

# HMIS Data Collection for *Child < 18 Years of Age* - Template for Project START (Revised 12.04.2023)

Use this form for children under 18 years of age who are *not* the head of household. This template may be used for all projects.

**\*Note:** Where two or more people under the age of 18 present at a project together and one of the people presenting is not the child of the other (e.g., brother and sister), each person should be entered as their own record in their own household. It is important to create separate records for people under 18 who present together to better understand homelessness among youth. Entering them separately is not permitted to be a barrier to or impact the receipt of future interventions. If two minors are present together with a child, the two minors should be recorded in separate households. The child should be added to the household of the parent that the child would live with should the parents be separated for any reason. (From HUD 2024 Data Standards.)

## DATA FOR ALL CLIENTS HoH HMIS CLIENT ID # \_\_\_\_\_ (IF KNOWN)

Respond to the following questions for each child in the household. A separate form should be included for each child.

### PROJECT START DATE (e.g., 09/24/2023)

The Project Start Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

		/			/				
Month			Day			Year			

### NAME (first, middle, last name, suffix, e.g., Jr, Sr, III)

HMIS records should use a client's full and accurate name whenever possible. If the client doesn't associate with their legal name, the name entered into HMIS should reflect the name the client identifies with, unless legal name is required by the funder (e.g., VA).

First name	
Middle name	
Last name	
Suffix	

### NAME DATA QUALITY

Street Outreach and Coordinated Entry projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time.

- Full name reported       Partial, Street name, Code name reported

### SOCIAL SECURITY NUMBER

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### DATE OF BIRTH (e.g., 10/23/1978)

		/			/						
Month			Day			Year					

### SOCIAL SECURITY NUMBER DATA QUALITY

- Full SSN# Reported
- Approximate or partial SSN reported
- Client doesn't know
- Client prefers not to answer
- Data not collected

### DATE OF BIRTH QUALITY

- Full DOB Reported
- Approximate or partial DOB reported
- Client doesn't know
- Client prefers not to answer
- Data not collected

### RACE AND ETHNICITY

Record the self-identified race(s) and ethnicity, if applicable. Help the client select as many race and/or ethnicity options that they identify.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native or Indigenous | <input type="checkbox"/> Asian or Asian American             |
| <input type="checkbox"/> Black, African American, or African            | <input type="checkbox"/> Hispanic/Latina/e/o                 |
| <input type="checkbox"/> Middle Eastern or North African                | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> White  | <input type="checkbox"/> Client prefers not to answer        |
| <input type="checkbox"/> Client doesn't know                            | <input type="checkbox"/> Data not collected                  |

Additional Race and Ethnicity Detail: \_\_\_\_\_

**GENDER**

Which of these genders best describes how the client identifies?

- Woman (Girl, if child)
- Transgender
- Different Identity \_\_\_\_\_
- Client doesn't know
- Man (Boy, if Child)
- Culturally Specific identity (e.g. Two-Spirit)
- Client prefers not to answer
- Data not collected

**RELATIONSHIP TO HEAD OF HOUSEHOLD**

In a household of a single individual, that person must be identified as the head of household. In multi-person households, one person must be designated as the head of household and the rest must have their relationship to the head of household recorded. If the group of persons is composed of adults and children, an adult must be indicated as the head of household.

- Self (Head of Household)
- Head of Household's child
- Head of Household's spouse or partner
- Head of household's other relation member (other relation to head of household)
- Other: Non-relation member

**The following questions need to be answered on the child's assessment with the same answers as the Head of Household:**

- Reasons for homelessness primary/secondary.
- Prior living situation (where did client sleep last night?)
- How long in prior living situation?
- Approximate date this episode of homelessness started.
- Regardless of where they stayed last night - number of times the client has been on the streets, in ES, or SH in the past three years including today.
- Total number of months homeless on the street, in ES, or SH in the past three years (SO, ES, SH).
- Enrollment CoC, County, Zip Code of Last Permanent Address

**Remember Cash Income and Non-Cash Income for minors in the household get reported under the Head of Household.**

**HEALTH INSURANCE: Remember Health Insurance must be reported for all household members.**

**IS THE CLIENT CURRENTLY COVERED BY HEALTH INSURANCE?**

- Yes
- No

**[IF YES] Answer 'Yes' or 'No' for each health insurance source. (Answer 'No' for sources that have been terminated, even if they were received in the past.)**

No	Yes	Source
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid CIN # _____
<input type="checkbox"/>	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Other If Yes, specify source: _____

**DISABILITIES: Remember Disabilities must be reported for *all* household members.**

**DOES THE CLIENT CURRENTLY HAVE A DISABLING CONDITION?**

Yes  No

[IF YES] Answer 'Yes' or 'No' for each disability listed. [IF YES] for the condition, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

No	Yes	Condition
<input type="checkbox"/>	<input type="checkbox"/>	<b>Alcohol Use Disorder</b>
<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Drug Use Disorder</b>
<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Both Alcohol and Drug Use Disorders</b>
<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Chronic Health Condition</b>
<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Developmental Disability</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>HIV/AIDS</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Mental Health Disorder</b>
<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Disability</b>
<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>