

# HMIS Data Collection Form for ANNUAL ASSESSMENT – CoC & ESG Projects

The form is broken into two sections for *All Clients* and *Head of Household and Other Adults in the Household*. Data for All Clients must be collected for each adult and child household member.

## 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.

**CLIENT** (name or other identifier)

## ASSESSMENT DATE

The Assessment 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 |  |  |  |

## 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 of non-cash benefit                                    |
|--------------------------|--------------------------|---|
| <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)         |

## DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Respond to the following questions for the head of household and each additional 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.

### INCOME AND SOURCES: 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.**

| Source of income                               | Receiving income from source?          | If yes, monthly amount from source (round to nearest dollar) |
|--|--|--|
| 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 Income (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<br>If yes, specify                | No <input type="checkbox"/>            |  |
|  | Yes <input type="checkbox"/>           | \$ . 0 0   |
| <b>Total monthly income</b>                    | <b>Monthly income from all sources</b> | <b>\$ . 0 0</b>  |

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

### NON-CASH BENEFITS

Non-cash benefits from any source?

No

Yes

Client doesn't know

Client refused



**[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)**

| No                       | Yes                      | Source of non-cash benefit  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Supplemental Nutrition Assistance Program (SNAP)                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |
| <input type="checkbox"/> | <input type="checkbox"/> | TANF Child Care services <i>(or use local name)</i>                           |
| <input type="checkbox"/> | <input type="checkbox"/> | TANF transportation services <i>(or use local name)</i>                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Other TANF-Funded Services <i>(or use local name)</i>                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Section 8, Public Housing, or other ongoing rental assistance                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Temporary rental assistance   |
| <input type="checkbox"/> | <input type="checkbox"/> | Other source:<br>_____  |

## DATA FOR RAPID RE-HOUSING PROJECTS ONLY

Is the client in permanent housing as of the annual assessment date?

No

Yes



### RESIDENTIAL MOVE IN DATE

**[IF YES] Enter the date the client moved into permanent housing**

|  |  |   |  |  |   |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|
|  |  | / |  |  | / |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|