

HMIS YOUTH AGING INTO ADULTHOOD

This information must be updated upon a Minor turning 18.

*EFFECTIVE DATE ____/____/____	PRIMARY WORKER
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*FIRST NAME	MIDDLE NAME	*LAST NAME (and Suffix)
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*VETERAN STATUS				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Data Not Collected

***LIVING SITUATION**

Based on the client's living situation the night before project entry, record responses in **one (1) section** below, **EITHER Homeless Situation, Institutional Situation OR Transitional/Permanent Situation.**
If the client's living situation the night before project entry is unknown, fill in the section called Unknown.

HOMELESS SITUATIONS:	
TYPE OF RESIDENCE NIGHT BEFORE PROJECT ENTRY:	LENGTH OF STAY IN PREVIOUS PLACE
<input type="checkbox"/> Place not meant for human habitation (vehicle, abandoned building, bus/train/subway station etc) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing	<input type="checkbox"/> 1 night or less <input type="checkbox"/> 2 to 6 nights <input type="checkbox"/> 1 week or more, but less than 1 month <input type="checkbox"/> 1 month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than 1 year <input type="checkbox"/> 1 year or longer <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
APPROXIMATE DATE HOMELESSNESS STARTED: ____/____/____	NUMBER OF TIMES THE CLIENT HAS BEEN ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS INCLUDING TODAY: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR SH IN LAST THREE YEARS:	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

OR

INSTITUTIONAL SITUATIONS:	
TYPE OF RESIDENCE NIGHT BEFORE PROJECT ENTRY:	DID YOU STAY LESS THAN 90 DAYS
<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"/> No <input type="checkbox"/> Yes (If Yes) On the night before did you stay on the streets, ES, or SH? <input type="checkbox"/> No <input type="checkbox"/> Yes
IF YES TO 'ON THE NIGHT BEFORE DID YOU STAY ON THE STREETS, ES OR SH?' PROVIDE DETAILS OF PREVIOUS HOMELESSNESS:	
APPROXIMATE DATE HOMELESSNESS STARTED: ____/____/____	NUMBER OF TIMES THE CLIENT HAS BEEN ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS INCLUDING TODAY: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR SH IN LAST THREE YEARS:	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

OR

TRANSITIONAL AND PERMANENT HOUSING SITUATIONS:	
TYPE OF RESIDENCE NIGHT BEFORE PROJECT ENTRY:	

<input type="checkbox"/> Hotel or Motel paid for without emergency voucher	<input type="checkbox"/> Rental by client with VASH subsidy
<input type="checkbox"/> Owned by client, no ongoing subsidy	<input type="checkbox"/> Rental by client with other ongoing housing subsidy
<input type="checkbox"/> Owned by client WITH ongoing subsidy	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Perm. Supportive housing for formerly homeless persons (CoC project, HUD legacy program, HOPWA)	<input type="checkbox"/> Staying or in a family member's room, apartment or house
<input type="checkbox"/> Rental by client, no ongoing subsidy	<input type="checkbox"/> Staying or in a friend's room, apartment or house
<input type="checkbox"/> Rental by client with GPD TIP subsidy	<input type="checkbox"/> Transitional housing for homeless persons (incl. homeless youth)

DID YOU STAY LESS THAN 7 DAYS?

No Yes (If Yes) On the night before did you stay on the streets, ES, or SH? No Yes

IF YES TO 'ON THE NIGHT BEFORE DID YOU STAY ON THE STREETS, ES OR SH?' PROVIDE DETAILS OF PREVIOUS HOMELESSNESS:

APPROXIMATE DATE HOMELESSNESS STARTED:	NUMBER OF TIMES THE CLIENT HAS BEEN ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS INCLUDING TODAY:
____/____/____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR SH IN LAST THREE YEARS:

1 2 3 4 5 6 7 8 9 10 11 12 More than 12
 Client Doesn't Know Client Refused Data Not Collected

OR

UNKNOWN OPTIONS:

TYPE OF RESIDENCE NIGHT BEFORE PROJECT ENTRY:

Client doesn't know
 Client refused
 Data not collected

***INCOME FROM ANY SOURCE (monthly)**

No Yes Client Doesn't Know Client Refused Data Not Collected

IF YES:

<input type="checkbox"/> Earned Income..... \$ _____	<input type="checkbox"/> Unemployment Insurance..... \$ _____
<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> SSDI \$ _____
<input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____	<input type="checkbox"/> VA Non-Service Connected Disability Pension..... \$ _____
<input type="checkbox"/> Private Disability Insurance..... \$ _____	<input type="checkbox"/> Worker's Compensation \$ _____
<input type="checkbox"/> TANF \$ _____	<input type="checkbox"/> General Public Assistance..... \$ _____
<input type="checkbox"/> Retirement from SSA \$ _____	<input type="checkbox"/> Pension or Retirement from former job..... \$ _____
<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Alimony or Other Spousal Support \$ _____
<input type="checkbox"/> Other..... \$ _____	

***NON-CASH BENEFITS FROM ANY SOURCE**

No Yes Client Doesn't Know Client Refused Data Not Collected

IF YES:

<input type="checkbox"/> SNAP	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children
<input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> TANF Transportation Services
<input type="checkbox"/> Section 8, Public Housing or Other Ongoing Rental Assistance	<input type="checkbox"/> Other TANF Funded Svcs
<input type="checkbox"/> Other Source	<input type="checkbox"/> Temporary Rental Assistance