

# 2018 HMIS UNIVERSAL FORM

## INTAKE – UNIVERSAL DATA ELEMENTS ONLY

**\*PART I: ALL CLIENTS**

*INTAKE DATE ____/____/____		*BED/UNIT (IF APPLICABLE)	PRIMARY WORKER (CASE WORKER)
*FIRST NAME	MIDDLE NAME	*LAST NAME & SUFFIX	
*NAME DATA QUALITY <input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial Name, Street Name, or Code Name Reported			ALIAS
		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*SOCIAL SECURITY NUMBER (Enter "9" for any missing numbers in an approx. or partial SSN) ____ - ____ - _____		*SSN DATA QUALITY <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or Partial SSN Reported	
		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*GENDER <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Male <input type="checkbox"/> Trans Male (FTM or Female to Male)			
		<input type="checkbox"/> Gender Non-Conforming (Doesn't identify as male, female, or transgendered) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*BIRTHDATE ____/____/____	*BIRTHDATE DATA QUALITY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB Reported		
		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*ETHNICITY <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino			
		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*RACE: CHECK ALL THAT APPLY <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			
		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

**\*PART II: ADULTS & HEADS OF HOUSEHOLD ONLY**

*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 only one (1) section: Homeless Situation, Institutional Situation, Transitional/Permanent Situation, **OR** Unknown (**only** if necessary).

HOMELESS SITUATIONS	
*TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY) <input type="checkbox"/> <b>Place not meant for human habitation</b> (e.g. a vehicle, abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> <b>Emergency shelter</b> , including <b>hotel or motel</b> paid for with <b>emergency shelter voucher</b> <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing	*LENGTH OF STAY IN PREVIOUS PLACE <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 ____/____/____	
* (REGARDLESS OF WHERE THEY STAYED LAST NIGHT) NUMBER OF TIMES 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+	*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR SH IN THE PAST 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"/> Over 12
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

**OR**

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



INSTITUTIONAL SITUATIONS	
*TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)	*LENGTH OF STAY IN PREVIOUS PLACE
<input type="checkbox"/> <b>Foster</b> care home or foster care group home <input type="checkbox"/> <b>Hospital</b> or other residential non-psychiatric medical facility <input type="checkbox"/> <b>Jail</b> , prison, or juvenile detention facility <input type="checkbox"/> <b>Long-term care</b> facility or <b>nursing home</b> <input type="checkbox"/> <b>Psychiatric hospital</b> or other psychiatric facility <input type="checkbox"/> <b>Substance abuse treatment</b> facility or detox center	<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"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>
*DID THE CLIENT STAY LESS THAN 7 DAYS?	IF YES: THE NIGHT BEFORE THAT, DID THEY STAY ON THE STREETS, IN ES, OR SH?
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT)	<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW)
IF YES TO [ON THE NIGHT BEFORE THAT, WERE THEY ON THE STREETS, IN ES, OR SH?]: PROVIDE DETAILS OF PREVIOUS HOMELESSNESS	
*APPROXIMATE DATE HOMELESSNESS STARTED	
____/____/____	
*(REGARDLESS OF WHERE THEY STAYED LAST NIGHT) NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS (INCLUDING TODAY)	*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>	<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"/> <i>Client Doesn't Know</i> <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Over 12 <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>

OR

TRANSITIONAL AND PERMANENT HOUSING SITUATIONS	
*TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)	*LENGTH OF STAY IN PREVIOUS PLACE
<input type="checkbox"/> <b>Hotel or motel</b> paid for <b>without</b> emergency shelter voucher <input type="checkbox"/> Owned by client, <b>no</b> ongoing subsidy <input type="checkbox"/> Owned by client, <b>with</b> ongoing subsidy <input type="checkbox"/> <b>Permanent housing (other than RRH)</b> for formerly homeless persons (PSH, HOPWA) <input type="checkbox"/> Rental by client, <b>no</b> ongoing subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with VASH subsidy	<input type="checkbox"/> Rental by client, with other housing subsidy ( <b>including RRH</b> ) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> <b>Staying or living in family</b> member's room, apartment, or house <input type="checkbox"/> <b>Staying or living in friend's</b> room, apartment, or house <input type="checkbox"/> <b>Transitional housing</b> for homeless persons (including homeless youth) <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"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>
*DID THE CLIENT STAY LESS THAN 90 DAYS?	IF YES: THE NIGHT BEFORE THAT, DID THEY STAY ON THE STREETS, IN ES, OR SH?
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE RIGHT)	<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW)
IF YES TO [ON THE NIGHT BEFORE THAT, WERE THEY ON THE STREETS, IN ES, OR SH?]: PROVIDE DETAILS OF PREVIOUS HOMELESSNESS	
*APPROXIMATE DATE HOMELESSNESS STARTED	
____/____/____	
*(REGARDLESS OF WHERE THEY STAYED LAST NIGHT) NUMBER OF TIMES ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS (INCLUDING TODAY)	*TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>	<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"/> <i>Client Doesn't Know</i> <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Over 12 <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>

OR

UNKNOWN (ONLY IF NECESSARY)
TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)
<input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>

**PART III: OPTIONAL**

SERVICES SOUGHT	CDPHP INITIATIVE
<input type="checkbox"/> Shelter/Housing <input type="checkbox"/> Drug Treatment <input type="checkbox"/> Mental Health Care <input type="checkbox"/> Medical Care <input type="checkbox"/> Legal Aid - CRJS/Civil <input type="checkbox"/> Legal Aid - Immigration	<input type="checkbox"/> Client has CDPHP Managed Medicaid <input type="checkbox"/> Client does not have CDPHP Managed Medicaid

--- END ---

PROCEED TO CLIENT RELEASE OF INFORMATION