

Snohomish County 2019 - 2020 HMIS Data Collection

Client Enrollment Information

*First Name: _____ Middle Name: _____ *Last Name: _____

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

*Ethnicity (please check only one box): Non-Hispanic/Non-Latino Hispanic/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):

Man Woman

Trans Woman (Assigned Male at Birth) Trans Man (Assigned Female at Birth) Non-binary

*Pregnant Yes No *Pregnancy Due Date: _____

*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)
Service entry date:		Service exit date:

Street Address: _____ City, State, Zip: _____

Email: _____ Home Phone: _____

Work Phone: _____ Message Phone: _____

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

Additional Program Information

HMIS Client ID#: _____ Information Release Date _____

Program entry date: _____ Date entered in HMIS: _____

Housing History

*Program Name: _____ *Housing Move-in Date (PSH, OPH, or RRH): _____

*Disabling Condition: Yes No

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***Type of Residence** (night prior)

Homeless Situations

- Place not meant for human habitation: vehicle, abandoned building, tent, bus/train/subway station/airport or anywhere outside
- Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Safe Haven

Institutional Situations

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

Did you stay less than 90 days? Yes No

If "Yes" above, on the night before did you stay on the streets, in emergency shelter, or in a safe haven? Yes No

Transitional and Permanent Housing Situations

- Host Home (non-crisis)
- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with HCV voucher (tenant or project-based)
- Rental by client, with other ongoing housing subsidy
- Residential project or halfway house with no homeless criteria
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Transitional housing for homeless persons (including homeless youth)

Did you stay less than 7 nights? Yes No

If "Yes" above, on the night before did you stay on the streets, in emergency shelter, or in a safe haven? Yes No

***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+

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Health Insurance

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

<u>Type</u>	<u>If NO insurance, reason why (required for HOPWA programs, optional for others).</u> 1. Applied; decision pending 2. Applied; client not eligible 3. Client did not apply 4. Insurance type n/a for this client 5. Client doesn't know 6. 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

*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"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> HIV/AIDS		
<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 experience occurred:

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

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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"/> Other Source	\$ _____
<input type="checkbox"/> Worker's Compensation	\$ _____		
<input type="checkbox"/> TANF	\$ _____		
<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:	\$ _____		
<input type="checkbox"/> No Financial Resources			

Employment

***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)

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Education

Adult Education (if over 18)

Currently in school or working on a degree: Yes No

Have you received vocational training or an apprenticeship: Yes No

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

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: School program does not have grade levels Less than Grade 5 5th or 6th grade 7th or 8th grade 9th grade 10th grade 11th grade 12th grade, no diploma High school diploma GED Some College

Notes:

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Client Exit Information

Program exit date (month/day/year): _____

Date exited in HMIS (month/day/year): _____

*Destination at Exit

Homeless Situations

- Place not meant for human habitation: vehicle, abandoned building, tent, bus/train/subway station/airport or anywhere outside
- Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Safe Haven

Institutional Situations

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

Temporary and Permanent Housing

- Host Home (non-crisis)
- Hotel or motel paid for without emergency shelter voucher
- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with RRH or equivalent subsidy
- Rental by client, VASH housing subsidy
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with HCV voucher (tenant or project-based)
- Rental by client, with other ongoing housing subsidy
- Residential project or halfway house with no homeless criteria
- Staying or living with family, temporary tenure
- Staying or living with family, permanent tenure
- Staying or living with friends, temporary tenure
- Staying or living with friends, permanent tenure
- Transitional housing for homeless persons (including homeless youth)

Other

- Deceased
- No exit interview completed
- Other

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*Exit Reason

- Completed Program
- Criminal Action/Property Destruction
- Death
- Disagreement with Rules/Person
- Left for Housing before Completed
- Max Time Allowed in Project
- Needs Could Not Be Met by Project
- Non-Compliance with Project
- Non-Pay of Rent/Occupancy change
- Other
- Unknown/Disappeared

Health Insurance at Exit

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

<u>Type</u>	<u>If NO insurance, reason why (required for HOPWA programs, optional for others).</u> HMIS options are: 1. Applied; decision pending 2. Applied; client not eligible 3. Client did not apply 4. Insurance type n/a for this client 5. Client doesn't know 6. 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	

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Barriers at Exit

*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"/> Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> HIV/AIDS		
<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	

Income and Sources, Non-Cash Benefits at Exit

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

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"/> Other Source	\$ _____
<input type="checkbox"/> Worker's Compensation	\$ _____		
<input type="checkbox"/> TANF	\$ _____		
<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:	\$ _____		
<input type="checkbox"/> No Financial Resources			

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

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Education at Exit

Adult Education (if over 18)

Currently in school or working on a degree: Yes No

Have you received vocational training or an apprenticeship: Yes No

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

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Notes: