

*Effective 10/1/2021*

Project Name
--------------

Last	Suffix	Alias

☐ Client Refused

**Date of Birth:**

		/			/		
--	--	---	--	--	---	--	--

☐ Full DOB reported                      ☐ Approx or Partial DOB

☐ Client doesn't know                      ☐ Client refused

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

☐ Female
 ☐ Client doesn't know  
☐ Male
 ☐ Client refused  
☐ A gender other than singular female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)  
☐ Transgender  
☐ Questioning

<input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Hispanic/Latin(a)(o)(x)	<input type="checkbox"/> Client refused

☐ No ☐ Yes

☐ HoH's other relation member      ☐ Other: non-relation member

KY-501 (Louisville/Jefferson County)

# HMIS Update Form for PSH projects

Effective 10/1/2021

Housing Move-in Date

		/			/		
--	--	---	--	--	---	--	--

## Health Insurance

- |  |  |
|--|--|
| <input type="checkbox"/> No                          | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes (identify source below) | <input type="checkbox"/> Client              |

## Source:

- |  |  |
|--|--|
| <input type="checkbox"/> Medicaid                                  | <input type="checkbox"/> Medicare                                |
| <input type="checkbox"/> State Children's Health Insurance (KCHIP) | <input type="checkbox"/> VA Medical Services                     |
| <input type="checkbox"/> Employer-Provided Health Insurance        | <input type="checkbox"/> Health Insurance obtained through COBRA |
| <input type="checkbox"/> Private Pay Health Insurance              | <input type="checkbox"/> State Health Insurance for Adults       |
| <input type="checkbox"/> Indian Health Services Program            | <input type="checkbox"/> Other: _____                            |

## Disability

**Do you have a physical, mental or emotional impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?**

- |                             |   |  |   |
|-----------------------------|---|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes (indicate type(s) below) | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused |
|-----------------------------|---|--|---|

	Physical <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Chronic Health Condition <input type="checkbox"/>	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	Developmental <input type="checkbox"/>	HIV/AIDS <input type="checkbox"/>
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**\*\*Only answer the following questions for Adults and HoH. \*\***

Income	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (identify source and amounts)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
Source:	Amount:
<input type="checkbox"/> Earned income (i.e., employment income)	\$ _____.00
<input type="checkbox"/> Unemployment Insurance	\$ _____.00
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____.00
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____.00
<input type="checkbox"/> Retirement Income from Social Security	\$ _____.00
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$ _____.00
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$ _____.00
<input type="checkbox"/> Worker's Compensation	\$ _____.00
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$ _____.00
<input type="checkbox"/> General Assistance (GA)	\$ _____.00
<input type="checkbox"/> Private disability Insurance	\$ _____.00
<input type="checkbox"/> Pension or retirement income from a former job	\$ _____.00
<input type="checkbox"/> Child Support	\$ _____.00
<input type="checkbox"/> Alimony or other spousal support	\$ _____.00
<input type="checkbox"/> Other source: _____	\$ _____.00
<b>Total Monthly Income:</b>	<b>\$</b>

# HMIS Update Form for PSH projects

Effective 10/1/2021

Non-Cash Benefits	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (Identify source below)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
Source:	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> TANF Child Care services <input type="checkbox"/> TANF transportation services <input type="checkbox"/> Other TANF-funded services <input type="checkbox"/> Other: _____	

Client's Prior Living Situation - Prior to Project Entry			
(Select one Living Situation and answer the corresponding questions in the order in which they appear)			
Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Other
<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside).  <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher  <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster group home  <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility  <input type="checkbox"/> Jail, prison or juvenile detention facility  <input type="checkbox"/> Long-term care facility or nursing home  <input type="checkbox"/> Psychiatric hospital or other psychiatric facility  <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)?</b>  <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer	<b>Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?</b>  <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer  <b>Did you stay in the institutional situation less than 90 days?</b>  <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<b>Length of Stay in Prior Living Situation (i.e. the housing situation identified above)</b>  <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer  <b>Did you stay in the housing situation less than 7 nights?</b>  <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

# HMIS Update Form for PSH projects

Effective 10/1/2021

<input type="checkbox"/> <b>N/A</b> (Complete SECTION IV Below)	<b>On the <u>night before</u> entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?</b>  <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<b>On the <u>night before</u> entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?</b>  <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
--	--	--	---

<b>On the night before your previous stay, was that on the streets, in an Emergency Shelter, or Safe Haven?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Approximate start of homelessness:</b> <table border="1"><tr><td></td><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table>				/			/		
			/			/				
<b>Total <u>number of times homeless</u> on the street, in ES, or SH in the past three years</b> <input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<b>Total <u>number of months</u> homeless on the street, in emergency shelter, or SH in the past three years</b> _____									

<b>Domestic Violence</b>							
<b>Are you, or have you been a survivor of domestic or intimate partner violence?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused							
<b>If YES, how long ago did you have this experience?</b> <table><tr><td><input type="checkbox"/> Within the past 3 months</td><td><input type="checkbox"/> 1 year ago or more</td></tr><tr><td><input type="checkbox"/> 3 to 6 months ago</td><td><input type="checkbox"/> 6 months to 1 year ago</td></tr><tr><td><input type="checkbox"/> Client doesn't know</td><td><input type="checkbox"/> Client refused</td></tr></table>		<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/> 1 year ago or more	<input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> 6 months to 1 year ago	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/> 1 year ago or more						
<input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> 6 months to 1 year ago						
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused						
<b>If Yes, are you currently fleeing?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused							

<b>Foster Care</b>	<b>Zip Code of Last Permanent Address</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					

# HMIS Update Form for PSH projects

Effective 10/1/2021

<b>Client perceives their life has value and worth.</b>	
<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Strongly agree
<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Client refused
<input type="checkbox"/> Somewhat agree	
<b>Client perceives they have support from others who will listen to problems.</b>	
<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Strongly agree
<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Client refused
<input type="checkbox"/> Somewhat agree	
<b>Client perceives they have a tendency to bounce back after hard times.</b>	
<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Strongly agree
<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Client refused
<input type="checkbox"/> Somewhat agree	
<b>Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.</b>	
<input type="checkbox"/> Not at all	<input type="checkbox"/> At least every da
<input type="checkbox"/> Once a month	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Several times a month	<input type="checkbox"/> Client refused
<input type="checkbox"/> Several times a week	
<b>General Health Status</b>	
<input type="checkbox"/> Excellent	<input type="checkbox"/> Poor
<input type="checkbox"/> Very Good	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Good	<input type="checkbox"/> Client refused
<input type="checkbox"/> Fair	

**Staff Completing (Printed Name):**

**Date:**

--	--