SSVF COC HMIS DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Respond to the following questions for the head of household and each additional adult in the household. If the household is composed of an unaccompanied child, that child is the head of household. If the household is composed of two or more minors, data must be collected about the minor that has been designated as the head of household. A separate form should be included for each adult member of the household.

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"
The form is broken into two sections for *All Clients*, and *Head of Household and Other Adults in the Household* in order to eliminate duplication of data gathering when characteristics apply to certain members of households.

DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

TODAY'S DATE (e.g., 09/27/2023)

		/			/	2	0	2	
		Month			Day			Year	

NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

First	
Middle	
Last	
Suffix	

NAME DATA QUALITY

- ☐ Full name reported
- ☐ Partial, street name, or code name reported
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data Not Collected

SOCIAL SECURITY NUMBER

			-			-				

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

		/			/				
		Month			Day			Year	

SOCIAL SECURITY NUMBER DATA QUALITY

- ☐ Full SSN reported
- ☐ Approximate or partial SSN reported
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data Not Collected

DATE OF BIRTH TYPE

- ☐ Full date of birth reported
- ☐ Approximate or partial date of birth reported
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data Not Collected

RELATIONSHIP TO HEAD OF HOUSEHOLD

- ☐ Self (head of household)
- ☐ Head of household's child
- ☐ Head of household's spouse or partner
- ☐ Other relation member (other relation to head of household)
- ☐ Other: non-relation member
- ☐ Circle One: Grandparent Grandchild Guardian Foster Care

RACE AND ETHNICITY

More than one race is permitted.

☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African	☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African (MENA) ☐ Native Hawaiian or Pacific Islander ☐ White	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

GENDER

☐ Man (Boy, if child) ☐ Woman (Girl, if child) ☐ Culturally specific Identity (e.g., Two-Spirit) ☐ Different Identity	☐ Non-Binary ☐ Transgender ☐ Questioning	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

VETERAN STATUS

Veteran Status is only collected on adults who are 18 years of age and older.

☐ No	☐ Client doesn't know	☐ Data Not Collected
☐ Yes	☐ Client prefers not to answer	

Phone_____☐ Cell ☐ Home ☐ Message_____

Email_____

Emergency Contact_____ Phone _____

☐ Literally Homeless ☐ Same as Head of Household	
Address	
City	
State, Zip	

DISABLING CONDITION

☐ No	☐ Client doesn't know	☐ Data Not Collected
☐ Yes	☐ Client prefers not to answer	

Type:_____

	Homeless	Institutional	Transitional and Permanent	
Section 1	☐ Place not meant for habitation (e.g.,a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ☐ 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	☐ Hotel or motel paid for without emergency shelter voucher ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with ongoing housing subsidy (Subsidy Type _____) ☐ Staying or living in a family member's room, apartment, or house ☐ Staying or living in a friend's room, apartment, or house ☐ Transitional housing for homeless persons (including homeless youth) ☐ Residential project or halfway house with no homeless criteria	☐Client Doesn't Know ☐Client prefers not to answer ☐Other ☐Data Not Collected
Section 2	Length of Stay for Section 1: ☐ 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 to less than one year ☐ One year or longer	Length of Stay for Section 1: ☐ 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 to less than one year ☐ One year or longer	Length of Stay for Section 1: ☐ 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 to less than one year ☐ One year or longer	☐Client Doesn't Know ☐Client prefers not to answer ☐Data Not Collected
Section 3	Skip to Section 4	Was stay less than 90 days? ☐ No--END ☐ Yes If yes, on the night before did you stay on the streets, in a ES or SH? ☐ Yes ☐ No	Was stay 7 nights or less? ☐ No--END ☐ Yes If yes, on the night before did you stay on the streets, in a ES or SH? ☐ Yes ☐ No	☐Client Doesn't Know ☐Client prefers not to answer ☐Data Not Collected
Section 4	Start date of current homeless episode _____/_____/_____ Number of times of homelessness in the past 3 years: ☐ Never in 3 years ☐1 ☐2 ☐3 ☐4 or more Total number of homeless months in the past 3 yrs: If 0-12 months, specify #_____ ☐ More than 12 months			☐Client Doesn't Know ☐Client prefers not to answer ☐Data Not Collected

