

# SPOKANE HMIS DATA COLLECTION FORM



City of Spokane  
**Human Services Department**

Updated May 31st  
**Expires January 1st**

## HMIS CLIENT DATA COLLECTION FORM

**\*\*Please complete a separate form for each individual family member.**

~Last Name: \_\_\_\_\_ ~First Name: \_\_\_\_\_ ~Suffix: \_\_\_\_\_  
 ~SSN: \_\_\_\_\_ ~SSN type: Full SSN reported Partial SSN Reported Don't know or don't have SSN Refused  
 ~Date of birth: \_\_\_/\_\_\_/\_\_\_ ~Birth date quality: Approximate or partial DOB reported Full DOB reported Don't know Refused  
 ~Gender: Male Female Transgender Female to Male Transgender Male to Female Other Don't know Refused

### Family and Contact Information

~Family Name: \_\_\_\_\_ ~Relationship to head of household: Self Parent Son Daughter  
 Dependent Child Grandparent Guardian Spouse Other Family Member Other Non-Family Other Caretaker Grandchild Step Child Significant  
 Other (Non-Married) ~Mailing address: \_\_\_\_\_  
 ~Zip code: \_\_\_\_\_ ~Home phone: \_\_\_\_\_ ~Emergency contact type: Guardian Other Relative Mentor Physician  
 Best Friend Primary Care Giver ~Emergency contact name: \_\_\_\_\_  
 ~Emergency contact phone: \_\_\_\_\_

### Demographics

~Ethnicity: Hispanic/Latino Non-Hispanic/Latino Don't know Refused ~Race: American Indian or Alaska Native Asian Black or African  
 American Native Hawaiian or Other Pacific Islander White Don't know Refused

### Information Release and Security (ENTRY)

~Did the head of household sign the Client Release of Information Form? Yes No (If Yes, then enter MOU 500 for Information Release #)

### MASTER ASSESSMENT (ENTRY, EXIT, ANNUAL)

~Assessment date: \_\_\_/\_\_\_/\_\_\_ ~Assessment type: Entry During Program Enrollment Exit Follow-up Quick Intake SMS After Care  
 Follow-up Other ~Program name: \_\_\_\_\_  
 ~Assessor name: \_\_\_\_\_ ~Restriction: Restrict to Org. Unrestricted

### Universal Data Elements (ENTRY, EXIT)

~Assessment date: \_\_\_/\_\_\_/\_\_\_ ~Veteran status: No Yes Don't know Refused ~Disabling condition: No Yes Don't know  
 Refused ~Residence prior to program entry: Emergency shelter Transitional housing for homeless persons Permanent housing for formerly  
 homeless Psychiatric hospital Substance abuse treatment facility Hospital (non-psychiatric) Jail, prison or juvenile detention Rental by client, no  
 subsidy Owned by client, no subsidy Staying or living in a family member's room, apartment or house Staying or living in a friend's room, apartment or  
 house Hotel or motel Foster care Place not meant for habitation Other Safe Haven Rental, with VASH subsidy Rental, with other (non-VASH)  
 subsidy Owned by client, with subsidy Don't Know Refused ~Length of stay: One week or less More than one week, but less than one month  
 One to three months More than three months, but less than one year One year or longer Don't Know Refused ~Housing status: Literally  
 Homeless Unstably Housed & at-risk of losing their housing Stably Housed - Rent Imminently losing their housing Stably Housed - Own Doubled Up  
 Don't Know Refused  
 ~Prior zip: \_\_\_\_\_ ~City: \_\_\_\_\_ ~State: \_\_\_\_\_  
 ~Prior zip quality: Full Zip Code Recorded Don't Know Refused ~Restriction: Restrict to Organization Unrestricted

### Chronic Homeless Assessment (ENTRY)

~Assessment date: \_\_\_/\_\_\_/\_\_\_ ~Unaccompanied individual: No Yes ~Continuously homeless for a year or more: No Yes  
 ~4 episodes of homelessness in the past 3 years: No Yes ~Substance use disorder: No Yes ~Serious mental disability: No  
 Yes ~Developmental disability: No Yes ~Chronic physical illness or disability: No Yes ~Chronically homeless: No Yes  
 ~Restriction: Restrict to Org Unrestricted

