

HMIS Basic Assessment – Individual or Family

	Last Name	First Name	Middle	Relation to HH	Gender	SSN	DOB	Race	Ethnicity
HH									
H1									
H2									

Disabling Condition: Yes No Client Doesn't Know
 Client Refused

Non-cash benefit from any source? (All Clients) Yes No Client doesn't know
 Client refused

	HOH	HH1	HH2
Disability Type:	Yes	Yes	Yes
Mental Health Problem			
Alcohol Abuse			
Drug Abuse			
Chronic Health			
HIV/AIDS			
Development Disability			
Physical Disability			

	HOH	HH1	HH2
Non-Cash Benefits:	Yes	Yes	Yes
(SNAP) Food Stamps			
Special Supplemental Nutrition Program for WIC			
TANF Child Care Services			
TANF Transportation			
Other TANF Funded Services			
Other (Please Specify):			

Income Type	HOH	HH 1	HH 2
	Monthly Amount	Monthly Amount	Monthly Amount
Unemployment Insurance	\$	\$	\$
Earned/Employed Income	\$	\$	\$
Supplemental Security Income (SSI)	\$	\$	\$
Social Security Disability Insurance (SSDI)	\$	\$	\$
VA Service-Connected Disability Compensation	\$	\$	\$
Private Disability Insurance	\$	\$	\$
Retirement Income from Social Security	\$	\$	\$
General Assistance (GA)	\$	\$	\$
Temporary Assistance for Needy Families (TANF)	\$	\$	\$
VA Non-Service-Connected Disability Pension	\$	\$	\$
Pension or Retirement income from a former job	\$	\$	\$
Child Support	\$	\$	\$
Alimony or other spousal support	\$	\$	\$
Worker's Compensation	\$	\$	\$
Other Source Specify:	\$	\$	\$
CLIENT INCOME TOTAL:	\$	\$	\$

Type of Insurance	HOC	HH1	HH2
	Yes	Yes	Yes
Medicaid			
Medicare			
State Children's Health Insurance Program (VA) Medical Services			
Employer-Provided Health Insurance			
Health Insurance Obtained through COBRA			
Private Pay Health Insurance			
Indian Health Services Program			
State Health Insurance for Adults			
Other (specify):			

Household Income as a Percentage of Area Median Income (AMI) (Head of Household):

Less than 50% 30% to 50% Greater than 50%

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HOUSING STATUS	
Residence Prior to Project Entry	
Length of Stay in Previous Place	
Client Location	OR-505 Oregon Balance of State
Current County	
City	

DEMOGRAPHICS CONTINUED		
	YES	NO
Domestic Violence Victim/Survivor?		
If yes for Domestic Violence Victim/Survivor, when did experience occur?		
If yes for Domestic Violence Victim/Survivor, are you currently fleeing?		

HOUSING MOVE IN DATE: DATE ENTERED THE PROGRAM

Exit Information:	
Reason for Leaving	
Destination	

<p><u>Relation to head - Self (Head of Household), Head of household's child, Head of household's spouse or partner, Head of household's other relation member (other relation to head of household), Other: non-relation member</u></p> <p><u>Gender - Female, Male, Transgender male to female, Transgender female to male, doesn't identify as male/female/or transgender, Client doesn't know, Client refused</u></p> <p><u>Race - American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Client doesn't Know, Client Refused</u></p> <p><u>Ethnicity - Non-Hispanic/Non-Latino, Hispanic/Latino, Client doesn't Know, Client Refused</u></p> <p><u>Prior Living Situation - Place not meant for habitation, Emergency shelter (including hotel or motel paid for with emergency shelter voucher), Interim Housing</u></p> <p><u>Length of stay - 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</u></p> <p><u>Number of times on the streets - One time, two times, three times, four or more times, Client doesn't know, Client Refused,</u></p> <p><u>Total number of months on the streets in the past three years - One Month, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, More than 12 Months, Client Doesn't Know, Client Refused</u></p>
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