DD214 Order Date: _____ DD214 Receive Date: _____

Service Connected Disability: □Yes □No

Discharge Status: _____

Branch of Military: _____

Date Entered Service: _____

Months of Active Duty: _____

Stand Down Event: □Yes □No

Reserves: □Yes □No

Date Separated: _____

Campaign Badge Veteran: □Yes □No

Served In a War Zone □Yes □No

🡻 [IF YES]

Name of War Zone**:** ☐Europe ☐North Africa ☐Vietnam ☐Laos and Cambodia ☐South Pacific ☐South China Sea ☐China, Burma, India ☐Korea ☐Persian Gulf ☐Afghanistan ☐Other

# of Months Served in War Zone _____

Received Friendly or Hostile Fire? ☐Yes ☐No

In which military service era did the client serve?

☐	World War II	☐	Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)
☐	Korean War	☐	Afghanistan (Operation Enduring Freedom)
☐	Vietnam War	☐	Iraq (Operation New Dawn)
☐	Persian Gulf War (Operation Desert Storm)	☐	Client does not know
☐	Iraq War (Operation Iraqi Freedom)	☐	Client prefers not to answer

NON CASH BENEFITS

No	Yes	Source of Non Cash Benefit		No	Yes	Source of Non Cash Benefit
☐	☐	Supplemental Nutrition Assistance Program (SNAP)		☐	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐	☐	TANF Child Care services		☐	☐	TANF transportation services
☐	☐	Other TANF-Funded Services		☐	☐	Section 8, Public Housing, or other ongoing rental assistance
☐	☐	Temporary rental assistance		☐	☐	Other:

HEALTH INSURANCE

No	Yes	Source of Health Insurance		No	Yes	Source of Health Insurance
☐	☐	Medicaid		☐	☐	Medicare
☐	☐	State Children's Health Insurance Program		☐	☐	Veteran's Administration (VA) Medical Services
☐	☐	Employer-Provided Health Insurance		☐	☐	Health insurance obtained through COBRA
☐	☐	Private Pay Health Insurance		☐	☐	State Health Insurance for Adults
☐	☐	Indian Health Services		☐	☐	Other:_____

LAST GRADE COMPLETED

☐	Less than 5th	☐	Some College
☐	Grades 5th-6th	☐	Associates Degree
☐	Grades 7th-8th	☐	Bachelors Degree
☐	Grades 9th-11th	☐	Graduates Degree
☐	Grade 12/HS Diploma	☐	Vocational Certification
☐	Program w/no grade levels	☐	Client Doesn't Know
☐	GED	☐	Client prefers not to answer

Connected with SOAR ___ Yes ____ No

Employment Information

☐	Yes
☐	No
	If No, Why Not Employed? ☐Looking for work
	☐Unable to Work ☐Not looking for work

Percent AMI

☐	30% or less
☐	30 to 50%
☐	51 to 80%
☐	81% or greater

INCOME AND SOURCES

No	Yes	Source of Income	Amount		No	Yes	Source of Income	Amount
☐	☐	Earned income	$		☐	☐	Temporary Assistance for Needy Families (TANF)	$
☐	☐	Unemployment Insurance	$		☐	☐	General Assistance (GA)	$
☐	☐	Supplemental Security Income (SSI)	$		☐	☐	Retirement Income from Social Security	$
☐	☐	Social Security Disability Income (SSDI)	$		☐	☐	Pension or retirement income from a former job	$
☐	☐	VA Service-Connected Disability Compensation	$		☐	☐	Child support	$
☐	☐	VA Non-Service-Connected Disability Pension	$		☐	☐	Alimony or other spousal support	$
☐	☐	Private disability insurance	$		☐	☐	Other source:	$
☐	☐	Worker's Compensation	$		☐	☐	**Total monthly income**	**$**

Number of visits to an emergency room in the past year: _____ ☐ Client Don't Know ☐ Client prefers not to answer

Approximate number of nights in jail / prison in the past year _____ ☐ Client Don't Know ☐ Client prefers not to answer

