



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

Gender non-conforming

Female

Client doesn't know

Transgender MTF

Client refused

Transgender FTM

Data not collected

Primary language

English

Other

Race (choose all that apply):

American Indian

Asian

Black/African-American

Native Hawaiian or other

Pacific Islander

White

Client doesn't know

Client refused

Data not collected

Ethnicity (choose only one):

Non-Hispanic or Latino

Hispanic or Latino

Client doesn't know

Client refused

Data not collected

Disabling condition:

Yes

Client doesn't know

No

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

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	Client doesn't know
Two times	Client refused
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:

2 months	7 months	12 months
3 months	8 months	More than 12 months
4 months	9 months	Client doesn't know
5 months	10 months	Client refused
6 months	11 months	Data not collected

Is the client a domestic violence victim / survivor?

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

Does the client receive a non-cash benefit?

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

Disabling conditions:

Substance abuse problem

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

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 problem

Yes	
No	

Developmental disability

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

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

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

Chronic health condition

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

HIV / AIDS

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

Physical disability

Yes Client doesn't know
No 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 Client doesn't know
No 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? Check all that apply.

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 all that apply.):

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
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Owned by client, with ongoing housing subsidy
Owned by client, no ongoing housing subsidy