



2018 HMIS UNIVERSAL FORM MINOR AGING INTO ADULTHOOD (TURNS 18 YEARS OF AGE)

UPDATE THIS INFORMATION WITHIN THE FACE SHEET ONLY

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

*VETERAN STATUS (ALL PROJECTS)

*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 (ALL PROJECTS)

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).

****NOTE: INFORMATION FROM THE HEAD OF HOUSEHOLD'S INTAKE CAN BE USED TO COMPLETE THIS SECTION**

HOMELESS SITUATIONS			
*TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		*LENGTH OF STAY IN PREVIOUS PLACE	
<input type="checkbox"/> Place not meant for human habitation (e.g. a vehicle, abandoned building, bus/train/subway station/airport or anywhere outside) <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 ____/____/____			
*(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"/> 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		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

OR

INSTITUTIONAL SITUATIONS			
*TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		*LENGTH OF STAY IN PREVIOUS PLACE	
<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"/> 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		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
*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"/> 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		<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	

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



OR

TRANSITIONAL AND PERMANENT HOUSING SITUATIONS		
*TYPE OF RESIDENCE (THE NIGHT BEFORE PROJECT ENTRY)		*LENGTH OF STAY IN PREVIOUS PLACE
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing subsidy <input type="checkbox"/> Owned by client, with ongoing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons (PSH, HOPWA) <input type="checkbox"/> Rental by client, no 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 (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in family member's room, apartment, or house <input type="checkbox"/> Staying or living in friend's room, apartment, or house <input type="checkbox"/> Transitional housing 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"/> 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"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>		<input type="checkbox"/> <i>Client Doesn't Know</i> <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>		

***INCOME & SOURCES (ALL PROJECTS EXCEPT RHY-SOP)**

INCOME FROM ANY SOURCE		
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>		
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 (ALL PROJECTS)**

NON-CASH BENEFITS FROM ANY SOURCE		
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>		
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

***DOMESTIC VIOLENCE (ALL PROJECTS EXCEPT RHY, PATH, & SSVF)**

*DOMESTIC ABUSE VICTIM/SURVIVOR		
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>		
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 or more	<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"/> No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Client Doesn't Know</i> <input type="checkbox"/> <i>Client Refused</i> <input type="checkbox"/> <i>Data Not Collected</i>

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PROCEED TO CLIENT RELEASE OF INFORMATION



CRHMIS CLIENT INCLUSION DISCLOSURE & RELEASE OF INFORMATION: FOR ADULTS (18 YEARS OF AGE AND OLDER)

_____ (agency name) _____ participates in the CARES Regional Homeless Management Information System (CRHMIS). This means that in addition to any agency or Continuum of Care (CoC) forms that may be presented to you upon intake, **information about you and your household** is collected and stored within a private and secure computer database; this information is then used to better assess and serve your needs. **No consumer consent is required to enter consumer data into the CRHMIS.**

The CRHMIS system administrator, CARES, Inc. (CARES), is dedicated to the protection of the information within the CRHMIS database. CARES does NOT publish identifying client-level data. Further information on privacy and security can be found at in our complete policy and procedure manual (available at www.caresny.org/CRHMIS/), including information on opting-out of the CRHMIS, data ownership, and a list of research and coordination projects that use de-identified CRHMIS information.

* _____ Please initial to indicate that you have read and understand the above information.

The CRHMIS recognizes every independent adult (aged 18 years and older) as the owner of all information about themselves within the CRHMIS. Parents, legal guardians, and/or legal power of attorneys are designated as the owners of all information about household members under their guardianship (this includes all minors (persons under 18 years of age) and any incapacitated/disabled adults).

As the owner of all information about yourself within the CRHMIS, you have the right to choose how much of it, if any, is shared within the database. To facilitate the coordination and provision of services, we are requesting your permission to share a limited amount of your information with other homeless services coordinators and providers in your community. This permission will be in effect for a minimum of 36 months, but you may revoke consent at any time. Data on HIV/AIDS, Domestic Violence, Behavioral Health (including mental illness and substance abuse), and client notes are NEVER shared through the CRHMIS.

***Please check ONE (1) box below to indicate the level of information-sharing you are willing to authorize for yourself:**

- I agree to share name, gender, and program enrollment history through the CRHMIS computer database with partner homeless services agencies.
- I agree to share name, gender, program enrollment history, demographic, income, and contact information through the CRHMIS computer database with partner homeless services agencies.
- I do NOT agree to share any information through the CRHMIS computer database with partner homeless services agencies.

***By signing this form, I authorize my information to be shared at the level indicated above:**

PRINT name of Client

PRINT name of Witness

SIGNATURE of Client, Guardian, or Power of Attorney

SIGNATURE of Witness

DATE

DATE

INSTRUCTIONS: Informed Consent & Release of Information

*This form is to be used in all HMIS projects **except** RHY-funded projects;
RHY-funded projects are to use a SEPARATE, RHY-specific form.*

The CRHMIS client Inclusion Disclosure and Release of Information are two (2) distinct forms combined into one (1) document; they share one (1) page and one (1) signature for resource conservation and client convenience.

- a) Every adult client (18 years of age and older) must complete and sign one (1) document at the time of intake.
- b) Minors (clients under 18 years of age) may NOT sign for themselves or their children, even if they are the head of household.
 - *There is a SEPARATE form for minors (and incapacitated/disabled adults unable to sign for themselves). This form must be completed and signed by a parent or legal guardian.*

CRHMIS Inclusion Disclosure

No consumer consent is required to enter consumer data into the CRHMIS from any agency-specific or CoC-specific forms that may be presented at intake. To ensure that our consumers are aware of this, CARES has replaced *inferred consent* (a posted sign) with an *inclusion disclosure* (top section of reverse side) for the CRHMIS. Consumers are asked to initial that they received the information.

Consumer refusal to initial the inclusion disclosure does NOT indicate a refusal to be included in the HMIS, and does NOT automatically disqualify the consumer from receiving services from the agency or project – although individual agencies and/or projects may have their own policies that supersede this general CRHMIS policy. Therefore, in the event of a consumer refusal, agency and CoC policy regarding these situations should be followed.

CRHMIS Client Release of Information

The CRHMIS is NOT an open system and does NOT automatically share data between agencies. However, to better coordinate consumer case management and care, the CRHMIS Advisory Committee has agreed to a stepped implementation of consumer-driven data-sharing.

Data-sharing is managed at the agency and consumer levels. If an agency or project allows data-sharing (contact kclark@caresny.org if you are unsure about your project), a consumer still has the choice to share none, some, or most of their data within the CRHMIS. Information on special conditions (i.e. mental health, HIV status, substance abuse status) is NEVER shared. Any shared data is only accessible via the CRHMIS by users who have been trained in the system and have agreed to all privacy and security policies.

- a) **If your agency or project DOES NOT participate in data sharing, you must check option 3** and have the consumer sign and date the form, indicating that they understand that their data will NOT be shared, regardless of preference.
 - *When entering the intake into the CRHMIS, “No Sharing” is the default and should not be changed.*
- b) **If your agency or project DOES participate in data sharing, you must give the consumer the choice** to share by option 1 (restrictive but still shared), 2 (less restrictive), or 3 (no sharing at all); the consumer must then sign and date the form.

Agency monitoring will include examination to ensure that privacy preferences on physical forms match record settings in the CRHMIS.