

# HMIS Data Collection Form for Project START – All Project Types (Revised 03/08/2026)

Use this form for all adults (age 18+) and for youth <18 years of age who are the Head of Household. Please complete all items.

## 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.

\*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 2026 Data Standards.)

## 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

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

			-			-				
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		/			/					
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## SOCIAL SECURITY NUMBER DATA QUALITY

## DATE OF BIRTH QUALITY

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

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

## VETERAN STATUS

Veteran Status is collected for **all adults 18 years of age and older**. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. Please see the FY 2026 VA Data Guide ([https://www.va.gov/HOMELESS/ssvf/docs/SSVF\\_VA\\_Data\\_Guide.pdf](https://www.va.gov/HOMELESS/ssvf/docs/SSVF_VA_Data_Guide.pdf)) for more information.

## IS THE CLIENT A VETERAN?

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

## RACE AND ETHNICITY

Record the self-identified race(s) and ethnicity, as applicable. Help the client select as many race and/or ethnicity options as 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/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 (Optional): \_\_\_\_\_

**SEX**

- Male
  Female  
 Client doesn't know
  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

**ENROLLMENT COC**

- NY-500
  NY-513

**COUNTY WHERE CLIENT IS CURRENTLY PHYSICALLY LOCATED.**

- Monroe
  Ontario
  Seneca
  Wayne
  Yates

**ZIP CODE OF LAST PERMANENT ADDRESS**

Zip Code \_\_\_\_\_

**REASON FOR HOMELESSNESS PRIMARY/SECONDARY (Check one in each column. They can be the same.)**

Primary	Secondary	Source
<input type="checkbox"/>	<input type="checkbox"/>	Co-occurring Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Criminal Activity
<input type="checkbox"/>	<input type="checkbox"/>	Domestic Violence Survivor
<input type="checkbox"/>	<input type="checkbox"/>	Eviction by Primary Tenant (put out by family or Friend)
<input type="checkbox"/>	<input type="checkbox"/>	Eviction (Landlord/Court)
<input type="checkbox"/>	<input type="checkbox"/>	Family Dysfunction/Conflict (not DV)
<input type="checkbox"/>	<input type="checkbox"/>	Fire
<input type="checkbox"/>	<input type="checkbox"/>	Health/Safety Issues (Code Violations)
<input type="checkbox"/>	<input type="checkbox"/>	Loss of Income
<input type="checkbox"/>	<input type="checkbox"/>	Loss of Transportation
<input type="checkbox"/>	<input type="checkbox"/>	Medical Condition
<input type="checkbox"/>	<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage Foreclosure
<input type="checkbox"/>	<input type="checkbox"/>	Nature Disaster
<input type="checkbox"/>	<input type="checkbox"/>	Recent Release from Jail/Prison
<input type="checkbox"/>	<input type="checkbox"/>	Relocation from outside Monroe Country
<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	<input type="checkbox"/>	Utility Shutoff

**PRIOR LIVING SITUATION (Where did client sleep last night?) Check one.****Homeless Situations**

- Place not meant for habitation (HUD)  
 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter (HUD)  
 Safe Haven (HUD)

**Institutional Situations**

- Foster care home or foster care group home (HUD)  
 Hospital or other residential non-psychiatric medical facility (HUD)  
 Jail, prison, or juvenile detention facility (HUD)

- Long-term care facility or nursing home (HUD)
- Psychiatric hospital or other psychiatric facility (HUD)
- Substance abuse treatment facility or detox center (HUD)

**Temporary Housing Situations**

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- Transitional housing for homeless persons (including homeless youth) (HUD)
- Residential project or halfway house with no homeless criteria (HUD)
- Hotel or motel paid for without emergency shelter voucher (HUD)
- Host Home (non-crisis) (HUD)
- Staying or living in a friend's room, apartment, or house (HUD)
- Staying or living in a family member's room, apartment, or house (HUD)

**Permanent Housing Situation**

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- Rental by client, no ongoing housing subsidy (HUD)
- Rental by client, with ongoing housing subsidy (HUD) (\*Select a rental subsidy from list below.)
- Owned by client, with ongoing housing subsidy (HUD)
- Owned by client, no ongoing housing subsidy (HUD)

**Other**

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- Client doesn't know
- Client prefers not to answer
- Data not collected

**\*IF CLIENT RECEIVES A RENTAL SUBSIDY, WHICH ONE?**

- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent subsidy
- HCV voucher (tenant or project based) (not dedicated) Includes HCV with no paired services.
- Public housing unit
- Rental by client, with other ongoing housing subsidy
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other permanent housing dedicated for formerly homeless persons

**IF RESIDENCE PRIOR WAS AN EMERGENCY SHELTER WHICH ONE?**

- Bethany House
- Catholic Family Center Francis Center
- Catholic Family Center Sanctuary House
- Center for Youth- BCP Shelter RHY
- Center for Youth- The Center House
- DHS Hotel Emergency Placements
- Eagle Star Temporary ES
- Family Promise of Greater Rochester
- Grace House Temporary
- House of Mercy
- Open Door Mission
- Salvation Army Booth Haven Emergency
- Salvation Army Hope House
- Tempro Emergency Housing (PCHO)
- VOA Moving Forward Family Shelter
- VOA The Guest House
- Willow Center for Domestic Violence
- YWCA Emergency Housing
- N/A use only if client was NOT in a shelter (HUD)

**FOR Street Outreach (SO), Emergency Shelter (ES), and Safe Haven (SH) ONLY**

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**HOW LONG IN PRIOR LIVING SITUATION AS STATED ABOVE. (SO, ES, SH)**