Approx. number of nights spent in an inpatient medical facility in the past year _____ ☐ Client Don't Know ☐ Client prefers not to answer

PREVENTION ONLY---

No	Yes	HP Targeting Criteria	No	Yes	HP Targeting Criteria
☐	☐	Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation.	☐	☐	Head of household with disabling condition (physical health, mental health disorder, substance use) that directly affects ability to secure/maintain housing
#_____		# of days current housing loss expected within…	☐	☐	Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property
☐	☐	Current household income is $0	☐	☐	Registered sex offender
____%		Annual household gross income amount	☐	☐	At least one dependent child under age 6
☐	☐	Sudden and significant decrease in cash income (employment and/or cash benefits) AND/OR unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months	☐	☐	Single parent with minor child(ren)
☐	☐	Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months	☐	☐	Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)
#_____		Rental Evictions within the Past 7 Years	☐	☐	Any Veteran in household served in Iraq or Afghanistan
☐	☐	Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit	☐	☐	Female Veteran
#_____		History of Literal Homelessness (street/shelter/transitional housing) # of times			

HP applicant total points (integer) _____

Grantee targeting threshold score (integer) _____

LEGAL INFORMATION		
Upcoming Court Dates?	☐ Yes	☐ No
Please explain any current legal issues you are experiece_____		
_____		
_____		

Client Verification

I understand that this document is an application for assistance and that the agency, participating in the West TN Continuum of Care, must review this application before deciding whether to assist me with the program. The agency agrees to notify me as soon as possible of its decision**. I certify that the information provided by me on this application, as well as information provided by me regarding the income and assets of members of my family unit, is true to the best of my knowledge**. I hereby promise to report any changes in this information that may occur while my case is open.

Client's Name _____

Client's Signature _____

Date_____/_____/_____

When applicable:

I, _____ have a received a copy of the following:

_____1. Grievance and Termination Policy
_____2. Fair Housing Information Packet
_____3. Lead Base Paint Information Packet
_____4. Copy of Statement and Understanding

Client's Signature _____Date_____/_____/_____

West TN Homeless Management Information System (HMIS)
Client Consent Form

IMPORTANT: Do not enter personally identifying information into HMIS for clients who are: 1) in DV agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation. If this applies to you, *STOP-Do Not Sign This Form*

This agency participates in the West TN Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of men, women, and children experiencing homelessness or at-risk of homelessness. To provide the most effective services in moving people from homelessness to permanent housing we need to collect some identifying personal information including but not limited to: name, birth date, social security, race, gender and current housing situation.

We will guard this information with strict security policies to protect your privacy. If you ever suspect your data in HMIS has been misused, immediately contact the West TN HMIS Administrator at (731) 651-1020.

_____I understand the sharing policy of HMIS and AUTHORIZE the sharing of the additional personal information in HMIS about me and my dependents listed below to be shared with the agencies and licensed users belonging to the West TN HMIS.
Federal and/or State law specifically require that any disclosure of substance use, alcohol or drug, mental health, or AIDS related information must be accompanied by the following statei:

This information has been disclosed to you from records protected by the federal confidentiality rules (42 CFR Part 2): The Federal rules prohibit you from making any further disclosure of information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug use patient.

West TN HMIS Participating Agencies: Aspell Recovery Services, Area Relief Ministries, Benton County Ministerial Alliance, Community Action Network, Carey Counseling Center, Damascus, Dream Center, Fayette Cares, Hope Ministries, Jackson Housing Authority, JACOA, Jesus Cares, Pathways Behavioral Health Services, Professional Care Services, Matthew 25:40, Inc., Quinco Mental Health Centers, SW Human Resource Agency, Tennessee Homeless Solutions and WRAP.

This Authorization will remain in effect unless revoked in writing to this agency. Revocation of this authorization may take up to three (3) business days to process.

(Adult Name)_____

(Dependent Names)_____

_____

Adult or Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

FOLLOW UP:

PROGRAM ENROLLED IN:_____Date:_____

CASEWORKER:_____

RRH ONLY- MOVE IN DATE ____/_____/_____ PATH ONLY- DATE OF ENGAGEMENT ____/____/_____