# HMIS Standard Interim Form for VA GPD 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/e/o

☐ Middle Eastern or North African

☐ Native Hawaiian or Pacific Islander

☐ White

☐ Client doesn't know

☐ Client prefers not to answer

☐ Additional Race and Ethnicity detail: _____

**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 ☐ |

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

**Income**

☐ No/None at all ☐ Yes (identify source and amounts)
☐ Client doesn't know ☐ 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: _____

**Domestic Violence**

**Are you, or have you been a survivor of domestic or intimate partner violence?**
☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

**If YES, how long ago did you have this experience?**
☐ Within the past 3 months ☐ 1 year ago or more
☐ 3 to 6 months ago ☐ 6 months to 1 year ago
☐ Client doesn't know ☐ Client prefers not to answer

**If Yes, are you currently fleeing?**
☐ No ☐ Yes
☐ Client doesn't know ☐ Client prefers not to answer

**Veteran Information**

| | **Year entered military service:** | **Year separated from military service:** | | |
|---|---|---|---|---|
| | ☐☐/☐☐/☐☐ | ☐☐/☐☐/☐☐ | | |
| World War II | | ☐ Yes | ☐ No | ☐ Client prefers not answer |
| Korean War | | ☐ Yes | ☐ No | ☐ Client prefers not answer |
| Vietnam War | | ☐ Yes | ☐ No | ☐ Client prefers not answer |
| Persian Gulf War | | ☐ Yes | ☐ No | ☐ Client prefers not answer |

| | | | |
|---|---|---|---|
| Afghanistan | ☐ Yes | ☐ No | ☐ Client prefers not answer |
| Iraq Freedom | ☐ Yes | ☐ No | ☐ Client prefers not answer |
| Iraq Dawn | ☐ Yes | ☐ No | ☐ Client prefers not answer |
| Other Peace-keeping Operations or Military Interventions | ☐ Yes | ☐ No | ☐ Client prefers not answer |

Branch of the Military

☐ Army ☐ Air Force ☐ Navy
☐ Marines ☐ Coast Guard
☐ Client doesn't know ☐ Client prefers not answer
☐ Data not collected ☐ Space Force

Discharge Status

☐ Honorable
☐ General under honorable conditions
☐ Under other than honorable conditions
☐ Bad Conduct
☐ Dishonorable
☐ Uncharacterized
☐ Client doesn't know
☐ Client prefers not answer
☐ Data not collected

| **VAMC Station Number** | |
|---|---|

**SOAR Connection**

**Connection with SOAR**

☐ No ☐ Yes
☐ Client doesn't know ☐ Client prefers not to answer

| | |
|---|---|
| **Employed?** | ☐ Yes ☐ No<br>☐ Data Not Collected<br>☐ Client Doesn't Know |
| **Is the Veteran Active or Inactive?** | ☐ Active - ES/TH<br>☐ Active – Unsheltered<br>☐ Inactive (Non-Perm Housing)<br>☐ Inactive (Permanently Housed)<br>☐ Inactive (unknown/missing) |
| **Does this veteran have a confirmed status?** | ☐ Yes ☐ No<br>☐ Not Confirmed |
| **Is this client VHA Eligible?** | ☐ Yes ☐ No<br>☐ Not Confirmed |
| **Is this client SSVF Eligible?** | ☐ Yes ☐ No<br>☐ Not Confirmed |
| **What date was the permanent housing plan created?** | ☐☐/☐☐/☐☐ |
| **What is the client permanent housing plan?** | ☐ SSVF – RRH<br>☐ Other – RRH<br>☐ HUD – VASH |

| | |
|---|---|
| | ☐Other – PSH<br>☐Other – PH<br>☐Self – Resolve/No Assist<br>☐None Currently |
| **What is the expected permanent housing date?** | ☐☐/☐☐/☐☐ |
| **Is this client chronically homeless per HUD's definition?** | ☐ Chronic<br>☐ Non-chronic<br>☐ Unknown |
| **Does this client has a total of 12+ months homeless in the last 3 years?** | ☐ Yes ☐ No |
| **Has this client been homeless 4 or more times in the last 3 years?** | ☐ Yes ☐ No |
| **Is this client entering TH to address a clinical need?** | ☐ Yes ☐ No |

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