## HMIS DATA COLLECTION: SPECIAL NEEDS ASSESSMENT

MARK APPROPRIATE BOXES WITH AN "X"

**ASSESSMENT DATE** (e.g., 05/24/2010)

Fill out separate form for each household member and attach to Community Demographics form

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N	1onth		Da	ay			Yea	ar														
Cl	JRREI	NT NA	ME (f	first, r	niddle	e, last	nam	e, suf	fix (e.	.g., Jr,	Sr, II	I))								N/A	Client does not know	Client refused to provide answer
Fi	rst na	me								8												
	iddle ime																					
La	ıst nar	me																				
Sı	ıffix	2									•											
Soc	CIAL S	SECUE	RITY I	NUME	3ER	•	•						DAT	E OF	BIRT	ГН (е.	g., 1	0/23/	1978)			
			-			-									1		Day	1				
		nt doe	s not	: knov	W								No Yes Clier Clier	reatn	es noused	ot kno	ow ovid	e an	ition <sup>°</sup> swer	ı servic		
DEV	/ELOI	PMEN	ITAL	DIS	ABIL	ITY [	All cl	lients	]					eatn	nent	for t	nis c	ond	ition	?		
	No Yes												No Yes									
		it doe	s not	knov	V								Clier									
Ш	Clien	t refu	sed t	o pro	vide	ansv	ver					Ш	Clier	t refu	used	to pr	ovid	e ans	swer			
CHF	RONIC	HEA	\LTH	CON	NDITI	ION [	[All c	lients	s]			[IF Y	ES] / tr	Are y eatm	ou c ent	urre for ti	ntly nis c	rece ond	iving ition?	servic	es or	
	No												No									
	Yes											_	Yes									
	Clien	t doe	s not	knov	٧								Clien									
	Clien	t refu	sed to	o pro	vide	answ	ver						Clien	t refu	used	to pr	ovid	e ans	swer			

HINMAIDO SAM el'entel	[IF YES] Are you currently receiving services or treatment for this condition?
HIV/AIDS [All clients]	
No No	□ No
Yes	☐ Yes
Client does not know	☐ Client does not know
Client refused to provide answer	Client refused to provide answer
MENTAL HEALTH [All clients] ☐ No	[IF YES] Are you currently receiving services or treatment for this condition?  ☐ No
Yes	Yes
☐ Client does not know	☐ Client does not know
☐ Client refused to provide answer	☐ Client refused to provide answer
	ued duration and substantially impairs ability to live
independently?  ☐ No ☐ Client does not know ☐ Yes ☐ Client refused to provide	
independently?  ☐ No ☐ Client does not know ☐ Yes ☐ Client refused to provide	le answer [IF YES] Are you currently receiving services or
independently?  □ No □ Client does not know	le answer
independently?  ☐ No ☐ Client does not know ☐ Yes ☐ Client refused to provide	le answer [IF YES] Are you currently receiving services or
independently?  No Client does not know  Yes Client refused to provid  SUBSTANCE ABUSE [All clients]  No Alcohol abuse	IF YES] Are you currently receiving services or treatment for this condition?
independently?  No Client does not know  Yes Client refused to provid  SUBSTANCE ABUSE [All clients]  No Alcohol abuse Drug abuse	IF YES] Are you currently receiving services or treatment for this condition?    No
independently?  No Client does not know  Yes Client refused to provid  SUBSTANCE ABUSE [All clients]  No Alcohol abuse	IF YES] Are you currently receiving services or treatment for this condition?
independently?  No Client does not know  Yes Client refused to provid  SUBSTANCE ABUSE [All clients]  No Alcohol abuse Drug abuse	IF YES] Are you currently receiving services or treatment for this condition?    No
independently?  No Client does not know Client refused to provid  SUBSTANCE ABUSE [All clients] No Alcohol abuse Drug abuse Both alcohol and drug abuse Client does not know Client refused to provide answer	IF YES] Are you currently receiving services or treatment for this condition?    No
independently?  No Client does not know Client refused to provid  SUBSTANCE ABUSE [All clients] No Alcohol abuse Drug abuse Both alcohol and drug abuse Client does not know	[IF YES] Are you currently receiving services or treatment for this condition?  □ No □ Yes □ Client does not know □ Client refused to provide answer
independently?  No Client does not know  Yes Client refused to provid  SUBSTANCE ABUSE [All clients]  No Alcohol abuse Drug abuse Both alcohol and drug abuse Client does not know Client refused to provide answer  [IF YES] Is the problem expected to be of long-continuation.	[IF YES] Are you currently receiving services or treatment for this condition?  □ No □ Yes □ Client does not know □ Client refused to provide answer