### Barriers (ENTRY, EXIT, ANNUAL)

Barrier	Identified	Date Identified	Receiving Services/Treatment	Condition is Indefinite
Alcohol Abuse	No Yes Don't Know Refused	___/___/___	No Yes Don't Know Refused	No Yes Don't Know Refused
Developmental Disability	No Yes Don't Know Refused	___/___/___	No Yes Don't Know Refused	No Yes Don't Know Refused
Domestic Violence	No Yes Don't Know Refused	___/___/___	No Yes Don't Know Refused	No Yes Don't Know Refused
Chronic Health	No Yes Don't Know Refused	___/___/___	No Yes Don't Know Refused	No Yes Don't Know Refused
Drug Abuse	No Yes Don't Know Refused	___/___/___	No Yes Don't Know Refused	No Yes Don't Know Refused
Dually Diagnosed	No Yes Don't Know Refused	___/___/___	No Yes Don't Know Refused	No Yes Don't Know Refused
HIV/AIDS	No Yes Don't Know Refused	___/___/___	No Yes Don't Know Refused	No Yes Don't Know Refused
Mental Illness	No Yes Don't Know Refused	___/___/___	No Yes Don't Know Refused	No Yes Don't Know Refused
Physical Disability	No Yes Don't Know Refused	___/___/___	No Yes Don't Know Refused	No Yes Don't Know Refused
Disability (Unknown type)	No Yes Don't Know Refused	___/___/___	No Yes Don't Know Refused	No Yes Don't Know Refused
Unknown Barriers	No Yes Don't Know Refused	___/___/___	No Yes Don't Know Refused	No Yes Don't Know Refused
Learning Disability	No Yes Don't Know Refused	___/___/___	No Yes Don't Know Refused	No Yes Don't Know Refused

### Domestic Violence Assessment (ENTRY)

~Assessment date: \_\_\_/\_\_\_/\_\_\_ ~Domestic violence experience: No Yes\*\* Don't know Refused \*\*If yes) When experience  
 occurred: Past three months Three to six weeks ago Six to twelve months ago More than a year ago Don't know Refused  
 ~Restriction: Restrict to Org Unrestricted

### Financial Assessment (ENTRY, EXIT, ANNUAL)

~Assessment date: \_\_\_/\_\_\_/\_\_\_ ~Income received: No Yes Don't Know Refused ~Non-cash benefits: No Yes Don't Know  
 Refused

Source of Income	Receiving income?	Amount from Source	Source of Non-cash Benefit	Receiving income?	Amount from Source
Earned Income (employment income)	No Yes	\$____.00	Food Stamps/Money for food on benefits card	No Yes	\$____.00

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Full Time Employment	No Yes	\$ _____.00	MEDICAID	No Yes	\$ _____.00
Part Time Employment	No Yes	\$ _____.00	MEDICARE	No Yes	\$ _____.00
Seasonal Agricultural Worker	No Yes	\$ _____.00	ADATSA	No Yes	\$ _____.00
Unknown	No Yes	\$ _____.00	State Children's Health Insurance Program	No Yes	\$ _____.00
Unemployment Insurance	No Yes	\$ _____.00	WIC	No Yes	\$ _____.00
Supplemental Security Income	No Yes	\$ _____.00	Veteran's Administration Medical Services	No Yes	\$ _____.00
Veteran's Disability Payment	No Yes	\$ _____.00	TANF Child Care Services	No Yes	\$ _____.00
Private Disability Insurance	No Yes	\$ _____.00	TANF Transportation Services	No Yes	\$ _____.00
Worker's Compensation	No Yes	\$ _____.00	Other TANF-funded Services	No Yes	\$ _____.00
TANF	No Yes	\$ _____.00	Sec. 8, Public Housing/Other Rental Assistance	No Yes	\$ _____.00
General Assistance	No Yes	\$ _____.00	Other Source	No Yes	\$ _____.00
Retirement (Social Security)	No Yes	\$ _____.00			
Street Income	No Yes	\$ _____.00			
Veteran's Pension	No Yes	\$ _____.00			
Other Pension	No Yes	\$ _____.00			
Child Support	No Yes	\$ _____.00			
Alimony	No Yes	\$ _____.00			
Other Income	No Yes	\$ _____.00			
<b>Monthly income from all sources</b>	No Yes	\$ _____.00	<b>Monthly income from all sources</b>	No Yes	\$ _____.00

