

## Client Profile Information

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Complete the client's identifying information.

First Name: \* \_\_\_\_\_

Last Name: \* \_\_\_\_\_

Middle Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Name Quality:  Full name reported  
 Partial, street name, or code name reported  
 Client doesn't know  
 Client refused

Alias: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SSN Quality:  Client doesn't know  
 Client Refused  
 Data not collected

### Client Demographics

Birth Date: \_\_\_\_\_

Client Age: \_\_\_\_\_

Date of Birth Quality:  Full DOB Reported  
 Approximate or Partial DOB Reported  
 Client doesn't know  
 Client refused  
 Data not collected

Ethnicity:  Hispanic/Latino  
 Non-Hispanic/Latino  
 Client doesn't know  
 Client refused  
 Data not collected

Race: \_\_\_\_\_

Gender:  Male  
 Female  
 Transgender female to male  
 Transgender male to female  
 Doesn't identify as male, female or transgender  
 Client doesn't know  
 Client refused  
 Data not collected

Disabling Condition:  Yes  
 No  
 Client doesn't know  
 Client refused  
 Data Not Collected

Veteran Status:  Yes  
 No

- Client doesn't know  
 Client refused  
 Data Not Collected

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**Additional Client Information**


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Place of Birth City: \_\_\_\_\_

Place of Birth State: \_\_\_\_\_

Place of Birth Country: \_\_\_\_\_

- Marital Status:
- Single
  - Never Married
  - Divorced
  - Married & Living with Spouse
  - Married & Not Living with Spouse
  - Common Law
  - Living Together
  - Widowed
  - Other
  - Civil Union

- Housing Status:
- Category 1 - Homeless
  - Category 2 - At imminent risk of losing housing
  - Category 3 - Homeless only under other federal statutes
  - Category 4 - Fleeing domestic violence
  - At-risk of homelessness
  - Stably Housed - Rent
  - Stably Housed - Own
  - Client doesn't know
  - Client refused
  - Data not collected

- Primary Language:
- African
  - English
  - Spanish
  - French
  - German
  - Italian
  - Polish
  - Portugese
  - Russian
  - Arabic
  - Armenian
  - Farsii
  - Hebrew
  - Turkish
  - Cantonese
  - Mandarin
  - Mien
  - Other Chinese Language
  - Cambodian
  - Greek
  - Hmong

- Middle Eastern
- Lao
- Thai
- Vietnamese
- Tagalog
- Ilocano
- Japanese
- Korean
- Samoan
- Swedish
- American Sign Language
- Other Sign Language
- Other- Non English
- Urdu
- Unknown
- Client Refused
- Yes - In State
- Yes - Out of State
- No License
- Client doesn't know
- Client refused

Driver's License?

Family Information

Family:

Butler, John Household

Relationship to Head of Household:

- \*  Self
- Parent
- Son
- Daughter
- Dependent Child
- Grandparent
- Guardian
- Spouse
- Other Family Member
- Other Non-Family
- Other Caretaker
- Ex Spouse

Client Contact Information

Enter basic contact information for the client below.

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_, \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_



**Household Members**

The selected client's household members are displayed below. You may search for existing clients to add to this household or add new clients to the database and associate them with this household. After reviewing and/or updating the household in this step select **Save and Continue** and the system will prompt you to enroll any household member not currently residing into this enrollment.

<input type="checkbox"/> First Name*	Middle Name	Last Name*	Gender	Birth Date	Age	Birth Date Quality	SSN	SSN Quality	Relationship to Head of Household*	Race	Ethnicity
<input type="checkbox"/>			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Doesn't identify as male, female or transgender <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	_____		<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	_____- _____-	<input type="checkbox"/> Full SSN <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Dependent Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family <input type="checkbox"/> Other Caretaker <input type="checkbox"/> Ex Spouse		<input type="checkbox"/> Hispanic/Latir <input type="checkbox"/> Non-Hispanic/Latir <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Doesn't identify as male, female or transgender <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	_____	N/A	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	_____- _____-	<input type="checkbox"/> Full SSN <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Dependent Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family <input type="checkbox"/> Other Caretaker <input type="checkbox"/> Ex Spouse		<input type="checkbox"/> Hispanic/Latir <input type="checkbox"/> Non-Hispanic/Latir <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Doesn't identify as male, female or transgender <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	_____	N/A	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	_____- _____-	<input type="checkbox"/> Full SSN <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Dependent Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family <input type="checkbox"/> Other Caretaker <input type="checkbox"/> Ex Spouse		<input type="checkbox"/> Hispanic/Latir <input type="checkbox"/> Non-Hispanic/Latir <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

<input type="checkbox"/> First Name*	Middle Name	Last Name*	Gender	Birth Date	Age	Birth Date Quality	SSN	SSN Quality	Relationship to Head of Household*	Race	Ethnicity
<input type="checkbox"/>			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Doesn't identify as male, female or transgender <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected			N/A	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> Full SSN <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Dependent Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian ... <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family <input type="checkbox"/> Other Caretaker <input type="checkbox"/> Ex Spouse	<input type="checkbox"/> Hispanic/Latir <input type="checkbox"/> Non-Hispanic/Latir <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
<input type="checkbox"/>			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Doesn't identify as male, female or transgender <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected			N/A	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> Full SSN <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Dependent Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian ... <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family <input type="checkbox"/> Other Caretaker <input type="checkbox"/> Ex Spouse	<input type="checkbox"/> Hispanic/Latir <input type="checkbox"/> Non-Hispanic/Latir <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	

## Project Enrollment

Select the **Project** in which you are enrolling the current client . Once a project is selected the HMIS will display a list of clients in the client's family which can be included individually for enrollment into the project. To include a client you can simply select that client row within the grid so that it is highlighted, fill out any additional questions and select Save/Confirm below to begin the enrollment process. .

