HMIS Standard Update Form for RHY projects
Effective 10/01/2025

Intake Date

| | | / | | | / | | |

Entry Date

| | | / | | | / | | |

ServicePoint (HoH) ID:

| | | | | | | | |

Project Name

HoH First Name

Middle

Last

Suffix

Alias

☐ Full Name Reported   ☐ Partial, Street or Code Name

☐ Client doesn't know   ☐ Client prefers not to answer

Social Security Number:

| | | | | | | | | |

☐ Full SSN reported   ☐ Approx or Partial SSN

☐ Client doesn't know   ☐ Client prefers not to answer

Date of Birth:

| | | / | | | / | | |

☐ Full DOB reported   ☐ Approx or Partial DOB

☐ Client doesn't know   ☐ Client prefers not to answer

Veteran Status

☐ No   ☐ Yes

Relationship to Head of Household (Must be an adult)

☐ Self (Head of Household)

☐ HoH's child   ☐ HoH's spouse or partner

☐ HoH's other relation member   ☐ Other: non-relation member

Sex

☐ Female
☐ Male

☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Race and Ethnicity (Select all that apply)

☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Hispanic/Latina/o
☐ Middle Eastern or North African
☐ Additional Race and Ethnicity detail: _____

☐ Native Hawaiian or Pacific Islander
☐ White
☐ Client doesn't know
☐ Client prefers not to answer

Gender (Select all that apply)

- ☐ Woman (Girl, if child)
- ☐ Man (Boy, if child)
- ☐ Culturally Specific Identity (e.g., Two-Spirit)
- ☐ Transgender
- ☐ Non-Binary
- ☐ If Different Identity, Please Specify: _____

- ☐ Questioning
- ☐ Different Identity
- ☐ Client doesn't know
- ☐ Client prefers not to answer

Health Insurance

- ☐ No
- ☐ Yes (identify source below)

- ☐ Client doesn't know
- ☐ Client prefers not to answer

Source:

- ☐ Medicaid
- ☐ State Children's Health Insurance (KCHIP)
- ☐ Employer-Provided Health Insurance
- ☐ Private Pay Health Insurance
- ☐ Indian Health Services Program

- ☐ Medicare
- ☐ Veteran's Health Administration (VHA)
- ☐ Health Insurance obtained through COBRA
- ☐ State Health Insurance for Adults
- ☐ 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?

☐ No   ☐ Yes (indicate type(s) below)   ☐ Client doesn't know   ☐ Client prefers not to answer

	Physical ☐	Mental Health ☐	Chronic Health Condition ☐	☐ Alcohol ☐ Drugs ☐ Both	Developmental ☐	HIV/AIDS ☐
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Income

- ☐ No/None at all
- ☐ Client doesn't know

- ☐ Yes (identify source and amounts)
- ☐ Client prefers not to answer
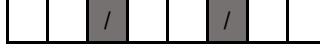
Source	Amount:
☐ Earned income (i.e., employment income)	$_____. 00
☐ Unemployment Insurance	$_____. 00
☐ Supplemental Security Income (SSI)	$_____. 00
☐ Social Security Disability Income (SSDI)	$_____. 00
☐ Retirement Income from Social Security	$_____. 00
☐ VA Service-Connected Disability Compensation	$_____. 00
☐ VA Non-Service-Connected Disability Pension	$_____. 00
☐ Worker's Compensation	$_____. 00
☐ Temporary Assistance for Needy Families (TANF)	$_____. 00
☐ General Assistance (GA)	$_____. 00

☐ Private disability Insurance	$_____. 00
☐ Pension or retirement income from a former job	$_____. 00
☐ Child Support	$_____. 00
☐ Alimony or other spousal support	$_____. 00
☐ Other source: _____	$_____. 00
Total Monthly Income:	**$**

Non-Cash Benefits	
☐ No/None at all	☐ Yes (Identify source below)
☐ Client doesn't know	☐ Client prefers not to answer

Source
☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)
☐ TANF Child Care services
☐ TANF transportation services
☐ Other TANF-funded services
☐ Other: _____

Client's Current Living Situation – current to project entry

(Select one Living Situation and **answer the corresponding questions in the order in which they appear**)

Start Date	End Date	Information Date		
☐☐ / ☐☐ / ☐☐	☐☐ / ☐☐ / ☐☐	☐☐ / ☐☐ / ☐☐		

(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
☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter ☐ Safe Haven	☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison, or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center	☐ Transitional housing for homeless persons (including homeless youth) ☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Host Home (non-crisis) ☐ Staying or living in a friend's room, apartment, or house ☐ Staying or living in a family member's room, apartment, or house	☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with ongoing housing subsidy 　o GPD TIP housing subsidy 　o VASH housing subsidy 　o RRH or equivalent subsidy 　o HCV voucher (tenant or project based) (not dedicated) 　o Public housing unit 　o Rental by client, with other ongoing housing subsidy 　o Emergency Housing Voucher 　o Family Unification Program Voucher (FUP) 　o Foster Youth to Independence Initiative (FYI) 　o Permanent Supportive Housing 　o Other permanent housing dedicated for	☐ Other: _____ ☐ Worker unable to determine ☐ Client doesn't know ☐ Client prefers not to answer

			formerly homeless persons ☐ Owned by client, with ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy	
Is client going to have to leave their current living situation within 14 days?	☐ Yes　　☐ No ☐ Client doesn't know ☐ Client prefers not to answer	**If yes, answer the following questions:**		
Has a subsequent residence been identified? ☐ Yes　　☐ No ☐ Client doesn't know ☐ Client prefers not to answer	Does individual or family have resources or support networks to obtain other permanent housing? ☐ Yes　　☐ No ☐ Client doesn't know ☐ Client prefers not to answer	Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? ☐ Yes　　☐ No ☐ Client doesn't know ☐ Client prefers not to answer	Has the client moved 2 or more times in the past 60 days? ☐ Yes　　☐ No ☐ Client doesn't know ☐ Client prefers not to answer	

Are you pregnant? ☐ Yes　　　☐ No	If yes, projected birth date ☐☐ / ☐☐ / ☐☐☐☐

What city & state did you attend high school? - City	
High School - State	
Where was your last stable home before becoming homeless? - City	
Last Stable Home - County	
Last Stable Home - State	
When did you last live in stable housing?	
Date of BCP Status Determination	

Date of Engagement – Street Outreach & Supportive Services Only

☐☐ / ☐☐ / ☐☐

Staff Completing (Printed Name):　　　　　　　　　　　　　　**Date:**