

# HMIS Data Collection Template for Project Update – All Projects (Revised 11.21.2023)

## DATA FOR ALL CLIENTS

HoH HMIS CLIENT ID # \_\_\_\_\_ (IF KNOWN)

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

HMIS Client ID #: \_\_\_\_\_ Name: \_\_\_\_\_

### INTERIM REVIEW TYPE

Data collection must include an “Annual Assessment” for all persons in the project for one year or more with a date of no more than 30 days before or after the anniversary of the Head of Household’s Project Start Date.

- Update
- Annual Assessment
- 30 (60, 90, 120, 180) day review

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

The Review 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

## Income and Non-Cash Benefits Data for Head of Household and other Adults (All Projects)

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

### INCOME AND SOURCES

Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household’s information (income from employment of a minor can be excluded from the household income).

### DOES THE CLIENT HAVE CASH INCOME FROM ANY SOURCE?

- Yes  No

↓ [IF YES] Answer Yes or No for each income source.

If the response for a source is ‘Yes’, enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client’s best estimate. Answer ‘No’ for sources that have been terminated, even if they were received in the past.

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$ . 0 0
Unemployment Insurance	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$ . 0 0
Supplemental Security Income (SSI)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$ . 0 0
Social Security Disability Insurance (SSDI)	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$ . 0 0
VA Service-Connected Disability Compensation	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$ . 0 0
VA Non-Service-Connected Disability Pension	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$ . 0 0
Private disability insurance	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$ . 0 0
Worker’s Compensation	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	\$ . 0 0

Temporary Assistance for Needy Families (TANF) DHS# _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$					. 0 0
General Assistance (GA) DHS# _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$					. 0 0
Retirement Income from Social Security	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$					. 0 0
Pension or retirement income from a former job	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$					. 0 0
Child support	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$					. 0 0
Alimony and other spousal support	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$					. 0 0
Other Source Specify Source: _____	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$					. 0 0
<b>Total monthly income from all sources</b>			\$					. 0 0

**NON-CASH BENEFITS**

**DOES THE CLIENT HAVE NON-CASH BENEFITS FROM ANY SOURCE?**

*Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household’s information.*

Yes  No

**[IF YES] Answer ‘Yes’ or ‘No’ for each non-cash benefit source.**

Source of Non-Cash Benefit	No	Yes
Supplemental Nutrition Assistance Program (SNAP) (Previously Food Stamps)	<input type="checkbox"/>	<input type="checkbox"/>
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>
TANF Child Care Services	<input type="checkbox"/>	<input type="checkbox"/>
TANF Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>
Other TANF-Funded Services Please Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Source Please Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

**HEALTH INSURANCE:** 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 <b>CIN #</b> _____ (Medicaid Client Identification Number)
<input type="checkbox"/>	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	<input type="checkbox"/>	State Children’s Health Insurance Program
<input type="checkbox"/>	<input type="checkbox"/>	Veteran’s Health Administration (VHA)
<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
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Other Specify source: _____

**DISABILITIES**

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

**Please Note:** *If changes to disability are made, remember to go back to the project start entry and make sure that the answer to “Disabling Condition - Yes/No” agrees with the changes made in this update.* From FY2024 HUD Data Standards, “the answer should always be reflective of the most current disabling condition available (even if the disabling condition onset was after the ‘Project Start Date’ for the enrollment. ...The value should always reflect the current known status of a client’s disabling condition.”

**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>

**HOUSING MOVE-IN DATE (Permanent Housing Projects Only)**

**All types of Permanent Housing need to have a move-in date entered in HMIS unless the client exited the program without moving into permanent housing. The Move-In Date must fall between the Project Start Date and the Project End Date.**

**Move-In Date**

		/			/				
Month			Day			Year			

**Address of PSH or RRH Unit:**

Unit Address*	
Unit Zip Code*	

**End Date (If applicable)**

		/			/				
Month			Day			Year			

**Landlord Contact Information**

**Start Date**

		/			/				
Month			Day			Year			

Landlord name	
Contact name	
Phone number	
Email	
Notes	

**End Date**

		/			/				
Month			Day			Year			

**Annual Assessment Summary Note**

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**DOMESTIC VIOLENCE (Must be collected for head of household and adults)**

**IS THE CLIENT A SURVIVOR OF DOMESTIC VIOLENCE?**

- Yes    No    Client doesn't know    Client prefers not to answer    Data not collected

**[IF YES] When did the experience occur?**

- Within the past three months
- Three to six months ago (excluding six months exactly)
- Six months to one year ago (excluding one year exactly)
- One year or more
- Client doesn't know
- Client prefers not to answer
- Data not collected

**[IF YES] Is the client currently fleeing?**

- Yes    No    Client doesn't know    Client prefers not to answer    Data not collected

**\*\*\*STREET OUTREACH STAFF ONLY\*\*\***

**DATE OF ENGAGEMENT**

		/			/				
Month			Day			Year			

## Income Types

Type	Explanation
Earned income (i.e., employment income)	Income that is earned from employment; can be part-time or full-time; documentable with a paycheck.
Unemployment Insurance	Unemployment benefits from NYS received due to loss of employment
Supplemental Security Income (SSI)	<b>Supplemental Security Income: Benefits from Social Security for persons who are permanently/long-term disabled who did not pay into Social Security enough to be, eligible for full Social Security benefits. Maximum benefit is capped annually by SSA.</b>
Social Security Disability Insurance (SSDI)	<b>Social Security Disability Income: Benefits from Social Security for persons who are permanently/long-term disabled who paid into Social Security enough to be, eligible for full Social Security benefits. Benefit is determined by SSA based on their payments into the SS system</b>
VA Service-Connected Disability Compensation	Benefits received through the Veterans. Administration for veterans with long term/permanent disabilities that occurred while they were in active service
VA Non-Service-Connected Disability Pension	Benefits received through the Veterans. Administration for veterans with long term/permanent disabilities not related to their time in active service
Private disability insurance	Income received from a short/long term disability insurance plan paid for by an employer or the person while an employee
Worker's Compensation	Benefits received when a person is out of work due to being injured while on the job or becoming ill due to job related activities
Temporary Assistance for Needy Families (TANF)	Temporary Assistance for Needy Families.: Cash assistance from MCDHS provided to households with children; commonly referred to as public assistance, temporary assistance, welfare, safety net
General Assistance (GA) Singles	Cash, assistances from MCDHS for individuals/household without children; often public assistance, temporary assistance, welfare, safety net
Retirement Income from Social Security	<b>Social Security Income: Retirement benefits paid by SSA based on years of employment and earned income.</b>
Pension or retirement income from a former job	Income received from a pension/retirement insurance plan paid for by an employer or the person while an employee; includes survivors benefits of a pension.
Child support	Child support income that is paid because of a court order voluntarily or involuntarily
Alimony or other spousal support	Alimony or Spousal Support income that is paid because of a court order voluntarily or involuntary
Other source	Should rarely be used