*Please note that some of the data element requirements may change slightly depending on the type of program initially selected.*

Project:  Select Program

Case Manager: \_\_\_\_\_

Household - *Excerpt from the HMIS Data Standards Manual* "A household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed)."

<input type="checkbox"/>	Name	Gender	Age	Enrollment Date	Relationship to Head of Household*
<input type="checkbox"/>	_____				<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Dependent Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Non-Family <input type="checkbox"/> Other Caretaker <input type="checkbox"/> Ex Spouse

Project Sharing:

Restriction:  Do Not Share Transaction  
 Share Transaction

## Enrollment Assessment

Complete the information below for enrolling client for the current enrollment stay using the Mass Shelter or Abbreviated Assessment form below. This single "short" assessment form is used for Mass Shelters and other Non-HUD and Federal Partner programs to quickly collect required data for fast and efficient enrollments and includes Universal, Health Barrier and Domestic Violence elements only.

Assessment Date: \* \_\_\_\_\_

Age at  
Assessment:

Living Situation - Identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission.

Type of Residence:

- \*  Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) (16)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher (1)
- Safe Haven (18)
- Interim Housing (27)
- Foster care home or foster care group home (15)
- Hospital or other residential non-psychiatric medical facility (6)
- Jail, prison or juvenile detention facility (7)
- Long-term care facility or nursing home (24)
- Psychiatric hospital or other psychiatric facility (4)
- Substance abuse treatment facility or detox center (5)
- Hotel or motel paid for without emergency shelter voucher (14)
- Owned by client, no ongoing housing subsidy (23)
- Owned by client, with ongoing housing subsidy (21)
- Permanent housing for formerly homeless persons (such as: a CoC project; HUD legacy programs; or HOPWA PH) (3)
- Rental by client, no ongoing housing subsidy (22)
- Rental by client, with VASH housing subsidy (19)
- Rental by client, with GPD TIP subsidy (25)
- Rental by client, with other ongoing housing subsidy (20)
- Residential project or halfway house with no homeless criteria (26)
- Staying or living in a family member's room, apartment or house (12)
- Staying or living in a friend's room, apartment or house (13)
- Transitional housing for homeless persons (including homeless youth) (2)
- Client doesn't know (8)
- Client refused (9)
- Data not collected (98)

Length of stay in prior living situation:

- \*  One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused
- Data not collected

Approximate date homelessness started: \*



- Regardless of where they stayed last night \*  One time  
 – Number of times the client has been on  Two times  
 the streets, in ES, or SH in the past three  Three times  
 years including today:  Four or more times  
 Client doesn't know  
 Client refused  
 Data not collected
- Total number of months homeless on the \*  One month (this time is the first month)  
 street, in ES, or SH in the past three years:  2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11  
 12  
 More than 12 months  
 Client doesn't know  
 Client refused  
 Data not collected

Health Barriers - Use this form to identify whether a client has each individual health condition/barrier or not. If the client is identified with a health condition or barrier you will be required to answer a few additional follow-up questions. If the client has no health barriers, simply select save and all elements will be automatically recorded as 'No'.

<input type="checkbox"/> Barrier	Help	Barrier Present?*	Receiving Services / Treatment	Condition is Indefinite	Documentation of the disability and severity on file
<input type="checkbox"/> Alcohol Abuse		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Chronic Health Condition		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes

<input type="checkbox"/> Barrier	Help	Barrier Present?*	Receiving Services / Treatment	Condition is Indefinite	Documentation of the disability and severity on file
<input type="checkbox"/> Developmental Disability		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Drug Abuse		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> HIV/AIDS		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Mental Health		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Physical Disability		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> No <input type="checkbox"/> Yes

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Domestic Violence Information

Fleeing a Domestic Violence Situation:

- \*  Yes
- No
- Client doesn't know
- Client refused
- Data Not Collected



## Housing Facility Household Check In

The Household Check In form will allow the quick and easy check-in of enrolled clients into shelter and housing facility rooms and beds. Please follow the instructions in each header as each entry and selection will cause the remainder of the form to dynamically build the following section.

Find a Client in the Household - select a Household Client using the Name search field below, once selected the system will prompt you to select an associated project enrollment in the next section. Please note that if the household client has only 1 residential enrollment, it will be selected automatically

Client: \* \_\_\_\_\_

Gender:  Male  
 Female  
 Transgender female to male  
 Transgender male to female  
 Doesn't identify as male, female or transgender  
 Client doesn't know  
 Client refused  
 Data not collected

Birthdate: //

Age:

Household:

Cost Per Night (\$): \_\_\_\_\_

Project Enrollment - select the project enrollment to associate to this check-in. Once a project enrollment and check-in date is entered the system will generate a list of available household members

Project Enrollment: \*  Select Facility/ Voucher

Household Member Check-In - household members associated with the selected project enrollment are listed below. By selecting the proper Check-In Date and Room (Unit) you may check one or more household members into their own beds. Once each member has been assigned a bed, along with any other optional inventory elements, select the "Check-In" option to complete the process

Automatic Check-Out - please note that the automatic check out feature is enabled and will check out all clients the day after their check-in by default regardless of any check out date entered below.

Checked in from: \* \_\_\_\_\_ -- \_\_\_\_\_

Room: \*  Select Room / Bed / Voucher

# result found.

<input type="checkbox"/>	Name	Gender	Age	Service Sharing	Restriction*	Chore	Storage/Locker
<input type="checkbox"/>					<input type="checkbox"/> Do Not Share Transaction <input type="checkbox"/> Share Transaction		_____