

HMIS Interim (Annual Assessment) Form for Emergency Shelter projects

Effective 10/01/2023

| Intake Date | Entry Date | ServicePoint (HoH) ID: |
|---|---|------------------------|
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

| Project Name |
|--------------|
| |

| HoH Name First | Middle | Last |
|---|--------|---|
| | | |
| Suffix | | Alias |
| | | |
| Name Data Quality | | |
| <input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, Street or Code Name <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | | |
| Social Security Number | | Date of Birth |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> Full SSN Reported (HUD) <input type="checkbox"/> Approx or partial SSN reported (HUD) <input type="checkbox"/> Client doesn't know (HUD) <input type="checkbox"/> Client prefers not to answer (HUD) <input type="checkbox"/> Data Not collected (HUD) | | <input type="checkbox"/> Full DOB Reported (HUD) <input type="checkbox"/> Approx or partial DOB reported (HUD) <input type="checkbox"/> Client doesn't know (HUD) <input type="checkbox"/> Client prefers not to answer (HUD) <input type="checkbox"/> Data Not collected (HUD) |
| Race and Ethnicity (Select all that apply) | | |
| <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> White <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Additional Race and Ethnicity detail: _____ | | |
| Gender (Select all that apply) | | |
| <input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Questioning <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Different Identity <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Transgender <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Non-Binary <input type="checkbox"/> If Different Identity, Please Specify: _____ | | |

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| Veteran Status | | Relationship to HoH | |
|--|------------------------------|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Self (Head of Household) | |
| | | <input type="checkbox"/> HoH's child | <input type="checkbox"/> HoH's spouse or partner |
| | | <input type="checkbox"/> HoH's other relation member | <input type="checkbox"/> Other: non-relation member |
| Health Insurance | | | |
| <input type="checkbox"/> No | | <input type="checkbox"/> Client doesn't know | |
| <input type="checkbox"/> Yes (identify source below) | | <input type="checkbox"/> Client prefers not to answer | |
| Source | | | |
| <input type="checkbox"/> Medicaid | | <input type="checkbox"/> Medicare | |
| <input type="checkbox"/> State Children's Health Insurance (KCHIP) | | <input type="checkbox"/> Veteran's Health Administration (VHA) | |
| <input type="checkbox"/> Employer-Provided Health Insurance | | <input type="checkbox"/> Health Insurance obtained through COBRA | |
| <input type="checkbox"/> Private Pay Health Insurance | | <input type="checkbox"/> State Health Insurance for Adults | |
| <input type="checkbox"/> Indian Health Services Program | | <input type="checkbox"/> Other: _____ | |

| Disability | | | | | | |
|---|---|---|---|---|---|---|
| Do you have a physical, mental or emotional impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem? | | | | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes (indicate type(s) below) | | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | | |
| | Physical <input type="checkbox"/> | Mental Health <input type="checkbox"/> | Chronic Health Condition <input type="checkbox"/> | <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both | Developmental <input type="checkbox"/> | HIV/AIDS <input type="checkbox"/> |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| Client's Prior Living Situation - Prior to Project Entry | | | | |
|--|--|---|--|--|
| (Select one Living Situation and answer the corresponding questions in the order in which they appear) | | | | |
| Homeless Situations | Institutional Situations | Temporary Housing Situations | Permanent Housing Situation | Other |
| <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter <input type="checkbox"/> Safe Haven | <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house | <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <ul style="list-style-type: none"> <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy | <input type="checkbox"/> Other <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)? <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer | Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)? <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer Did you stay in the institutional situation less than 90 days? <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview) | Length of Stay in Prior Living Situation (i.e. the housing situation identified above)? <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer Did you stay in the housing situation less than 7 nights? <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview) | Length of Stay in Prior Living Situation (i.e. the housing situation identified above)? <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer Did you stay in the housing situation less than 7 nights? <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview) | <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> N/A (Complete SECTION IV Below) | On the night before entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven? <input type="checkbox"/> Yes (If YES – Complete SECTION IV) | On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven? <input type="checkbox"/> Yes (If YES – Complete SECTION IV) | On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven? <input type="checkbox"/> Yes (If YES – Complete SECTION IV) | <input type="checkbox"/> Client doesn't know |

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| | | | | |
|---|---|--|--|---|
| | <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview) | <input type="checkbox"/> No (If NO – End Homeless History Interview) | <input type="checkbox"/> No (If NO – End Homeless History Interview) | <input type="checkbox"/> Client prefers not to answer |
| On the night <u>before your previous stay</u> , was that on the streets, in an Emergency Shelter, or Safe Haven? <input type="checkbox"/> No <input type="checkbox"/> Yes | | Approximate date this episode of homelessness started: <input type="text"/> / <input type="text"/> / <input type="text"/> | | |
| Total <u>number of times homeless</u> on the street, in ES, or SH in the past three years <input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | | Total <u>number of months</u> homeless on the street, in emergency shelter, or SH in the past three years _____ | | |

| | |
|---|---|
| Are you, or have you been a survivor of domestic or intimate partner violence? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| If YES, how long ago did you have this experience? | <input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago <input type="checkbox"/> From six to twelve months ago <input type="checkbox"/> More than a year ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| If Yes, are you currently fleeing? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |

