

7. SOCIAL SECURITY TYPE [All Clients]

<input type="checkbox"/>	Full SSN reported.	<input type="checkbox"/>	Client does not know or does not have SSN.
<input type="checkbox"/>	Partial SSN reported.	<input type="checkbox"/>	Client refused to provide.

8. DATE OF BIRTH [All Clients]

		-			-			
Month			Day			Year		

9. DATE OF BIRTH TYPE [All Clients]

<input type="checkbox"/>	Full DOB reported.	<input type="checkbox"/>	Client does not know DOB.
<input type="checkbox"/>	Approximate or partial DOB reported.	<input type="checkbox"/>	Client refused to provide.

10. AGE: _____

11. GENDER [All Clients]

<input type="checkbox"/>	Male	<input type="checkbox"/>	Transgender male to female.	<input type="checkbox"/>	Other.
<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgender female to male.	<input type="checkbox"/>	Client does not know.

12. RACE (select all that apply) [All Clients]

<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Other Racial Group
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Client does not know.
<input type="checkbox"/>	Hawaiian or Other Pacific Islander	<input type="checkbox"/>	Client refused to provide.



13. HISPANIC ETHNICITY *[All Clients]*

<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	Client does not know.
<input type="checkbox"/>	Non-Hispanic/Latino	<input type="checkbox"/>	Client refused to provide.

14. DISABLING CONDITION *[All Clients]*

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know	<input type="checkbox"/>	Refused

15. VETERAN STATUS *[All Adults]*

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know	<input type="checkbox"/>	Refused

16. U.S. Citizen *[All Clients]*

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know	<input type="checkbox"/>	Refused

17. HOUSING STATUS AT ENTRY *[All Clients]*

<input type="checkbox"/>	Literally Homeless	<input type="checkbox"/>	Stably Housed
<input type="checkbox"/>	Imminent Risk of Literally Homeless	<input type="checkbox"/>	Client does not know.
<input type="checkbox"/>	Housed and at Risk of Losing Housing	<input type="checkbox"/>	Client refused to provide.

18. PRIOR LIVING SITUATION *[All adults and unaccompanied youth]*

<input type="checkbox"/>	Place Not Meant for Habitation	<input type="checkbox"/>	Living with Family or Relatives
<input type="checkbox"/>	Emergency Shelter	<input type="checkbox"/>	Living with Friends
<input type="checkbox"/>	Transitional Housing	<input type="checkbox"/>	Room, Apartment or House (Rented)
<input type="checkbox"/>	Permanent Housing for Former Homeless	<input type="checkbox"/>	Hotel or Motel (Not Paid by Voucher)
<input type="checkbox"/>	Psychiatric Facility or Hospital	<input type="checkbox"/>	Apartment or House (Owned by Client)
<input type="checkbox"/>	Substance Abuse Treatment Facility	<input type="checkbox"/>	Foster Care Family or Group Home
<input type="checkbox"/>	Hospital (Non-Psychiatric)	<input type="checkbox"/>	Other
<input type="checkbox"/>	Jail, Prison or Juvenile Detention	<input type="checkbox"/>	Refused
<input type="checkbox"/>	Domestic Violence Situation	<input type="checkbox"/>	Unknown/Don't Know

19. DURATION OF PRIOR LIVING SITUATION *[All adults and unaccompanied youth]*

<input type="checkbox"/>	One to Three Months	<input type="checkbox"/>	Over One Week but Less Than a Month
<input type="checkbox"/>	One Week or Less	<input type="checkbox"/>	Over Three Months but Less Than a Year
<input type="checkbox"/>	One Year or Longer	<input type="checkbox"/>	Refused
<input type="checkbox"/>	Unknown/Don't Know		

20. ZIP CODE OF LAST PERMANENT ADDRESS AND TYPE

ZIP CODE: _____		<input type="checkbox"/>	Full Zip Code Recorded
<input type="checkbox"/>	Partial Zip Code Reported	<input type="checkbox"/>	Refused
<input type="checkbox"/>	Estimated for City of Residence	<input type="checkbox"/>	Client Doesn't Know

21. MARITAL STATUS [All Clients]

<input type="checkbox"/>	Single	<input type="checkbox"/>	With Partner	<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Married	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widowed

22. PARENTAL STATUS [All Clients]

<input type="checkbox"/>	Single custodial parent of dependent child/ren	<input type="checkbox"/>	Not parent / No children
<input type="checkbox"/>	Parent of non-dependent child/ren	<input type="checkbox"/>	Other
<input type="checkbox"/>	Parent in two-parent family with dependent child/ren		
<input type="checkbox"/>	Non-custodial parent of dependent child/ren		

23. CHRONIC HOMELESSNESS [All adults and unaccompanied youth]

<input type="checkbox"/>	Chronic [4 or more in 3 yrs]	<input type="checkbox"/>	Chronic [Cont. 1 yr or more]
<input type="checkbox"/>	NOT Chronic Homeless	<input type="checkbox"/>	Unknown/Don't Know