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know

- Client prefers not to answer
- Data not collected

**APPROXIMATE DATE THIS EPISODE OF HOMELESSNESS STARTED (SO, ES, SH)**

		/			/				
Month		Day		Year					

**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 (SO, ES, SH)**

- One time
- Client doesn't know
- Two times
- Client prefers not to answer
- Three times
- Data not collected
- Four or more times

**TOTAL NUMBER OF MONTHS HOMELESS ON THE STREET, in ES, or SH IN THE PAST THREE YEARS (SO, ES, SH). How many cumulative months has the client been in a "literal homeless" situation in the past three years?**

- One month (this time is the first month)
- Client doesn't know
- 2 months
- Client prefers not to answer
- 3 months
- Data not collected
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months
- More than 12 months

**➔ CONTINUE TO INCOME AND NON-CASH BENEFITS**

**FOR ALL OTHER PROJECTS:**

**HOW LONG IN PRIOR living situation as stated above.**

- One night or less
- Client doesn't know
- Two to six nights
- Client prefers not to answer
- One week or more, but less than one month
- Data not collected
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer

**IF YOUR PRIOR LIVING SITUATION was an institutional situation, did you stay less than 90 days?**      Yes   No

**IF YOUR STAY was in temporary, permanent, or other living situation, did you stay less than 7 nights?**   Yes   No

**IF "YES" TO EITHER, on the night before did you stay on the streets, in a shelter, or in a Safe Haven?**   Yes   No

**APPROXIMATE DATE THIS EPISODE OF HOMELESSNESS STARTED**

		/			/				
Month		Day		Year					

**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.**

- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client prefers not to answer
- Data not collected

**TOTAL NUMBER OF MONTHS HOMELESS ON THE STREET, in ES or SH in the past three years. How many cumulative months has the client been in a "literal homeless" situation in the past three years?**

- One month (this time is the first month)
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 12 months
- More than 12 months
- Client doesn't know
- Client prefers not to answer
- Data not collected

-----Continue to next page-----

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

Remember that Income and Non-Cash Income/Benefits 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>		<b>\$ . 0 0</b>

**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 income	Receiving Benefits from source?	
Supplemental Nutrition Assistance Program (SNAP) (Previously Food Stamps)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
TANF Child Care services	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
TANF transportation services	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Other TANF-Funded Services	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Other Source Specify Source: _____	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

**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 <b>CIN #</b> _____
<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.

### 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>

**DOMESTIC VIOLENCE**

**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

**FOR Street Outreach (SO) ONLY (All other project types should skip this section and end here.)**

**CURRENT LIVING SITUATION**

**Date of Contact**

		/			/				
Month			Day		Year				

<b>Street Outreach Provider</b>	
<b>Case Manager Name</b>	
<b>Information Date</b>	/ / (month/day/year)

**CURRENT LIVING SITUATION (Check one.)**

**Homeless Situations**

- Place not meant for habitation (HUD)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter (HUD)
- Safe Haven (HUD)

**Institutional Situations**

- Foster care home or foster care group home (HUD)
- Hospital or other residential non-psychiatric medical facility (HUD)
- Jail, prison, or juvenile detention facility (HUD)
- Long-term care facility or nursing home (HUD)
- Psychiatric hospital or other psychiatric facility (HUD)
- Substance abuse treatment facility or detox center (HUD)

**Temporary Housing Situations**

- Transitional housing for homeless persons (including homeless youth) (HUD)
- Residential project or halfway house with no homeless criteria (HUD)
- Hotel or motel paid for without emergency shelter voucher (HUD)
- Host Home (non-crisis) (HUD)
- Staying or living in a friend's room, apartment, or house (HUD)
- Staying or living in a family member's room, apartment, or house (HUD)

**Permanent Housing Situation**

- Rental by client, no ongoing housing subsidy (HUD)
- Rental by client, with ongoing housing subsidy (HUD) (\*Select a rental subsidy from list below.)
- Owned by client, with ongoing housing subsidy (HUD)
- Owned by client, no ongoing housing subsidy (HUD)

**Other**

- Other (HUD) Please specify: \_\_\_\_\_
- Worker unable to determine (HUD)
- Client doesn't know
- Client prefers not to answer
- Data not collected

**\*IF CLIENT RECEIVES A RENTAL SUBSIDY, WHICH ONE?**

- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent subsidy
- HCV voucher (tenant or project based) (not dedicated) Includes HCV with no paired services.
- Public housing unit
- Rental by client, with other ongoing housing subsidy
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other permanent housing dedicated for formerly homeless persons

<b>Specific Location</b>	
<b>Zip Code of Living Situation</b>	
<b>Living Situation Verified By</b>	

**Is client going to have to leave their current living situation within 14 days? (If no, skip to 'Date of Engagement')**

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



**If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?' answer the following questions.**

**Has a subsequent residence been identified?**

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

**Does individual or family have resources or support networks to obtain other permanent housing?**

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

**Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?**

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

**Has the client moved 2 or more times in the last 60 days?**

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

**Location details:** \_\_\_\_\_

**End Date (of current living situation)**

		/			/				
Month			Day			Year			

**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)	Supplemental Security Income: Benefits from Social Security for persons who are permanently/long-term disabled <b>who did not pay into Social Security enough to be, eligible for full Social Security benefits.</b> Maximum benefit is capped annually by SSA.
Social Security Disability Insurance (SSDI)	Social Security Disability Income: <b>Benefits from Social Security for persons who are permanently/long-term disabled</b> 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
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