**Employment Assessment (18 and over) (ENTRY, EXIT, and ANNUAL)**

~Assessment date: \_\_\_/\_\_\_/\_\_\_\_ ~Employed: Yes No Don't Know Refused ~Looking for work: Yes No Don't Know Refused  
 ~Restriction : Restrict to Org Unrestricted

**Adult Education Assessment (18 and over) (ENTRY, EXIT, ANNUAL)**

~Assessment date: \_\_\_/\_\_\_/\_\_\_\_ ~Currently in school/working on degree: Yes No Don't Know Refused  
 ~Received vocational training/apprenticeship: Yes No Don't Know Refused ~Highest grade completed: No School Completed  
 Nursery School-4<sup>th</sup> Grade 5<sup>th</sup>-6<sup>th</sup> Grade 7<sup>th</sup>-8<sup>th</sup> Grade 9<sup>th</sup> Grade 10<sup>th</sup> Grade 11<sup>th</sup> Grade 12<sup>th</sup> Grade/No Diploma High School Diploma GED Post-  
 Secondary School Don't Know Refused ~Secondary education: None Associates Degree Bachelors Masters Doctorate Some College  
 Other Grad/Prof Degree Don't Know Refused ~Restriction : Restrict to Org Unrestricted

**Child Education Assessment (If applicable – Under 18) (ENTRY, EXIT, ANNUAL)**

~Assessment date: \_\_\_/\_\_\_/\_\_\_\_ ~Highest grade completed: No School Completed Nursery School-4<sup>th</sup> Grade 5<sup>th</sup>-6<sup>th</sup> Grade 7<sup>th</sup>-8<sup>th</sup>  
 Grade 9<sup>th</sup> Grade 10<sup>th</sup> Grade 11<sup>th</sup> Grade 12<sup>th</sup> Grade/No Diploma High School Diploma GED Post-Secondary School Don't Know Refused  
 ~Currently Enrolled Status: Yes No Don't know Refused ~Restriction : Restrict to Org Unrestricted

**PROGRAM ENROLLMENT**

~Name: \_\_\_\_\_ ~Enrollment Date: \_\_\_/\_\_\_/\_\_\_\_  
 ~Case: \_\_\_\_\_ ~Program: \_\_\_\_\_  
 ~Grant: \_\_\_\_\_ ~Family: \_\_\_\_\_  
 ~Relationship to head of household: Self Parent Son Daughter Dependent Child Grandparent Guardian Spouse Other Family  
 Member Other Non-Family Other Caretaker Grandchild Step Child Significant Other (Non-Married)  
 ~Case manager: \_\_\_\_\_ ~Restriction : Restrict to Org Unrestricted

**PROGRAM EXIT**

~Exit Date \_\_\_/\_\_\_/\_\_\_\_ ~Exit Reason: Left for Housing Before Completing Program Completed Program Non-Payment of  
 Rent/Occupancy Charge Non-Compliance with Project Criminal Action/Property Destruction Max Time Allowed in Project Needs Could  
 Not Be Met By Program Disagreement With Rules/Person(s) Death Other Unknown/Disappeared  
 ~Destination: Emergency Shelter, Including Hotel or Motel Paid For With Shelter Voucher Transitional Housing For Homeless Persons  
 (Including Homeless Youth) Permanent Supportive Housing For Formerly Homeless Persons (Such As SHP, S+C, or SRO Mod Rehab)  
 Substance Abuse Treatment or Detox Center Rental By Client, No Ongoing Housing Subsidy Owned By Client, No Ongoing Housing  
 Subsidy Staying Or Living With Family, Temporary Tenure (e.g., Room, Apartment, or House) Psychiatric Hospital Or Other Psychiatric  
 Facility Rental By Client, Other (Non-VASH) Ongoing Housing Subsidy Staying Or Living With Friends, Temporary Tenure (e.g., Room,  
 Apartment, Or House) Hospital (Non-Psychiatric) Jail, Prison, Juvenile Detention Facility Place Not Meant For Habitation (e.g., A Vehicle,  
 An Abandoned Building, Bus/Train/Subway Station/Airport Or Anywhere Outside Owned By Client, With Ongoing Housing Subsidy Safe  
 Haven VASH Subsidy Hotel Or Motel Paid For Without Emergency Shelter Voucher Foster Care Home Or Foster Care Group Home  
 Staying Or Living With Family, Permanent Tenure Staying Or Living With Friends, Permanent Tenure Deceased Other Don't Know  
 Refused