[**IF YES] Substantially impairs ability to live independently and is of such a nature that such ability could be improved by more suitable housing conditions?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



**Documentation of the disability and severity on file?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |



### Currently receiving services/treatment for this condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |

### EMPLOYMENT STATUS *[Clients over 13]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |
|  |  |  |  | Data not collected |

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**[IF EMPLOYMENT STATUS = NO] Reason not working?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Looking for work |  |  | Not looking for work |
|  | Unable to work |  |  |  |

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**[IF EMPLOYMENT STATUS = YES] Employment Tenure?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Full-Time |  |  | Seasonal/Sporadic (including day labor) |
|  | Part-Time |  |  |  |

## ADULT EDUCATION (Clients over 18)

**Attendance School Status (Required for RHY Funded Programs Only)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Attending school regularly |  |  | Suspended |
|  | Attending school irregularly |  |  | Expelled |
|  | Graduated from high school |  |  | Client does not know |
|  | Obtained GED |  |  | Client refused to provide |
|  | Dropped out |  |  | Data not collected |

**Highest level of education?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No schooling completed |  |  | 12th grade, No diploma |
|  | Nursery school to 4th grade |  |  | High school diploma |
|  | 5th grade or 6th grade |  |  | GED |
|  | 7th grade or 8th grade |  |  | Post-secondary school |
|  | 9th grade |  |  | Client does not know |
|  | 10th grade |  |  | Client refused to provide |
|  | 11th grade |  |  |  |

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**[IF *CLIENT HAS RECEIVED A HIGH SCHOOL DIPLOMA, GED OR ENROLLED IN POST-SECONDARY EDUCATION] what degree(s) has the client earned?***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None |  |  | Other graduate/professional degree |
|  | Associates Degree |  |  | Certificate of advanced training or skilled artisan |
|  | Bachelors Degree |  |  | Client does not know |
|  | Masters Degree |  |  | Client refused to provide |
|  | Doctorate Degree |  |  |  |

### Currently in school or working on any degree or certificate*?*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |

### Received vocational training or apprenticeship certificates?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |

## CHILDREN’S EDUCATION (Clients under 18)

**Current enrollment status?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |

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**[IF CURRENT ENROLLMENT = YES] Type of school?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Public school |  |  | Client does not know |
|  | Parochial or other private school |  |  | Client refused to provide |

***Was/is the child connected to the McKinney-Vento Homeless Assistance Act school liaison?***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client does not know |
|  | Yes |  |  | Client refused to provide |

***Name of child’s school***

|  |  |
| --- | --- |
|  |  |
| School Name | |

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**[IF CURRENT ENROLLMENT = NO] *If not enrolled, identify problems in enrolling child?***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None |  |  | Lack of available preschool programs |
|  | Residency requirements |  |  | Immunization requirements |
|  | Availability of school records |  |  | Physical examination records |
|  | Birth certificates |  |  | Other |
|  | Legal guardianship requirements |  |  | Client does not know |
|  | Transportation |  |  | Client refused to provide |

***Last Date of Enrolment?*** (e.g., 05/24/2014)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |
| Month | |  | Day | |  | Year | | | |

## 