

HMIS Data Collection for Project Updates (and Annuals) – All Projects (Revised 3/8/2026)

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.

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 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

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 FY2026 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"/>	Alcohol Use Disorder
<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"/>	Drug Use Disorder
<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"/>	Both Alcohol and Drug Use Disorders
<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"/>	Chronic Health Condition
<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"/>	Developmental Disability
<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS
<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Disorder
<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"/>	Physical Disability
<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 (PH) Projects Only= RRH, PSH, PH-Housing Only, PH-Housing with Services-No disability required)

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

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

DATE OF ENGAGEMENT

		/			/			
Month			Day			Year		

CURRENT LIVING SITUATION

Date of Contact

		/			/				
Month			Day			Year			

Street Outreach Provider	
Case Manager Name	
Information Date	/ / (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

Specific Location	
Zip Code of Living Situation	
Living Situation Verified By	

Is client going to have to leave their current living situation within 14 days? (If no, end here.)

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

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

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

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

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

Location details: _____

End Date (of current living situation)

		/			/				
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 who did not pay into Social Security enough to be, eligible for full Social Security benefits. Maximum benefit is capped annually by SSA.
Social Security Disability Insurance (SSDI)	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
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	Social Security Income: Retirement benefits paid by SSA based on years of employment and earned income.
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