24. REFERRAL SOURCE: _____

HMIS HPRP DATA: INCOME FORM *[Used at Entry, Re-Assessment and at Exit]*

25. EMPLOYMENT STATUS *[All Clients]*

<input type="checkbox"/>	Employed, Not Looking for a New Job	<input type="checkbox"/>	Unemployed (new or re-entry to work force)
<input type="checkbox"/>	Self Employed (non-job seeker)	<input type="checkbox"/>	Not in Labor Force (not seeking employment)
<input type="checkbox"/>	Full Time (over 35hrs per week)	<input type="checkbox"/>	Still in School or Too Young to Work
<input type="checkbox"/>	Part Time (under 35hrs per week)	<input type="checkbox"/>	Too Ill to Work
<input type="checkbox"/>	Unemployed (no job, seeking employment)	<input type="checkbox"/>	Discouraged Worker
<input type="checkbox"/>	Unemployed (temporary lay off)	<input type="checkbox"/>	Retired
<input type="checkbox"/>	Unemployed (permanent lay off)	<input type="checkbox"/>	Employed, Seeking New Job
<input type="checkbox"/>	Unemployed (other)	<input type="checkbox"/>	Self Employed (seeking new job)
<input type="checkbox"/>	Unemployed (plant closure)	<input type="checkbox"/>	Full Time (over 35 hrs per week, seeking job)
<input type="checkbox"/>	Unemployed (relocation)	<input type="checkbox"/>	Unknown/Don't Know

26. IF EMPLOYED, HOURS WORKED PER WEEK: _____



Homeless Management Information System

27. CASH INCOME *[All Clients, List Amount within the last 30 days]*

<input type="checkbox"/>	Client has NO income
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Source of Income	Amount	Source of Income	Amount
Earned Income (employment)		Veterans Pension	
Unemployment Insurance		Pension from Employment	
Workers Compensation		Temporary Assistance for Needy Families (TANF)	
Private Disability Insurance		General Public Assistance [GA]	
Veterans Disability Payments		Alimony or Spouse Support	
SSDI [Social Security Disability]		Child Support	
SSI [Supplemental Social Security]		Other Case Income [Not Listed]	
Social Security [Retirement]			

28. TOTAL INDIVIDUAL INCOME: _____

29. TOTAL HOUSEHOLD INCOME: _____

[Household income should include any income from all household sources i.e.; spouse, roommate, etc.]

30. NON-CASH BENEFITS *[All Clients, within the last 30 days]*

<input type="checkbox"/>	Client has NO benefits
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<input type="checkbox"/>	Food Stamps or Benefit Card	<input type="checkbox"/>	Medicaid (Health Insurance)
<input type="checkbox"/>	WIC	<input type="checkbox"/>	MeciCARE (Health Insurance)
<input type="checkbox"/>	Section 8 Public Housing or Rental Assistance	<input type="checkbox"/>	TANF Child Care Services
<input type="checkbox"/>	Veteran's Administration (VA) Medical Services	<input type="checkbox"/>	TANF Transportation Services
<input type="checkbox"/>	SCHIP (State Children's Health Insurance Program)	<input type="checkbox"/>	Other TANF Funded Services
<input type="checkbox"/>	Other Non Cash Benefits		



Homeless Management Information System

HMIS HPRP DATA: FAMILY INFORMATION *[To be completed for Head of Household Only]*

31. ARE YOU HEAD OF HOUSEHOLD?

<input type="checkbox"/>	No – do not complete this form	<input type="checkbox"/>	Yes – but with no children, only spouse
<input type="checkbox"/>	Yes – If yes, how many children are in your household? _____		

32. SPOUSE/SIGNIFICANT OTHERS NAME

	N/A	does not know	refused to provide
First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. CHILDREN – List information about all dependent children (under 18 yrs old) in your household.

	First Name	Middle Initial	Last Name
1			
2			
3			
4			
5			
6			

[Be sure to also print and complete pages 1-7 of the intake form for each household member]

Signature of applicant stating all information is true and correct



HMIS HPRP DATA: OFFICE USE ONLY – TO BE COMPLETED BY CASE MANAGER

<input type="checkbox"/>	Eligible for Assistance	<input type="checkbox"/>	NOT Eligible for Assistance
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<input type="checkbox"/>	Prior Participant	<input type="checkbox"/>	New Participant
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PROGRAM ENTRY DATE

		-			-			
Month			Day			Year		

FINANCIAL ASSISTANCE TYPE

Type	Amount
<input type="checkbox"/> Rental Short Term (0-3 months)	
<input type="checkbox"/> Rental Medium Term (4-18 months)	
<input type="checkbox"/> Security Deposit	
<input type="checkbox"/> Utility Deposit	
<input type="checkbox"/> Utility Payment	
<input type="checkbox"/> Moving Cost Assistance	
<input type="checkbox"/> Motel or Hotel Voucher	

STAFF ACCEPTING APPLICATION _____