⚠ **IF CLIENT IS A MINOR WHO IS NOT HEAD OF HOUSEHOLD STOP DATA ENTRY HERE**

| Income | |
|--|--------------|
| <input type="checkbox"/> No/None at all <input type="checkbox"/> Yes (identify source and amounts) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | |
| Source | Amount: |
| <input type="checkbox"/> Earned income (i.e., employment income) | \$ ____ . 00 |
| <input type="checkbox"/> Unemployment Insurance | \$ ____ . 00 |
| <input type="checkbox"/> Supplemental Security Income (SSI) | \$ ____ . 00 |
| <input type="checkbox"/> Social Security Disability Income (SSDI) | \$ ____ . 00 |
| <input type="checkbox"/> Retirement Income from Social Security | \$ ____ . 00 |
| <input type="checkbox"/> VA Service-Connected Disability Compensation | \$ ____ . 00 |
| <input type="checkbox"/> VA Non-Service-Connected Disability Pension | \$ ____ . 00 |
| <input type="checkbox"/> Worker's Compensation | \$ ____ . 00 |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | \$ ____ . 00 |

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|---|---|
| <input type="checkbox"/> General Assistance (GA) | \$_____ . 00 |
| <input type="checkbox"/> Private disability Insurance | \$_____ . 00 |
| <input type="checkbox"/> Pension or retirement income from a former job | \$_____ . 00 |
| <input type="checkbox"/> Child Support | \$_____ . 00 |
| <input type="checkbox"/> Alimony or other spousal support | \$_____ . 00 |
| <input type="checkbox"/> Other source: _____ | \$_____ . 00 |
| Total Monthly Income: | |
| \$ _____ | |
| Non-Cash Benefits | |
| <input type="checkbox"/> No/None at all | <input type="checkbox"/> Yes (Identify source below) |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer |
| Source | |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | |
| <input type="checkbox"/> Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC) | |
| <input type="checkbox"/> TANF Child Care services | |
| <input type="checkbox"/> TANF transportation services | |
| <input type="checkbox"/> Other TANF-funded services | |
| <input type="checkbox"/> Other: _____ | |

| | |
|---|--|
| In the last 2 years, in what Kentucky county did you become homeless? (If Out of State please indicate): | |
| If you have lived in multiple Kentucky counties in the last 2 years, please specify additional county: | |
| If you have lived in another part of the US in the last 2 years, please specify state: | |
| If other location in the last 2 years, please specify: | |
| In what Kentucky county are you currently staying?: | |
| Did you have housing when you came to this county/community?: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer |
| What is the primary reason you came to this county/community?: | <input type="checkbox"/> Access to service and resources <input type="checkbox"/> Fleeing an abusive situation <input type="checkbox"/> Job Opportunities <input type="checkbox"/> Other <input type="checkbox"/> Client prefers not to answer |

| | |
|--|---|
| What are your top 3 reasons you are struggling to find stable, safe and appropriate housing? (number 1,2,3) | <input type="checkbox"/> Affordability <input type="checkbox"/> Don't know where to look <input type="checkbox"/> Household instability <input type="checkbox"/> Size of household <input type="checkbox"/> Poor credit |
|--|---|

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| | |
|---|---|
| | <input type="checkbox"/> Past evictions <input type="checkbox"/> Registered sex offender <input type="checkbox"/> New to the community <input type="checkbox"/> Startup costs/deposits <input type="checkbox"/> Criminal Background <input type="checkbox"/> Owing money to previous landlord <input type="checkbox"/> Owing money to Section 8/government housing <input type="checkbox"/> Availability of rental units <input type="checkbox"/> Other Reasons <input type="checkbox"/> N/A |
| If you are struggling for another reason, please specify: | |
| If client is a Head of Household, have they been evicted? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Pick top reason client was evicted? | <input type="checkbox"/> Change in property ownership <input type="checkbox"/> Criminal Activity <input type="checkbox"/> Lease Violation(s) <input type="checkbox"/> Non-Payment of Rent <input type="checkbox"/> Rental property foreclosed |
| If the client is a Veteran, do they have a copy of their DD-214 Form? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Client ever in the foster care system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Client Contact Information

| | |
|--|--|
| Client Phone Number | |
| Alt. Client Phone Number | |
| Email address/other electronic communication (e.g. social media) | |
| On a regular day, where is it easiest to find you and what time of day is easiest to do so? (collect multiple locations) | |

Staff Completing (Printed Name):

Date:

| | |
|--|--|
| | |
|--|--|