



# KC Metro HMIS

Homelessness Management Information System

## Assessment Form

Please print clearly

Entry \_\_\_ Annual \_\_\_ Exit \_\_\_

Date \_\_\_\_\_

Client name \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_ Full DOB    \_\_\_ Partial: Month/Year    \_\_\_ Partial Day/Year

\_\_\_ Client doesn't know    \_\_\_ Client refused    \_\_\_ Data not collected

Social Security Number \_\_\_\_\_

\_\_\_ Full SSN    \_\_\_ Approx./partial SSN

\_\_\_ Client doesn't know    \_\_\_ Client refused    \_\_\_ Data not collected

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City / State / Zipcode \_\_\_\_\_

Deceased date \_\_\_\_\_

**Gender:**

- Male
- Female
- Transgender
- A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)
- Questioning
- Client doesn't know
- Client Refused
- Data not collected

Primary language    \_\_\_ English    \_\_\_ Other

**Race** (choose all that apply):

- American Indian, Alaska Native or Indigenous
- Asian or Asian American
- Black, African-American or African
- Native Hawaiian or Pacific Islander
- White
- Client doesn't know
- Client refused
- Data not collected

**Ethnicity** (choose only one):

- Non-Hispanic or Latin(a)(o)(x)
- Hispanic or Latin(a)(o)(x)
- Client doesn't know
- Client refused
- Data not collected

**Disabling condition:**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**Homeless situation:**

- Emergency shelter (ES), including hotel or motel paid for with emergency shelter
- Place not meant for habitation
- Safe Haven (SH)

**Institutional situation:**

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

**Temporary and permanent housing situation**

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host home (non-crisis)
- Staying or living in a friend's room, apartment or house
- Staying or living in a family member's room, apartment or house
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with VASH housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
  
- Client doesn't know
- Client refused
- Data not collected

**Length of stay in prior living situation:**

- One night or less
- Two to six nights
- One week or more, but less than one month
- Once 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 refused
- Data not collected

**Approximate date homelessness started:** \_\_\_\_\_

**Number of times the client has been on the streets, in ES, or SH in the past three years including today (regardless of where they stayed last night)**

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

**Total number of months homeless on the street, in ES or SH in the past three years:**

- 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 refused
- Data not collected

**Is the client a domestic violence victim / survivor?**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**If yes, when did the domestic violence experience occur?**

- Within the past three months
- 3 to 6 months (excluding 6 months exactly)
- From 6 months to 1 year (excluding 1 year exactly)
- 1 year ago or more
- Client doesn't know
- Client refused
- Data not collected

**If yes, is the client currently fleeing?**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**Does the client receive a non-cash benefit?**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**If yes, what type of non-cash benefit?**

- Supplemental Nutrition Assistance Program (SNAP), previously known as Food Stamps
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- TANF child care services (or use local name)
- TANF transportation services
- Other TANF-funded services
- Section 8, public housing or other rental assistance
- Temporary rental assist
- Other source

**Is the client covered by health insurance?**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**Disabling conditions:**

**Substance use disorder**

- No
- Alcohol
- Drug
- Both alcohol and drug abuse
- Client doesn't know
- Client refused
- Data not collected

**If yes, does the client expect the problem to be long term and to impair their ability to live independently?**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**Mental health disorder**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**If yes, does the client expect the problem to be long term and to impair their ability to live independently?**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**Developmental disability**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**If yes, does the client expect the problem to substantially impair their ability to live independently?**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**Chronic health condition**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**If yes, does the client expect the problem to be long term and to impair their ability to live independently?**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**HIV / AIDS**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**Physical disability**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**If yes, does the client expect the problem to be long term and to impair their ability to live independently?**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**Income from any source?**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**If yes, what type of income?**

- Unemployment type \$\_\_\_\_\_/month
- Earned income (i.e., employment income) \$\_\_\_\_\_/month
- SSI \$\_\_\_\_\_/month
- SSDI \$\_\_\_\_\_/month
- VA Service-Connected Disability Compensation \$\_\_\_\_\_/month
- Private disability insurance \$\_\_\_\_\_/month
- TANF \$\_\_\_\_\_/month
- General Assistance (GA) \$\_\_\_\_\_/month
- Retirement income from Social Security \$\_\_\_\_\_/month
- VA Non-Service-Connected Disability Pension \$\_\_\_\_\_/month
- Pension or retirement income from a former job \$\_\_\_\_\_/month
- Child support \$\_\_\_\_\_/month
- Alimony or other spousal support \$\_\_\_\_\_/month
- Worker's Compensation \$\_\_\_\_\_/month
- Other source \$\_\_\_\_\_/month

**If yes, what is the total monthly amount of their income?** \_\_\_\_\_

**Does the client receive the following? (Check if yes.):**

- Medicaid
- Medicare
- State Children's Health Insurance Program
- Veteran's Administration (VA) Medical Services
- Employer-provided health insurance
- Health insurance obtained through COBRA
- State Health Insurance for Adults
- Private pay health insurance
- Indian Health Services program
- Other - Please specify \_\_\_\_\_

**If exited, what is their exit destination?:**

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Safe Haven
- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host Home (non-crisis)
- Staying or living with friends, temporary tenure (e.g. room, apartment or house)
- Staying or living with family, temporary tenure (e.g. room, apartment or house)
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Moved from one HOPWA funded project to HOPWA PH
- Moved from one HOPWA funded project to HOPWA TH
- Rental by client, with GPD TIP housing subsidy
- Rental by client, with VASH housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Deceased
- No exit interview completed
- Client doesn't know
- Client refused
- Other \_\_\_\_\_
- Data not collected

**Veteran Status:**

Have you ever been on active duty in the U.S. Military?

- Yes
- No
- Client doesn't know
- Client refused

If yes, please complete the section below:

**Service Connected with Disability:**

- Yes
- No
- Client doesn't know
- Client refused
- Data not collected

**Branch of Military**

- Army
- Air Force
- Navy
- Marines
- Coast Guard
- Client Doesn't know
- Client refused
- Data not collected

**Veteran Discharge Status**

- Honorable
- General under honorable conditions
- Under other than honorable conditions
- Bad conduct
- Dishonorable
- Uncharacterized
- Client Doesn't know
- Client refused
- Data not collected

**Dates of Service**

- Date entered service (MM/YY/DDDD) \_\_\_\_\_
- Date Separated from Service (MM/YY/DDDD) \_\_\_\_\_

**Theatre of Operations**

- WW II
- Korean War
- Vietnam War
- Persian Gulf War (Operation Desert Storm)
- Iraq (Operation Iraqi Freedom)
- Other Peace-Keeping Operations of Military Interventions
- Afghanistan (Operation Enduring Freedom)
- Iraq (Operation New Dawn)