

HMIS DATA COLLECTION: SPECIAL NEEDS ASSESSMENT

MARK APPROPRIATE BOXES WITH AN "X"

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

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

		/			/			
Month			Day			Year		

CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))												N/A	Client does not know	Client refused to provide answer
First name													<input type="checkbox"/>	<input type="checkbox"/>
Middle name												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name													<input type="checkbox"/>	<input type="checkbox"/>
Suffix												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL SECURITY NUMBER

			-			-				
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DATE OF BIRTH (e.g., 10/23/1978)

		/			/			
Month			Day			Year		

PHYSICAL DISABILITY [All clients]

- No
- Yes
- Client does not know
- Client refused to provide answer

[IF YES] Are you currently receiving services or treatment for this condition?

- No
- Yes
- Client does not know
- Client refused to provide answer

DEVELOPMENTAL DISABILITY [All clients]

- No
- Yes
- Client does not know
- Client refused to provide answer

[IF YES] Are you currently receiving services or treatment for this condition?

- No
- Yes
- Client does not know
- Client refused to provide answer

CHRONIC HEALTH CONDITION [All clients]

- No
- Yes
- Client does not know
- Client refused to provide answer

[IF YES] Are you currently receiving services or treatment for this condition?

- No
- Yes
- Client does not know
- Client refused to provide answer

HIV/AIDS *[All clients]*

- No
- Yes
- Client does not know
- Client refused to provide answer

[IF YES] Are you currently receiving services or treatment for this condition?

- No
- Yes
- Client does not know
- Client refused to provide answer

MENTAL HEALTH *[All clients]*

- No
- Yes
- Client does not know
- Client refused to provide answer

[IF YES] Are you currently receiving services or treatment for this condition?

- No
- Yes
- Client does not know
- Client refused to provide answer



[IF YES] Is the problem expected to be of long-continued duration and substantially impairs ability to live independently?

- No
- Yes
- Client does not know
- Client refused to provide answer

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
- Yes
- Client does not know
- Client refused to provide answer



[IF YES] Is the problem expected to be of long-continued duration and substantially impairs ability to live independently?

- No
- Yes
- Client does not know
- Client refused to provide answer