

2018 HMIS UNIVERSAL FORM UPDATE – ADMISSION RECORD

UPDATE THIS INFORMATION WITHIN THE ADMISSION RECORD ONLY

*EFFECTIVE DATE	PRIMARY WORKER (CASE WORKER)	
____/____/____		
*FIRST NAME	MIDDLE NAME	*LAST NAME & SUFFIX

***SPECIAL NEEDS (ALL PROJECTS EXCEPT SSVF)**

PHYSICAL DISABILITY	IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<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
DEVELOPMENTAL DISABILITY	IF YES: EXPECTED TO SUBSTANTIALLY IMPAIR ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<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
CHRONIC HEALTH CONDITION	IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<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
HIV/AIDS [OMIT IF RHY]	IF YES: EXPECTED TO SUBSTANTIALLY IMPAIR ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<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
MENTAL HEALTH PROBLEM	IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<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
SUBSTANCE ABUSE PROBLEM	IF YES: EXPECTED TO BE OF LONG-CONTINUED & INDEFINITE DURATION AND SUBSTANTIALLY IMPAIRS ABILITY TO LIVE INDEPENDENTLY?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, Alcohol (SEE RIGHT) <input type="checkbox"/> Yes, Drug (SEE RIGHT) <input type="checkbox"/> Yes, Both (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<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

PROGRAM-SPECIFIC DATA ELEMENTS

DISABLING CONDITION (FOR PATH, RHY, SSVF, & GPD PROJECTS ONLY)

ALL OTHER PROJECTS SHOULD HAVE INDICATED DISABILITIES WITHIN SPECIAL NEEDS SECTION

DISABLING CONDITION
<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

DATE OF ENGAGEMENT (ALL STREET OUTREACH & ALL PATH PROJECTS)

*ENGAGEMENT DATE
Leave blank until the client actively engages in the program. The date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan.
____/____/____

RHY-BCP STATUS (RHY-BCP PROJECTS ONLY)

*DATE OF DETERMINATION	*YOUTH ELIGIBLE FOR RHY SERVICES	IF NO: REASON FOR NOT PROVIDING SERVICES
____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No (SEE RIGHT)	<input type="checkbox"/> Out of age range <input type="checkbox"/> Ward of the Criminal Justice System – Immediate Reunification <input type="checkbox"/> Ward of the State – Immediate Reunification <input type="checkbox"/> Other

--- END ---