

2018 HMIS UNIVERSAL FORM UPDATE – FACE SHEET

UPDATE THIS INFORMATION WITHIN THE FACE SHEET ONLY

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

***HOUSING** (CLIENTS IN PH & RRH PROJECTS)

HAS CLIENT BEEN PLACED INTO PERMANENT HOUSING?	IF YES: MOVE IN DATE	IF YES: BED/UNIT
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT)	____/____/____	

***INCOME & SOURCES** (ADULTS & HEAD OF HOUSEHOLD)

INCOME FROM ANY SOURCE		
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		
IF YES: CHECK & FILL IN MONTHLY AMOUNT FOR ALL THAT APPLY		
<input type="checkbox"/> Earned Income (i.e. employment income) \$ _____ <input type="checkbox"/> Supplemental Security Income (SSI).....\$ _____ <input type="checkbox"/> VA Service-Connected Disability Compensation\$ _____ <input type="checkbox"/> Private Disability Insurance\$ _____ <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) ...\$ _____ <input type="checkbox"/> Retirement Income from Social Security\$ _____ <input type="checkbox"/> Child Support.....\$ _____	<input type="checkbox"/> Unemployment Insurance \$ _____ <input type="checkbox"/> Social Security Disability Insurance (SSDI).....\$ _____ <input type="checkbox"/> VA Non-Service Connected Disability Pension \$ _____ <input type="checkbox"/> Worker's Compensation \$ _____ <input type="checkbox"/> General Assistance (GA)\$ _____ <input type="checkbox"/> Pension or Retirement Income from Former Job . \$ _____ <input type="checkbox"/> Alimony and Other Spousal Support..... \$ _____	

***NON-CASH BENEFITS** (ADULTS & HEAD OF HOUSEHOLD [EXCEPT RHY-SO PROJECTS])

NON-CASH BENEFITS FROM ANY SOURCE		
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		
IF YES: CHECK ALL THAT APPLY		
<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children <input type="checkbox"/> TANF Transportation Services	<input type="checkbox"/> Other TANF-Funded Services

***HEALTH INSURANCE** (ALL CLIENTS)

COVERED BY HEALTH INSURANCE		
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		
IF YES: CHECK ALL THAT APPLY		
MEDICAID <input type="checkbox"/> No <input type="checkbox"/> Yes State Children's Health Insurance Program..... <input type="checkbox"/> No <input type="checkbox"/> Yes Employer-Provided Health Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Private Pay Health Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Indian Health Services Program <input type="checkbox"/> No <input type="checkbox"/> Yes	MEDICARE <input type="checkbox"/> No <input type="checkbox"/> Yes VA Medical Services <input type="checkbox"/> No <input type="checkbox"/> Yes Health Insurance through COBRA <input type="checkbox"/> No <input type="checkbox"/> Yes State Health Insurance for Adults..... <input type="checkbox"/> No <input type="checkbox"/> Yes	

***DOMESTIC VIOLENCE** (ADULTS & HEAD OF HOUSEHOLD [EXCEPT RHY & SSVF PROJECTS])

*DOMESTIC ABUSE VICTIM/SURVIVOR		
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		
IF YES: WHEN EXPERIENCE OCCURRED		IF YES: ARE YOU CURRENTLY FLEEING?
<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 6 months to 1 year ago <input type="checkbox"/> 3 to 6 months ago <input type="checkbox"/> 1 year ago or more	<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

----- GO ON -----



PROGRAM-SPECIFIC DATA ELEMENTS

***PATH STATUS (PATH PROJECTS – ALL CLIENTS)**

DATE OF STATUS DETERMINATION	CLIENT BECAME ENROLLED IN PATH	IF NO: REASON NOT ENROLLED
____/____/____	<input type="checkbox"/> No (SEE RIGHT) <input type="checkbox"/> Yes	<input type="checkbox"/> Client was found ineligible for PATH <input type="checkbox"/> Client was not enrolled for other reason(s)

***CONNECTION WITH SOAR (PATH & SSVF PROJECTS – ALL CLIENTS)**

CONNECTION WITH SOAR
<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 (HOPWA PROJECTS – ADULTS & PRIMARY CLIENTS)**

*RECEIVING PUBLIC HIV/AIDS MEDICAL ASSISTANCE	IF NO, REASON:
<input type="checkbox"/> No (SEE RIGHT) <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Applied: Decision pending <input type="checkbox"/> Applied: Client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
*RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP)	IF NO, REASON:
<input type="checkbox"/> No (SEE RIGHT) <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Applied: Decision pending <input type="checkbox"/> Applied: Client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

IF THIS IS THE PRIMARY CLIENT (HOUSEHOLD MEMBER WITH HIV/AIDS), YOU MUST ALSO COLLECT THE FOLLOWING:

*T-CELL (CD4) COUNT	IF AVAILABLE:	IF AVAILABLE: HOW WAS THE INFORMATION OBTAINED?
<input type="checkbox"/> Not Available/No <input type="checkbox"/> Available/Yes (SEE RIGHT) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	T-Cell Count: _____	<input type="checkbox"/> Medical Report <input type="checkbox"/> Client Report
*VIRAL LOAD	IF AVAILABLE:	IF AVAILABLE: HOW WAS THE INFORMATION OBTAINED?
<input type="checkbox"/> Not Available <input type="checkbox"/> Available (SEE RIGHT) <input type="checkbox"/> Undetectable <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	Viral Load: _____	<input type="checkbox"/> Medical Report <input type="checkbox"/> Client Report

***PREGNANCY STATUS (RHY PROJECTS – ALL CLIENTS)**

*CURRENTLY PREGNANT	IF YES: DUE DATE
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT)	____/____/____

***HUD/VASH VOUCHER TRACKING (HUD/VASH PROJECTS – ADULTS & HEAD OF HOUSEHOLD)**

*VOUCHER CHANGE
<input type="checkbox"/> Referral package forwarded to PHA <input type="checkbox"/> Voucher denied by PHA <input type="checkbox"/> Voucher issued by PHA <input type="checkbox"/> Voucher revoke or expired <input type="checkbox"/> Voucher in use – veteran moved into housing <input type="checkbox"/> Voucher was ported locally <input type="checkbox"/> Voucher administratively absorbed by PHA <input type="checkbox"/> Voucher converted to Housing Choice Voucher <input type="checkbox"/> Veteran exited – voucher was returned <input type="checkbox"/> Veteran exited – family maintained the voucher <input type="checkbox"/> Veteran exited – prior to ever receiving the voucher

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